Community Supervision

Staff Trauma and Organizational Stress Needs Assessment

NIC
National Institute of Corrections

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National Institute of Corrections
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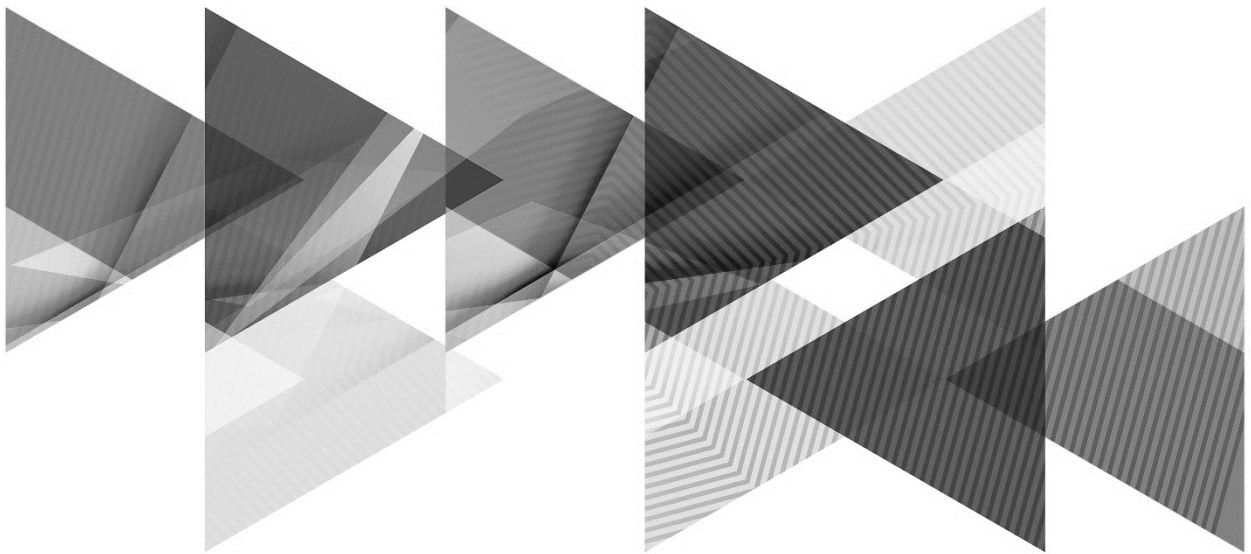
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NCSC
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Introduction

The following needs assessment was developed by Rulo Strategies LLC and the National Center for State Courts with the support of the National Institute of Corrections (NIC). The needs assessment was deployed as part of a cooperative agreement designed to develop responses to staff trauma and organizational stress in community supervision agencies. The information gathered in this assessment is designed to accomplish the following:

a) determine what strategies community supervision agencies are using to mitigate and respond to staff trauma, organizational stress, and build staff resiliency;
b) identify innovative and promising practices that can be replicated;
c) identify training or technical assistance needs that could be addressed with the support of NIC.

Feedback was sought from agency staff, supervisors, and executives working in community supervision agencies and staff working in training academies that support community supervision agencies. The needs assessment was sent to approximately 60 community supervision professionals throughout the nation in April 2021, inviting the recipient to distribute the assessment to staff within their agency.

Roles of Respondents

One hundred forty-three individuals across agencies participated in this needs assessment. As shown in table 1, respondents represent a balance of individuals in agency chief/executive/director roles (26.6%), supervisor/middle management roles (27.3%), community supervision officer/agent roles (line staff) (23.8%), and individuals in administrative/support staff roles (12.6%). The remainder of respondents includes individuals in other roles not listed (9.1%) (e.g., a project coordinator, a care coordination case manager, and a pre-sentence investigator), as well as one individual in a trainer role (0.7%).

Table 1: Current Role in the Pretrial/Probation/Parole Agency (N=143)

Role	Number	Percent
Agency chief/Executive/Director	38	26.6%
Supervisor/Middle management	39	27.3%
Community supervision officer/Agent (Line staff)	34	23.8%

Trainer (Trainer)	1	0.7%
Administrative/Support staff	18	12.6%
Other (please explain)	13	9.1%

Location of Agencies Represented

Respondents represent community supervision agencies from 21 states, as represented in figure 1.

