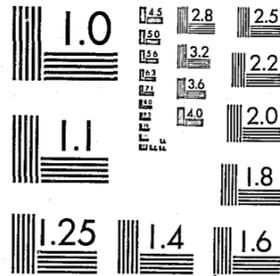


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1/03/83

# Federal Probation

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**Learning Theory Model for Reduction of Correctional Stress**..... *Susan J. Stalgaitis  
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**Prisoners in Jails: Planning for Emergencies**..... *N.E. Schäfer*

**Probation Investigation**..... *Yona Cohn*

**Probation: Career Patterns of Federal Prison Correctional Officers Entered Service During 1963**..... *Loren Karacki*

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SEPTEMBER 1982

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## This Issue in Brief ACQUISITIONS

**Homicides Related to Drug Trafficking.**—Homicides as a result of business disputes in the distribution of illegal drugs appears as a new subtype of homicide in the United States, report authors Heffernan, Martin, and Romano. In this exploratory study of 50 homicides in one police precinct in New York City noted for its high level of drug dealing, 42 percent were found to be "drug-related." When compared with non-drug-related homicides in the same precinct, the "drug-related" more often involved firearms and younger, male victims.

**Management Theory Z: Implications for Correctional Survival Management.**—Increased workload and decreased budgets are realities facing correctional management during the remainder of the 1980's, asserts Dr. William G. Archambeault of Louisiana State University at Baton Rouge. This means that fewer employees must be motivated to produce more and higher quality services. Faced with a similar dilemma, American business and industry have "discovered" Theory Z management and have demonstrated its pragmatic value. This article analyzes the utility of Theory Z in correctional organizations and outlines the steps necessary to implement this approach.

**Making Criminals Pay: A Plan for Restitution by Sentencing Commissions.**—Attorney Frederic R. Kellogg writes that the recent controversy over the insanity defense has focused public doubt over the criminal justice system. It highlights the need not for further tinkering but for wholesale reform. This recent proposal would classify offenses according to harm and enforce restitution in every case. It would sweep away the entire uncoordinated panoply of postconviction proceedings and replace them with a well-staffed sentencing commission of experienced trial judges whose assignment would be to assess the harm done by the of-

fender and collect judgment to repay the victim and the state.

**Information Processing in a Probation Office: The Southern District of Georgia Experience.**—Chief Probation Officer Jerry P. Morgan believes there is a place for word/information processing in the probation office. In establishing a system in the Southern District of Georgia, local sentence comparison became the first project followed by

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# A Social Learning Theory Model for Reduction of Correctional Officer Stress

BY SUSAN J. STALGAITIS, ANDREW W. MEYERS, PH.D., AND JOSEPH KRISAK, ED.D.\*

**T**HE IMPORTANCE of the role of the correctional officer in both the rehabilitation and custodial aspects of the prison system has become increasingly apparent in recent years (McCall, 1979; Pogrebrin, 1977). However, the role of the correctional officer is a highly stressful one (Cheek and Miller, 1979) and it appears that the officers are experiencing difficulty coping effectively with the stress. This difficulty has been manifested in various behavioral, emotional, and physiological problems and is becoming a major concern of correctional administrators (Dahl, 1979). This article addresses the issue of stress for correctional officers by reviewing three different areas: situational stressors for correctional officers; stress reactions demonstrated by correctional officers; and methods currently used by correctional officers to reduce stress. Finally, methods which have been developed by social learning theorists to reduce stress and a social learning model for reduction of correctional officer stress are presented.

### *Situational Stressors for Correctional Officers*

The environmental factors which may be considered stressors for correctional officers can be divided into three categories: stressors internal to the correctional system; stressors of correctional officer work itself; and stressors external to the correctional system. The categories have been adapted for correctional officers from the work of Stratton (1978 A,B) who investigated stressors for police officers.

*Stressors internal to the correctional system.* — Correctional officers have consistently reported that their most frequent source of stress involved administrative problems. The officers attributed the most stress to lack of communication with

superior officers (Duffee, 1974; Jacobs, 1978; Cheek and Miller, 1979 A) and a lack of standardization of policies in dealing with inmates (McCall, 1979; Cheek and Miller, 1979 A). Correctional officers reported that they did not receive adequate opportunity to contribute to decision-making involving the institution in which they were employed (Cheek and Miller, 1979 b) and described themselves as unsure of their role and the services they were to perform (Cressey, 1959; May, 1976; Pogrebrin, 1978).

The ambiguity and role conflicts which the correctional officers reported experiencing may be a direct result of the custody versus treatment dilemma (Cressey, 1959; Grusky, 1959; Hosford, George, Moss and Urban, 1975). In this situation, correctional officers are expected to comply with two inconsistent but legitimate patterns of role expectations. As a guard, they are to be firm and objective in maintaining order and security within the institution. As rehabilitative treatment-specialists, the officers are expected to be empathic and sensitive to the individual needs of the inmates. This conflict may be responsible for many of the stressors internal to the correctional system.

