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Mindfulness Training for Corrections Staff

Using mindfulness training to improve wellbeing in prison and parole staff

Agency:
Pennsylvania Department of Corrections (PADOC) Board of Probation and Parole (PBPP)

Trial Duration:
11/12/18–12/10/18

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Context
Mindfulness training has shown promise for wellness in many occupations; however, there is little literature on its use for corrections staff.

Key Finding
The mindfulness group showed improvements compared to the control group in several post-intervention outcome measures.

*BetaGov trains agency personnel to become research-savvy "Pracademics" who lead trials.

Background

Supervising justice-involved people is stressful, whether in carceral settings or in the community. The demands of the profession contribute to depression, poor physical health, family conflict, and decreased life/job satisfaction. There is increasing awareness of the benefits of staff-wellness programs that provide instruction on healthy lifestyle choices such as yoga, exercise, nutrition, and meditation. Mindfulness meditation is increasingly being used as a strategy for promoting wellness in many populations. Mindfulness focuses on techniques for quieting the mind and becoming aware of things as they are. The program may help to regulate an individual's response to stress. PADOC tested the benefits of a mindfulness-training program for staff working both in prisons and in the community.

Trial Design

Staff volunteers were randomly assigned to the intervention group (mindfulness training, n=35) or to the control group (no mindfulness training, n=21). Mindfulness training was provided by staff from the Brain Performance Institute. The intervention group attended four weekly sessions at the PADOC training academy in November and December 2018. The sessions included active group discussions, facilitated discussions, experiential exercises, video content, text materials, and visual aids. The control group was told that they may get the intervention in the future, but were asked to complete questionnaires. Standardized questionnaires were administered to both the intervention and control groups before the intervention began (Time 1) and after it ended (Time 2) and addressed overall health, mind-wandering, mindfulness, sleep, emotional distress/anger, fatigue, stress, positive and negative affect, alcohol use, organizational and operational stress, and job burnout. The intervention group completed Time 1 questionnaires at the first mindfulness session, whereas the control group completed either a hard-copy or an internet version during the same period. Similar administration methods were used for the Time 2 questionnaires.

Results

Statistically significant Time 2 differences were documented between the intervention and control groups on four measures, reflecting better outcomes for the mindfulness group, all at p<0.05. Specifically, these measures are the Five Facet Mindfulness Questionnaire, Fatigue Survey, Connor-Davidson Resilience Scale, and the positive subscale of the Positive and Negative Affect Schedule (PANAS). No significant differences were found for the other nine measures: PROMIS (Patient-Reported Outcomes Measurement Information System) Global Health, PROMIS Sleep Disturbance, PROMIS Anger, PROMIS Alcohol Use, NIH Toolbox Perceived Stress Survey, Organizational Police Stress Questionnaire, Operational Police Stress Questionnaire, Oldenburg Burnout Inventory, and the negative subscale of the Positive and Negative Affect Score (PANAS). This small pilot suggests the potential of mindfulness training for improving several functional-wellness domains. Larger studies, appropriately powered to detect statistical differences in other domains (should they be found to exist) are well justified.

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