Figure 1: States Represented in Assessment Responses

States shaded in dark blue had at least one respondent.
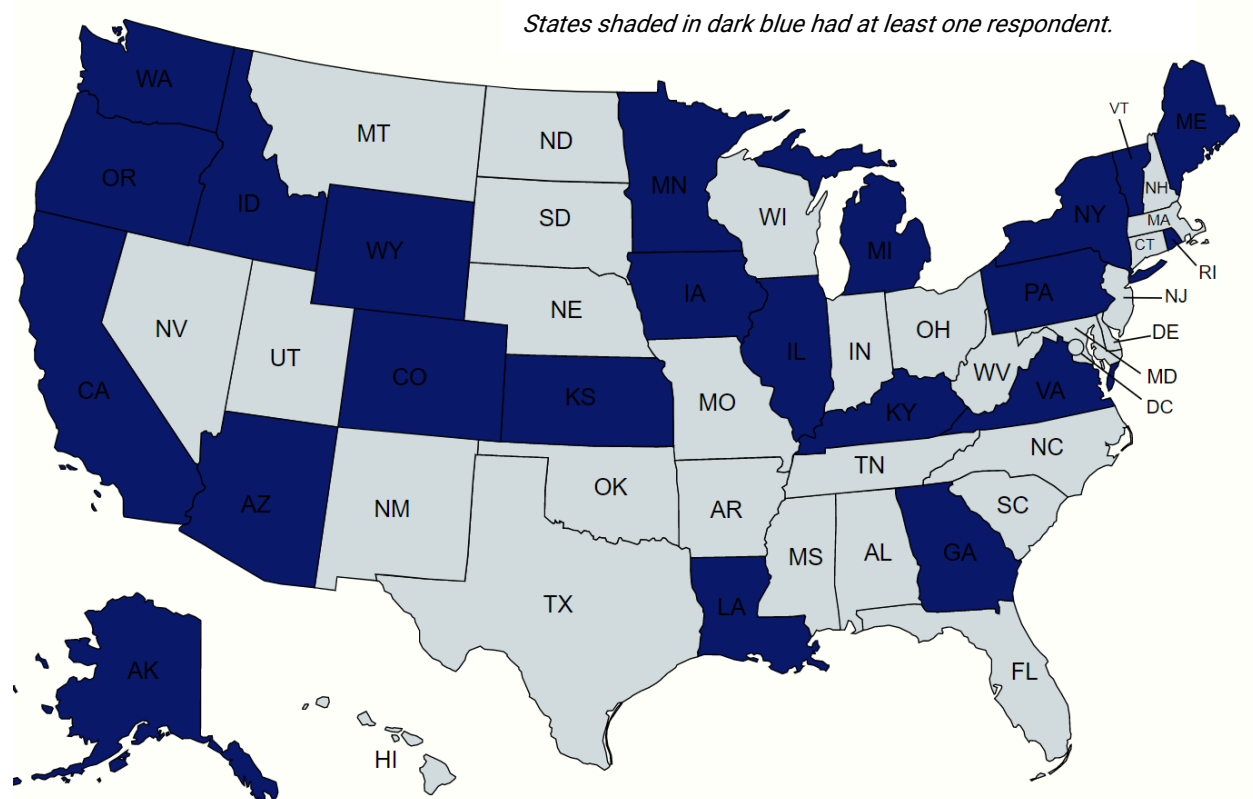
The majority of respondents (72.0%) work at agencies of more than 100 employees. However, agencies of diverse sizes are also represented in the sample (see table 2).

Table 2: Approximate Size of Agency (N=143)

Size of Agency	Number	Percent
1–10 employees	8	5.6%
11–25 employees	8	5.6%
26–50 employees	5	3.5%
51–100 employees	19	13.3%
100+ employees	103	72.0%

Demographics of Assessment Respondents

Overall, respondents represent a diverse sample across age, race, ethnicity, and gender; however, some demographic groups are more represented than others. The most common age range of respondents is from 40–65 years old (65.9%), followed by 25–39 years old (31.8%). Respondents are more likely to be women (62.2%). More than half (58.2%) of the respondents identify as white, and 17.8% identify as black or African American. Racial identities, including American Indian or Alaska Native, Asian, Native Hawaiian, or other Pacific Islander, are also represented. In terms of ethnicity, 7% identified as Hispanic or Latino, 76.9% did not identify as Hispanic or Latino, and 16.1% elected not to answer this question (see table 3).

Table 3: Demographics of Respondents (N=143)

Demographics	Number	Percent
Age		
Under 25 years old	3	2.3%
25–39 years old	42	31.8%
40–65 years old	87	65.9%
Over 65 years old	0	0.0%
Prefer not to answer	11	7.7%
Race		
American Indian or Alaska Native	3	2.1%
Asian	1	0.7%
Black or African American	26	17.8%
Native Hawaiian or other Pacific Islander	1	0.7%
White	85	58.2%
Multiracial/Biracial*	2	1.4%
Other	5	3.4%
Prefer not to answer	20	13.7%
Ethnicity		
Hispanic or Latino	10	7.0%
Not Hispanic or Latino	110	76.9%
Prefer not to answer	23	16.1%
Gender		
Male	40	28.0%
Female	89	62.2%
Prefer not to answer	14	9.8%

* Note: The two respondents selecting more than one race selected the options for (1) American Indian or Alaska Native and White and (2) Asian and Black or African American.

Employee Wellness

Each respondent was asked to rate how important employee wellness is to agency leadership, how important wellness is to middle management, and how important wellness is to officers. As shown in figure 2, a small minority of the 143 respondents rate that employee wellness is a low priority. When asked about their perceptions of leadership, respondents were most likely to rate wellness as a high priority to this group (38.5% or 55 respondents). As for perceptions of middle managers/supervisors, respondents were most likely to report wellness as a moderate priority (41.3% or 59 respondents). For line officers, responses were evenly distributed between "high priority" and "moderate priority" (with 53 respondents rating wellness as a high priority and 53 rating wellness as a moderate priority). The distribution of all responses is seen in the figure below.

