

# HEALTH AND WELLNESS

## CORRECTION SUPERVISORS COUNCIL

CSEA, SEIU LOCAL 2001

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Issue Two

### Development and Implementation of a Healthy Sleep Intervention



In the foreground is Wayne Cole, CSC; left to right Sara Namazi, UConn Health; Matthew Brennan, UConn Health; Alicia Dugan, UConn Health; Julius Preston, CSC; Noel Brown, CSC; Millie Brown, CSC; Bob Rinker, CSEA; Missing Neil Liskey, CSC; Vinny Steele, Retired CSC.

In 2017, CSC and our UConn Health partners developed and implemented sleep interventions for 101 correctional supervisors. The supervisors volunteered to participate in the intervention and studies. The decision to develop a sleep intervention was based in part on an earlier study in 2015 that showed correctional supervisors averaged less than 6 hours of sleep per night, and averaged just 2 ½ hours of sleep the night after working a double shift. The recommend amount of sleep for an adult is 7 to 8 hours

per night and at least 49 hours per week.

The 101 supervisors were almost evenly divided into two groups. One group received a Healthy Sleep Training including a Sleep Tracking App, and the other group only received a Health Sleep Training.

#### Effectiveness of the Sleep Tracking App

We assessed the effectiveness of using the Sleep Tracking App. Fifty correctional supervisors who participated in using the Sleep Tracking App completed surveys at

two time points: just prior to using the App, and two weeks after using the App daily. Results showed that from the pre-App time point to the post-App time point there was a significant increase in: sleep awareness, knowledge about managing slept debt, frequency of managing slept debt, and sleep quality. There were significant decreases in sleep difficulty due to a physical health problem, and use of substances to facilitate staying awake or falling asleep.

#### Effectiveness of the Healthy Sleep Training

We assessed the effectiveness of a Healthy Sleep Training. Fifty one correctional supervisors who participated in the Healthy Sleep Training completed surveys at two time points: at the training session just prior to receiving the training, and one month after training session. We found that from the pre-training time point to the post-training time point, there were significant increases in: knowledge about sleep hygiene, knowledge about using meditation for sleep, knowledge about managing slept debt, knowledge about limiting overtime to improve sleep, frequency of using sleep hygiene behaviors, frequency of using

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### Health and Wellness Committee

Following a meeting in March between the Union leadership of the Correction Supervisors Council and Commissioner Scott Semple, the Commissioner appointed three managers to the NP-8 Health and Wellness Committee. The three managers are:

- Jeff Miller – Director of Human Resources
- Dan Murphy – Director of the Training Academy
- Scott Erfe – Warden

The CSC leadership plans to meet with the management members to map out the first annual health and wellness training program. The Health and Wellness committee was newly established in our new contract. The contract provisions include:

- Entitling each member one paid day of training a year specifically on health and wellness.

- Establishing a joint labor/management committee on health and wellness to develop training programs; and
- Allocating \$10,000 per year beginning in July 2019 to fund initiatives under this program.

#### Health and Wellness Committee - Union Members Our Union's health and wellness members are:

Julius Preston, Union President; Millie Brown, Union Executive Vice-President; Neil Liskey, Union Chief Steward; Noel Brown, Union Vice-President for Lieutenants; Wayne Cole, Design Team Facilitator; and Vinny Steele, Retired Correctional Lieutenant.

meditation for sleep, frequency of managing sleep debt, frequency of limiting overtime to improve sleep, and sleep quality. There was a significant decrease in: fatigue and sleep difficulty due to an emotional health problem.

**A Combined Intervention Approach**

We examined whether a combined intervention results in the best outcomes. Participants

who attend the Healthy Sleep Training plus used the Sleep Tracking App were expected to achieve the most benefit in terms of significantly higher self-awareness of sleep quantity and quality, frequency of sleep improvement behaviors, actual sleep quality and quantity, and fewer adverse health outcomes, following the training. However, the only variable that showed

significant improvement due to app use was sleep quality. With the results of the Healthy Sleep Intervention, we plan to make it part of the Health and Wellness Training Curriculum. We also would like to thank our members for volunteering to participate in the intervention and its studies.

**POST-TRAUMATIC STRESS DISORDER**

According to a study by Caterina Spinaris, correctional officers suffer from post-traumatic stress disorder (PTSD) at more than double the rate of military veterans. Spinaris is a leading professional of correction-specific clinical research and founder of Desert Waters Correctional Outreach, a non-profit organization in Colorado.

In 2011, Spinaris did an anonymous survey of correction officers and found that 34% of correction officers suffered from PTSD. This compares to 14% of military veterans. Since a significant number of frontline correctional personnel have served in the military, it is not known if PTSD is due to their military experience or correctional experience or both. However, the incidents of PTSD are much higher than one would expect in the general adult population. Spinaris' anonymous survey tested for indications of PTSD which included repeated flashbacks of traumatic incidents, hypervigilance, insomnia, suicidal thoughts and alienation, among others.

A New Jersey police taskforce study showed suicide rates among frontline correctional personnel to be twice as high compared to police officers and the general public. An earlier national study showed the suicide risk was 39% higher than all other professionals combined.

If you want to learn more about PTSD, you can go to [www.ptsd.va.gov](http://www.ptsd.va.gov). The Health and Wellness Committee plans to do more work on the impact of trauma on Correctional Supervisors.

Some of sources for this article came from an article written by Dasha Lisitsina that originally appeared in The Guardian on May 20, 2015.

**Mental Health First Aid Training**  
On May 29th, our Correctional Health and Wellness team along with our colleagues from the UConn Health Center will participate in a day-long training in mental health first aid presented by the Wheeler Clinic.  
There is limited availability to attend this training. If you are interested in the training, please email CSC President Julius Preston at [Jpreston@csea760.com](mailto:Jpreston@csea760.com).

**ANXIETY AND DEPRESSION**

According to Dr. Nancy Irwin on WebMd, depression and anxiety are like the flip sides of the same coin, "Being depressed often makes us anxious, and anxiety makes us depressed." Anxiety and depression can be treated through the use of talk therapy (counseling). You may also be prescribed antidepressant drugs that treat both depression and anxiety symptoms. It is best to see a doctor, typically a psychiatrist, for prescribing medication for anxiety and depression. It is important to have your therapist and doctor communicate with each other, so that your care is coordinated. Your providers should be your treatment team. The following are ten problems to help you assess your condition:

- 1 Little interest or pleasure in doing things
- 2 Feeling down, depressed, or hopeless
- 3 Trouble falling or staying asleep or sleeping too much
- 4 Feeling tired or having little energy
- 5 Poor appetite or overeating
- 6 Feeling bad about yourself - or that you are a failure or have let yourself or your family down
- 7 Trouble concentrating on things, such as reading the newspaper or watching television
- 8 Moving or speaking so slowly that other people could have noticed
- 9 Thoughts that you would be better off dead, or of hurting yourself
- 10 If you have any of these problems, have these problems made it difficult for you at work, home, or with other people?

You can also go online to take this assessment tool. The link is:

<http://screening.mentalhealthamerica.net/screening-tools/depression>

This tool is not intended to be a diagnostic tool, but to help you assess your mental health and to make a decision on whether to seek out a diagnosis and get help, if necessary.