Figure 2: Perceived Importance of Employee Wellness
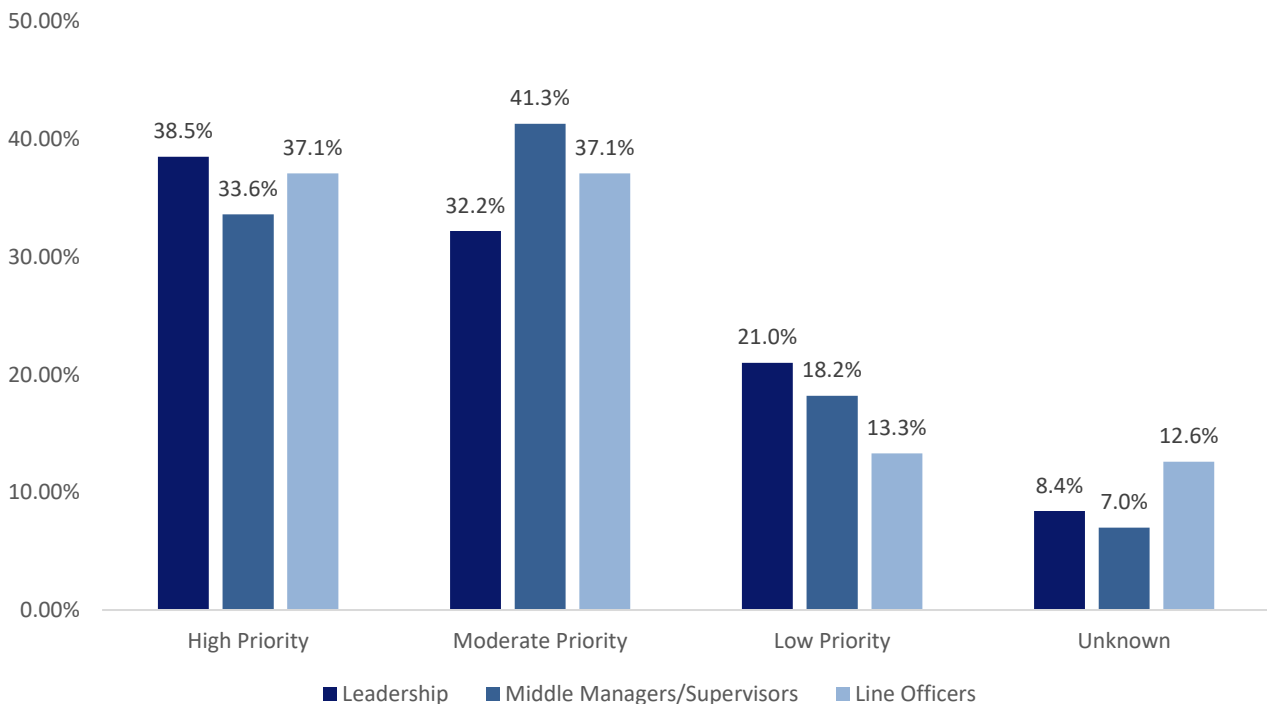
Respondents who rate employee wellness as either "high priority" or "moderate priority" further explain their response. They provide the following justifications as to why they perceive employee wellness as important to agency leadership:

- *There is messaging and communication from leadership around wellness and/or encouragement for employees to participate in wellness programs.*
- *Wellness is discussed in staff meetings.*
- *Wellness is part of the agency's strategic plan.*
- *Leadership shares information about employee wellness and/or seeks staff feedback.*
- *Wellness is part of the workplace culture.*
- *Wellness promotion is part of the job description of certain employees and/or there is a specific staff position dedicated to wellness.*
- *There is an understanding within leadership that employees are vulnerable to burnout, leading to decreased quality of work and high turnover.*

Concerning the importance of wellness to middle managers, respondents highlight the following reasons as to why they rate priority as being either moderate or high:

- *Supervisors ask about wellness in conversations and/or check-ins ("It's a regular[ly] discussion item.").*
- *Supervisors incorporate wellness into employee yearly goals.*
- *Supervisors themselves use resources and/or participate in wellness programs.*
- *Supervisors follow leadership, and leadership values wellness.*
- *Wellness is emphasized in training for supervisors.*
- *Conversation between supervisors includes a discussion of wellness.*
- *Feedback from employees supports the idea that wellness is important to supervisors.*

Respondents provide the following justification as to why they believe that employee wellness is important to probation and parole officers:

- *Wellness comes up often in conversation with officers, and officers discuss wellness among themselves.*
- *Officers take advantage of leave and/or request wellness resources.*
- *There is high participation in wellness programs.*
- *Officers provide support to each other.*
- *The nature of staff feedback/requests (including requests for training) from officers shows that wellness is a priority.*

Respondents identified several other efforts related to wellness that their agency either provides or is in the process of developing. Some of these initiatives include the following:

- *Specific training related to wellness, such as:*
  - *Online optional training around wellness*
  - *Outside training around trauma and/or wellness (e.g., SAMSHA GAINS Center's "How Being Trauma-Informed Improves Criminal Justice System Responses" and "Correction Fatigue 2 Fulfillment").*
- *Talking circles on an as-needed basis*

- *Access to a citywide/countywide wellness program*
- *A wellness app for staff members*
- *Dedicated wellness personnel accessible to staff, such as:*
  - *A "wellness unit" that supports staff, families, and retirees*
  - *A "health and wellness" coordinator*
  - *A wellness committee*
  - *A counselor or chaplain*

Wellness Training

The extent to which officer stress and well-being training is available and integrated into agency culture varies significantly across the agencies. For example, while most respondents report having mandatory new officer training that addresses officer stress and well-being, only a fourth (25.2%) report wellness as part of its agency culture (see table 4). A significant number of respondents also indicate that practices either do not exist or could be more developed in terms of both ongoing (required) and ad hoc (optional) training around stress and well-being. In fact, in each assessment category (required new officer training, required ongoing training, and optional ad hoc training), approximately a third of responses indicate that it could be more fully developed although training exists. Additional findings are represented in the table below.

Table 4: Agency Training Efforts (N=143)

	Exists and Is Part of Agency Culture	Exists But It Could Be More Fully Developed	Exists In Name Only (Not Used)	Does Not Exist But There Is Interest	Does Not Exist and There Are No Plans to Develop
Required, **new officer training** that addresses officer stress and well-being	25.2%	32.9%	6.3%	21.7%	14.0%
Required, **ongoing officer training** that addresses officer stress and well-being	18.9%	35.0%	7.7%	25.2%	13.3%
Optional, **ad hoc training** that addresses officer stress and well-being	14.0%	33.6%	9.8%	27.3%	15.4%

Employee Wellness Programs

Employee wellness programs are common, although not widely used among the agencies included in the assessment. As table 5 shows, most respondents report having some employee wellness program in their agency, and most of these programs have existed for several years (three or more). Of the respondents who reported having an active employee wellness program (N=87), none of the reported programs were developed in the past year, 8% were in existence for one to three years, and 65.5% for longer than three years. Despite none of the programs being new to this past year, just under a third (32.9%) of respondents note that the program at their agency could be more fully developed, as seen in the table below.

Table 5: Existence of Employee Wellness Programs (N=143)

	Exists and Is Part of Agency Culture	Exists But It Could Be More Fully Developed	Exists In Name Only (Not Used)	Does Not Exist But There Is Interest	Does Not Exist and There Are No Plans to Develop
Formal, ongoing health and wellness program focused on various health domains (e.g., physical health, stress management, emotional well-being).	28.0%	32.9%	9.1%	18.9%	11.2%

There is no standard practice around employee wellness programs within the agencies included in the assessment. For example, of the agencies with a formal wellness program (N=87), less than half (44.8%) of respondents report that these programs incorporate family and significant others. Additionally, agencies differ widely on the specific domains of wellness that are included in employee programs (see table 6). The substantial majority (87.4%) of programs have a dimension of physical health, and a considerable number of programs incorporate stress management and coping skills (75.9%), developing work-life balance (70.1%), and managing relationships (54.0%).

However, less than half of respondents report that their employee wellness program addresses each of the other domains included in the assessment (including financial literacy, developing support networks, and developing life purpose and meaning), as seen in the table below. A small number of respondents (5.7%) do not know which dimensions are addressed in the program within their agency.

Table 6: Dimensions of Wellness Addressed in the Employee Wellness Program (N=87)

	Number	Percent
Physical health (e.g., exercise, sleep, nutrition)	76	87.4%
Managing stress and developing coping skills	66	75.9%
Developing work/life balance	61	70.1%
Managing relationships inside and outside of work	47	54.0%
Financial literacy (e.g., effective money management, budgeting)	35	40.2%
Developing a support network	35	40.2%
Developing a sense of purpose and meaning in life	31	35.6%
Unknown	5	5.7%

Development of Employee Wellness Programs

Agencies represented in the assessment generally develop their own wellness programs. Of respondents indicating that they have a wellness program in their agency (N=87), 87.4% indicate the wellness program was developed by a group of internal staff members or an internal committee. A smaller number of respondents (29.9%) report that the Employee Assistance Program (EAP) is primarily responsible for developing these programs. Only 8% of respondents indicate that management or supervisors have this responsibility. Of the remaining respondents, 14.14% were unsure which group has primary responsibility, and 13.8% reported that this role is fulfilled by other groups not listed. These groups/individuals include the agency's wellness coordinator, the county or agency's human resource department, health care providers or medical insurance providers, and other outside vendors.

Use of Employee Wellness Programs

Although more than half of respondents note that they have an employee wellness program at their agency, very few (0.5%) report that the program is widely used. Respondents were more likely to report moderate use of the wellness program, with 42.5% saying that the program is somewhat used in the agency. These findings can be seen in table 7 below.

Table 7: Use of Employee Wellness Programs (N=87)

	Widely Used Within the Agency	Somewhat Used in the Agency	Rarely Used in the Agency	No Opinion/Don't Know
Extent to which the employee wellness program is used within the agency	0.5%	42.5%	10.3%	21.8%

Respondents provide several insights into why community supervision employees are not fully using wellness programs. Of those who responded that the program was rarely used (N=9), nearly half of respondents cite that employee wellness programs are not fully utilized because employees don't believe it will be useful (44.4%). The next leading explanation pertains to the stigma associated with seeking support (22.2%). Concerns about confidentiality (11.1%) and the program not being well advertised (11.1%) are less frequently cited but offer justification. In clarifying their response that employees do not find programs useful, one respondent suggested that programs are too generic and thus are not tailored to the individual needs of staff working in the community supervision field.

Assessment of Employee Wellness Programs

Overall, employees seem to be satisfied with their agency's employee wellness program. Of those respondents with an active program (N=87), 79.3% would recommend the model to other supervision agencies. Only 20.7% of respondents would not recommend this type of program, citing the following reasons:

- *The model would only function effectively if wellness is already part of the workplace culture.*
- *Countywide programs are not as relevant in engaging employees in wellness and do not address specific needs (i.e., programs should be tailored to particular offices).*
- *More education-based programs are needed.*
- *There is not enough incentive for employees to participate.*
- *The model used is less developed compared to other interventions available.*

The majority (77.5%) of respondents (N=71) believe that the existing employee wellness program used in their agency meets their needs as individuals. The 22.5% who feel that their needs are unmet noted the following:

- *The program used is focused on physical health more than mental health. Programs should also focus on stress.*
- *Programs should include domains such as work-life balance and financial literacy.*
- *The program is not integrated into regular work duties (employees are asked to participate in wellness programming in addition to their other work obligations, making scheduling difficult).*
- *More secular counseling services are needed.*
- *People within the agency do not promote the wellness program. There is not enough support for wellness programs from leadership.*
- *The workplace is not trauma-informed.*
- *The program is not tailored to individual needs.*

The majority (86.4%) of respondents (N=59) also believe that the employee wellness program meets their agency's needs. The 13.6% who felt that this practice does not meet the needs of their agency pointed to concerns similar to those above. Respondents additionally noted that

- *Staff do not engage enough with the program and/or use information from the program.*
- *There is not enough information on the EAP, and employees referred to the EAP may not get the help they need.*
- *More wellness coordinators are needed.*

Opportunities to Address Unmet Needs

Respondents highlight several unmet needs concerning employee wellness programs. Many of these needs relate to integrating wellness programs into agency structure (such as through the creation of designated jobs and departments) and culture (through incentives and leadership promotion). Respondents specifically indicated the following ways they believe that their employee wellness program could be strengthened:

- *To increase employee engagement in programs, there should be more marketing/promotion, more support from agency leaders, and additional incentives for participation.*
- *The EAP should be more connected to staff.*
- *Programs require increased funding.*
- *Programs need to be more trauma-informed.*
- *Peer support for employees should be developed as part of wellness programs.*
- *Wellness approaches should be more proactive rather than reactive.*
- *Designated jobs and/or departments should be incorporated into wellness strategy; a dedicated staff member should develop policies and training (e.g., wellness coordinators).*

Respondents also indicated that additional training would strengthen the existing

program, specifically calling for the following:

- *Mental health/coping/stress relief training*
- *Training focused on burnout and compassion fatigue*
- *Formal crisis training*
- *Interactive training (rather than webinars)*
- *Training on accessing EAP services*

Notably, there is a difference in responses regarding whether wellness programs should be office-specific, with one respondent suggesting a more globalized effort (rather than an office-by-office approach). Other respondents indicated that specific groups (correctional officers, for example) require specialized wellness programs and/or training.

Monitoring of Staff Well-Being

Climate surveys can be a useful tool for leadership to assess wellness programs, understand employee needs, and change policies and practices to enhance employee well-being. However, of the 143 respondents polled, only about 27.5% report that their agency conducts a climate survey to monitor staff well-being. Among respondents who reported that their agency conducts a climate survey (N=39), they indicate that either their leadership had chosen to make this a part of the agency's culture (46.2%) or that the survey was conducted as part of a broader state or county process for assessing staff well-being (35.9%). An additional 17.9% of respondents were unsure why the survey was conducted in their agency.

Regarding how the climate survey is used, 46.2% of respondents report that the information from the survey is used by management to adjust the availability of resources, and 15.4% report that all agency personnel uses the data to adjust resources. Over a fourth of respondents (28.2%) did not know how the information from the survey was used. However, overall, there seems to be transparency around the use of the survey, with only 2.6% of respondents saying that their agency does not report information. The remaining 7.7% of respondents report that the climate survey is used in another way not previously listed. For example, one respondent noted that the data is distributed to district leadership for evaluation, while another reported that the climate survey is used to recommend additional wellness activities.

Performance Measures

Of the 143 respondents polled as part of the needs assessment, only 9.1% report that their agency maintains aggregate data on the use of program(s) that address primary and secondary trauma and employee wellness.

Critical Response Teams

A critical incident is an event resulting in serious injury or death of an employee or a situation that threatens the facility's security or operation and may cause serious physical or psychological trauma. Critical response teams, also called critical incident response teams (CIRTs), provide individual and/or group support services to staff members directly or indirectly involved in or affected by a critical incident (Finn & Kuck, 2003). The use of critical response teams was fairly common among respondents. Not only do more than half (59.5%) of agencies report having critical response teams, but they also report having teams that are generally well-established (see table 8).

Table 8: Availability of Critical Response Teams (N=143)

	Exists and Is Part of Agency Culture	Exists But It Could Be More Fully Developed	Exists in Name Only (not used)	Does Not Exist But There Is Interest	Does Not Exist and There Are No Plans to Develop
Organized critical response team	28.0%	31.5%	14.0%	9.1%	17.5%

Of the 85 respondents indicating that their agency has a critical response team, 1.2% report that the team has existed for less than one year, and 12.9% report that the team has existed for one to three years. The majority of agency teams (57.6%) have existed for longer than three years.

Training

The vast majority (89.4%) of respondents with critical response teams (N=85) report that the members of the critical response team at their agency receive formal training. As can be seen in the table below, a significant number of agencies use purchased or borrowed formal training (in whole or part).

Table 9: Development of Critical Response Team Training (N=76)

	Formal Training Program Purchased/Borrowed	Locally Developed Training	Hybrid of A and B	Unknown
How was the training developed?	19.7%	2.6%	25.0%	52.6%

Crisis Response Debrief

Respondents generally report that a crisis response debrief is part of the critical response team model at their agency; 91.9% of respondents knowledgeable about the critical incident response (N=62) report that their agency has a formal critical response debriefing process to provide support and allow the employee to discuss a critical incident. Respondents indicating their knowledge of a formal critical response debriefing (N=57) report that the formal debrief is generally conducted individually and in a group depending on the nature of the incident, as shown in the table below.

Table 10: Critical Response Debrief Process (N=57)

	Conducted Individually	Conducted in a Group	Conducted Both Individually and in a Group	Unknown
Method of conducting formal debriefs	8.8%	8.8%	64.9%	17.5%

Of those with a formal crisis debrief at their agency (N=57), 86% of agency debrief processes include people directly involved in the action, 38.6% include people on the periphery, 3.5% include both people involved in the action and people on the periphery, and 21.1% include other parties. Other individuals included in briefings, as noted by respondents, include supervisors, safety trainers, psychologists, critical incident stress management (CISM) personnel, and staff members requesting participation in the debriefing.

Assessment of the Critical Response Team Intervention Model

Staff assessment of the critical response team model is generally positive. Of respondents who have a critical response team at their agency (N=85), 80% say that this practice meets their needs as individual employees. The other 20% report that the practice does not meet their needs, citing understaffing, lack of knowledge about services, and inconsistent intervention deployment.

A significant number (88.2%) of respondents with a critical response team at their workplace (N=85) would recommend the model to other supervision agencies. Of the 11.8% who would not recommend the model, respondents cite lack of staff knowledge about available services, lack of structure, and inconsistency. One respondent specifically noted that the model used at their agency does not encompass facility or field staff, while another critiqued the delivery of critical response services by peers rather than a dedicated unit. Such responses illustrate the significant variation in agency-by-agency approaches to the critical response team model.

Excluding respondents who were unsure about the agency-level effect of the existing critical response team, 86.6% (N=67) said that this practice meets their agency's needs. Of the 13.4% responding that the practice does not meet agency needs, the following reasons were provided:

- *Deployment is inconsistent.*
- *Field incidents have no formal debriefs.*
- *More staff need training for field incident crisis responses.*
- *The team model does not meet other needs such as stress and burnout.*
- *There is not enough funding for a large team.*
- *There is a need for more wellness activities (including in-office wellness resources, such as wellness rooms, yoga, meditation, etc.).*

Opportunities to Address Unmet Needs

Just over half (56.5%) of the respondents at agencies with existing critical response teams (N=85) responded that additional training, technical support, and resources would strengthen the program. The types of resources specifically indicated include the following:

- *Training*
    - Crisis intervention training for staff (including staff outside of the crisis response team itself)
    - Formal training on how to develop a critical incident response program
- *Financial support*
    - Funding to support more positions specifically focused on well-being and critical incident response
    - Funding to enhance staff training and/or participation
- *Human resources*
    - An outside professional to provide support to the team
- *Information-based resources*
    - Resources around peer support (as it relates to critical incident response)
    - Resources on responding to and managing agency-level trauma
    - Additional ways to support family members affected by stress/trauma

- o Opportunities to exchange information/ideas with other law enforcement agencies
- *Structural resources*
  - o Transportation and Wi-Fi access for wellness coordinators who do community-based response.
  - o Dedicated spaces for staff to receive peer support; onsite spaces to meet with the chaplain and/or wellness unit staff
- *Other resources*
  - o Increased employee wellness benefits and incentives to participate in wellness programs

Peer Support Programs

For this assessment, peer support programs are defined as structured programs within community supervision agencies where a team of staff members provides individual and/or group support to fellow staff members. Many agencies have successfully incorporated peer support into critical incident responses and debriefing processes, although peer support is increasingly used in other aspects of employee wellness promotion. Peer support programs are slightly less common than critical response teams among the agencies included in the assessment, with 53.9% of respondents reporting an active peer support program (see table 11).

Table 11: Availability of Peer Support Programs (N=143)

	Exists and Is Part of Agency Culture	Exists But It Could Be More Fully Developed	Exists In Name Only (Not Used)	Does Not Exist But There Is Interest	Does Not Exist and There Are No Plans to Develop
Peer support program	28.0%	25.9%	5.6%	21.7%	18.9%

Most peer support programs represented in this needs assessment have been in operation for several years. Peer support programs are generally newer than the other support models assessed. Of the respondents with a peer program (N=77), 5.3% of respondents indicate that their agency's peer support program has existed for less than one year, 18.2% report their agency's program has existed for one to three years, and 50.6% report that their agency's program has existed for longer than three years.

Training

A significant majority of peer programs described in this assessment use a formal training process for members. Of respondents with knowledge of a peer program in their agency (N=59), 89.8% report that there is a training for peer support team members in their agency, while only 10.2% report that there is not. Of those respondents indicating a formal training for the peer support program exists (N=53), 8% report that the training is four hours or less, 36% report that the training is one to two days, and 24% report that the training is three to five days. None of the respondents reported training for more than five days, and the remaining respondents were unsure of the training's duration.

Within a smaller group of respondents, who both report formal training and are knowledgeable about the training process in their organization (N=41), 75.6% note that a regular annual training follows the initial training. In comparison, 24.4% say this is not the case. As seen in table 12, the specific ways agencies develop training vary. However, most agencies borrow or purchase formal training programs in some way, either in whole or in part.

Table 12: Development of Peer Support Training (N=53)

	Formal Training Program Purchased/Borrowed	Locally Developed Model	Hybrid of A and B	Unknown
How was the training developed?	24.5%	18.9%	24.5%	32.1%

Implementation of Peer Support Programs

There does not appear to be a definitive standard across agencies in terms of recruiting and selecting employees to form peer support teams. Among agencies with peer support programs (N=77), the most common response (49.4%) is that peer support members are chosen by nomination (by self or others) based on agency-established criteria. The next 20.8% of respondents report that peers volunteer for positions and do not need to meet specific criteria. The remaining respondents indicated that members are selected through leadership nomination (6.5%), through a volunteer process with specific criteria and an interview (5.2%), or nomination by a peer (2.6%). Respondents (3.9%) also report being unsure about the selection process, and 11.7% answered that peer support members are selected by means not listed. The following are other ways of selecting peers:

- *A formal job application process (specifically seeking candidates who already have a Peer Support Specialist Certification)*
- *A "peer support interview"*
- *A process of formal support from a supervisor*

According to respondents from agencies with peer programs (N=77), peer support members are supervised/supported through ongoing training (51.9%), regular group supervision (35.1%), and recurring individual supervision (24.7%). An additional 16.9% of respondents indicate that this particular question about supervision of peer support members does not apply to their agency, and 19.5% of respondents indicate another form of supervision/support not specifically listed. Some of these other forms of support include the following:

- *Quarterly team meetings*
- *Statewide peer support network and coordinated training*

- *Individual check-ins with the peer leader*
- *Support from wellness coordinators*

Use of Peer Support Programs

The provisions of peer-based support following a critical incident appear to be the most common way that peer programs are used by the represented agencies, with 53.2% of respondents reporting that the peer program is regularly used in this way (see table 13). The provision of peer-based support to manage routine stressors and provide resources to officers is also common, as seen in the table below.

Table 13: Frequency of Peer Support Program Use (N=77)

	Regular Use	Occasional Use	No Use	No Opinion/Don't Know
Provide peer-based support after a critical incident	53.2%	22.1%	2.6%	22.1%
Provide peer-based support to manage the routine stressors associated with being a supervision officer	39.0%	24.7%	13.0%	23.4%
Regularly provide resources that support officer well-being	39.0%	35.1%	10.4%	15.6%

Beyond the uses of peer support represented above, respondents also note several other settings in which their agency mobilizes the peer support program:

- *Inclusion of peers in regional stress debriefings involving officers with high-stress caseloads*
- *Integration of the peer support program into events and/or wellness forums*
- *Inclusion of peers in new hire training*
- *Provision of support during the COVID-19 pandemic*
- *Provision of support to staff as requested*

Regarding the extent to which peer programs are used, only 11.7% of respondents say that their agency's program is rarely used, with the majority of respondents noting that peer programs are either somewhat or widely used. Table 14 illustrates these responses.

Table 14: Peer Support Program Use (N=77)

	Widely Used Within the Agency	Somewhat Used in the Agency	Rarely Used in the Agency	No Opinion/Don't Know
Extent to which peer support is used in the agency	29.9%	39.0%	11.7%	19.5%

Of those who responded that the program was rarely used (N=9), more than half of respondents (55.6%) reason that the program is underused due to the stigma related to seeking support. Forty-four percent (44.4%) of respondents cite concerns about confidentiality, and 44.4% say that the program is not well advertised. The remaining respondents indicate that employees do not believe the program will be useful (22.2%), staff are concerned about career repercussions (22.2%), and there are not enough peers to serve (11.1%).

Assessment of Peer Support Programs

Overall, staff respondents had a generally positive perception of the peer program model in their agency. Of those respondents with peer programs (N=77), 85.7% would recommend the program to other agencies, while only 14% would not. Some of the reasons provided for not recommending a similar program include the following:

- *Limited support within the agency for such programs*
- *Peers being under a dual pressure of providing for both their own needs and the needs of other staff members*

The majority of respondents (78.9%) of individuals with peer programs report that the model meets their needs as an individual employee, with significantly fewer respondents (21.1%) reporting that the practice does not meet their needs. Respondents indicated that their needs were unmet due to factors such as the following:

- *Individual preference to speak to someone outside of the agency rather than a peer*
- *Agency/workplace culture resulting in underuse*
- *The program is underdeveloped and/or not robust*
- *Lack of diversity within peer program membership*

The majority of respondents (76.9%) report that the peer program meets their agency's

needs. Of the 23.1% reporting that the program does not meet their agency's needs, respondents cite the following:

- *Enduring stigma related to seeking peer support*
- *The need for a more formal selection and support process for peers, ideally with one employee dedicated to coordinating these activities*
- *Lack of diversity within peer program membership*

Opportunities to Address Unmet Needs

In terms of program needs, staff respondents called for specialized training and information specific to peers in the community supervision context and increased funding to support specific peer-related activities and resources and information exchanges on best practices. Of the respondents knowledgeable about training and technical assistance needs relating to peer programs (N=39), 66.7% replied that additional training, technical support, and resources would strengthen the peer support program at their agency. These types of resources were specifically noted:

- *Training*
  - Ongoing webinars and/or online training
  - Hands-on/interactive training specific to peer support
  - On-call suicide response training
  - CISM training for additional staff members
- *Financial support*
  - Additional funding for the promotion of the peer support program
  - Funding for technical assistance and additional training around critical incidents, trauma, and mental health
- *Information-based resources*
  - A dedicated training curriculum or handbook, especially with material specific to community supervision
  - Resources to keep up on current and emerging best practices
  - Resources to promote the importance of peer support and wellness among supervisors and/or leadership
- *Other resources*
  - Collaboration and/or networking opportunities with other community supervision agencies

Employee Assistance Programs

Employee assistance programs (EAPs) are extremely common among agencies represented in this needs assessment, with 90.2% of respondents (N=143) reporting an EAP in their agency (see table 15).

Table 15: Availability of Employee Assistance Programs (N=143)

	Exists and Is Part of Agency Culture	Exists But It Could Be More Fully Developed	Exists in Name Only (Not Used)	Does Not Exist But There Is Interest	Does Not Exist and There Are No Plans to Develop
Employee Assistance Program (EAP)	58.7%	31.5%	3.5%	2.8%	3.5%

Although most agencies have an EAP, very few respondents (13%) strongly agree that their agency's EAP understands the work environment of community supervision officers. Responses are fairly divided on this question, however, with similar percentages of respondents having either favorable or neutral perceptions of the EAP's understanding of the community supervision work environment. The varied distribution of staff perceptions can be seen in table 16.

Table 16: Perceptions of EAP's Understanding of Work Environment (N=115)

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Extent to which you believe the EAP understands the work environment of community supervision officers	13.0%	28.7%	33.0%	15.7%	9.6%

A significant majority of respondents indicate that EAP integration in the workplace is limited, with 78.3% of respondents saying that the statement "we provide employees with the EAP contact information" best characterizes the level of EAP engagement in their agency. Notably, less than 10% of respondents say that the EAP is fully engaged in their workplace. (See table 17).

Table 17: EAP Integration in the Workplace (N=129)

	We Provide Employees with EAP Contact Information	The EAP Provides Some Classes or Learning Opportunities Within Our Agency	The EAP Is Fully Engaged with Our Agency and Regularly Provides Resources
Extent to which the EAP is integrated into your work	78.3%	12.4%	9.3%

Consistent with responses indicating a lack of integration, reports of EAP cross-training in the workplace are similarly low. Of respondents knowledgeable about this topic in their agency (N=47), only 17% report that the EAP has cross-trained providers within the agency environment. The majority (83.0%) report that this type of cross-training does not occur. In addition, more than half (58.9%) of respondents from agencies with an EAP (N=129) report that their agency contracts out to an outside entity to provide EAP services to staff. Additionally, 19.4% of respondents say that their agency uses a local entity that is part of the community. The remaining 21.7% of respondents report that their agency uses another type of entity not included in the assessment. According to respondents, this may include state or county-based offices (such as state human resources departments). Overall, the disconnect between EAP service providers and the agency workplace could present a need area, as respondents note that EAP wellness services can be difficult to access throughout the assessment.

Specialized Caseloads and Services

Specialized caseloads may include mental health, sex offender, domestic violence, single-gender caseloads (women only), or intensive caseloads. The vast majority (95.1%) of respondents (N=142) report that one or more officers in their agency carry a specialized caseload. Responses indicate that the majority of agencies with officers carrying specialized caseloads (N=135) have some kind of specialized support or training for these officers. In terms of the type of support and/or supervision provided, 71.9% of respondents report specialized training, 56.3% report mandatory individual supervision/case reviews, 21.5% report mandatory group supervision/case reviews, and 17.0% report time limits on the supervision of specific caseloads. Only 5.2% of respondents note that their agency has requirements other than those surveyed. Some of these other requirements include compliance-based limits on supervision of these cases and "caps" on the number of specialized cases per officer.

Provision of Specialized Services

About half (53.8%) of all respondents (N=143) report that officers in their agency facilitate a cognitive-behavioral group (e.g., Moral Reconation Therapy, Thinking for a Change) or a trauma-based group (e.g., Seeking Safety). Of this group (N=76), 60.5% report that the staff facilitating these groups receive clinical supervision and/or other support from the agency. In comparison, 39.5% report that staff does not receive these types of support. This could present an additional need area, as a significant number of the respondents felt that facilitation of these groups contributed to staff stress. (See table 18).

Table 18: Facilitation of Cognitive Behavioral and/or Trauma-Based Groups as a Source of Staff Stress (N=71)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Extent to which you agree that these groups can be a source of staff stress.	25.4%	42.3%	26.8%	5.6%	0.0%

Of those who responded "strongly agree" or "agree" to the question of whether these groups contribute to staff stress (N=48), 58.5% of respondents attributed the stress to primary or secondary stress related to the cognitive group work, 18.9% to workload demand, 7.5% to both primary/secondary stress and workload, and 15% to other causes (some of which included the effects of COVID-19 and the current social climate, among other respondent-identified factors). Approaches to limit and/or address these causes of staff stress should be explored further.

Training and Technical Assistance Needs

Respondents were asked to identify their training and technical assistance needs. The areas of need in rank order from highest to lowest include training for supervisors, training for frontline workers, model curriculum related to responding to stress and secondary trauma, train-the-trainer programs associated with responding to stress and secondary trauma, and training for directors/chiefs.

Table 19: Training and Technical Assistance Needs (N=143)

	Strongly Needed	Somewhat Needed	Not Needed	No Opinion/Don't Know
Training for supervisors	65.7%	26.6%	1.4%	6.3%
Training for frontline officers	63.6%	25.2%	1.4%	9.8%
Model curriculum related to responding to stress and secondary trauma	58.7%	30.8%	2.8%	7.7%
Train-the-trainer programs related to responding to stress and secondary trauma	55.2%	32.9%	3.5%	8.4%
Training for directors/chiefs	52.4%	30.1%	7.0%	10.5%
Implementation guidance	49.0%	31.5%	10.5%	9.1%
Training for front desk/support staff	46.9%	42.7%	2.8%	7.7%
Model policies	43.4%	37.1%	7.7%	11.9%

Additional Services, Training, or Resources Needed

In addition to the previously identified needs, respondents indicated several other areas of unmet need relating to training, funding, human resources, and employee services. Respondents specifically called for

- *Training*
    - Training to formalize existing peer support
    - Training on staff wellness
    - Ongoing training and train-the-trainer programs around trauma and stress

- o Training on facilitating CBT programs
- o Additional training following a high-stress incident
- o Training on time management
- o Training on diversity and inclusion; training around race
- *Financial support*
  - o Additional program funding
  - o Subsidies for counseling and mental health services that are not covered fully by insurance
- *Human resources*
  - o A formalized officer support division or wellness unit
  - o A chaplain, counselor, or another support person who is available to staff
  - o Peer support programs
- *Other resources*
  - o Time off for affected staff following a critical incident

Innovative/Promising Practices Shared

Respondents shared several innovations/promising practices in the area of trauma and employee wellness. The following responses highlight some of the practices and programs that are being actively used or are under consideration:

- The use of group sessions to discuss caseloads and officer stress
- Talking circles
- Full-staff trauma-informed training
- Mindful meditation
- Programs to integrate additional dimensions of wellness (e.g., programs such as *Fatherhood Is Sacred*, *Motherhood Is Sacred*, and *Linking Generations by Strengthening Relationships*)
- The use of technology to support wellness

Summary

The needs assessment respondents generally perceive employee wellness to be a priority to all levels of agency staff. The results also suggest that employee wellness programs are not yet fully used within the workplace. Respondents primarily attribute low use to employee perceptions that these programs are not helpful and the stigma associated with seeking support. In terms of employee assistance programs, lack of integration and staff perceptions that the program does not have a strong understanding of the community supervision context may affect low use.

This assessment results indicate gaps in ongoing wellness interventions that address everyday issues, such as burnout, compassion fatigue, and job stress. For example, the primary reported use of peer programs is to provide support after a critical incident despite evidence that regular availability and peer support can build resilience and promote officer well-being.

Respondents addressed the need for stronger leadership support, messaging, and promotional activities to increase employee engagement in programs tailored to the community supervision context. Staff also emphasized the importance of structural changes within the agency that promote employee wellness (e.g., wellness coordinator staff positions or office spaces dedicated to wellness activities). Increased access to the types of training and technical assistance called for by respondents can bolster efforts to create a culture of support and improve employee wellness in community supervision agencies.