In addition, while most officers are expected to function efficiently in their treatment-specialist role, they have received little training in this capacity (Farlekas, 1975; Johnson, 1977; Wittmer, Lanier and Parker, 1976). This lack of training makes it difficult for the correctional officers to perform their jobs well. Many of the correctional officers have a negative view of the newer treatment rehabilitation attempts and resent having to perform in this manner (Teske and Williamson, 1979).

*Stressors of correctional work itself.* — Although correctional officers cite administrative and role conflicts as the greatest source of stress, they also report stressors which arise as they perform the duties of a correctional officer. These stressors appeared to revolve around the officers' interactions with the residents and the environment in which

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they work. The inmates experience numerous crises, and the officers are expected to solve problems (Johnson, 1977). However, the prisoners often resent and are unappreciative of the officers (Brodsky, 1977). The residents also often generate exaggerated rumors of staff racism and prejudice and proclaim the lack of qualification of the officers (Menard, 1978). Therefore, worries about staff-inmate confrontations (Johnson, 1977), job violence (May, 1976) and danger (Brodsky, 1977; Jacobs, 1978; McCall, 1979) are often reported as correctional officer stressors. Additional correctional officer stressors are the reported boredom of the job, the need to become alert on a moment's notice, feelings of vulnerability which come from being outnumbered by residents and the lack of a means of self-defense. Finally, the officers may be subject to legal prosecution since many individual state constitutions and statutes allow prisoners to bring legal actions against the officers for a variety of alleged transgressions (Jochums, 1978).

*Stressors external to the correctional system.*— Correctional officers cited as a stressor the lack of public acceptance for the job they perform (May, 1976; McCall, 1979). Within the past several decades, correctional officers have been portrayed in movies, literature and television as stern, brutal disciplinarians who mistreat and abuse prisoners (Jacobs, 1978; May, 1976). Because of this, many officers felt that they were a stigmatized minority and were often embarrassed or hesitant to reveal their occupations to others (Johnson, 1978).

Correctional officers reported stress due to low pay (Farlekas, 1975; Menard, 1978) and the need to take second jobs to help with financial problems (Menard, 1978). As additional stressors, the officers cited low morale (Cheek and Miller, 1979 A) and the feeling of being trapped in their jobs with few alternative vocational choices (Brodsky, 1977). Most officers reported little formal education (Jacobs, 1978) and few specialized vocational skills (Brown and Sisson, 1978).

It appears that correctional officers are in a position in which they are exposed to stressors at work within the correctional system, external to the correctional system and on an individual basis. An examination of the correctional literature also suggests that the officers are experiencing difficulty coping with these occupational stressors.

#### *Stress Reactions Exhibited by Correctional Officers*

Individuals who are experiencing difficulty coping with stressors manifest this difficulty in emo-

tional, behavioral and physiological response systems (Bandura, 1977). A review of the correctional literature indicates that correctional officers are showing reactions to stress in all three components. However, because of the interactive nature of the physical, emotional and behavioral components, it is difficult to easily categorize these reactions. In considering the following manifestations of stress reportedly experienced by correctional officers, it is necessary to bear in mind the interrelatedness of the three components.

Correctional officers manifest numerous physical symptoms which indicate a difficulty adjusting to a stressful situation. Cheek and Miller (1979 A) cited statistics revealing that problems of the "heart, alcoholism, and other allied emotional disorders" accounted for 60 percent of the time off for disability for New York State Correctional Staff and that the rate of disability for the staff was 300 percent higher than the average for state employees. They also reported that the rate of heart attacks among correctional officers was one of the highest among groups of state employees. The 143 New Jersey correctional officers surveyed by Cheek and Miller (1979 A) had higher incidence of hypertension, hay fever, ulcers, heart diseases, diabetes, gout, gall bladder problems and hypoglycemia than a sample of police officers. Brodsky (1977) interviewed 21 prison officers who had filed industrial accident claims for service-connected disabilities, and he found that these officers reported a variety of somatic problems. These problems usually involved musculoskeletal tension (headaches, backaches, etc.) but included gastrointestinal complaints, cardiovascular problems, visual problems and urinary tract disruptions. Brodsky pointed out that these officers had shown no history of behavioral disturbances and had not been described as chronically anxious or emotionally unstable prior to their employment in the correctional setting. Thus, it appears that correctional officers, as a group, demonstrated a high incidence of somatic complaints potentially related to physiological arousal to stressful situations.

An examination of the correctional literature also suggests that the officers behave in a manner which is indicative of difficulties coping with their occupational stressors. McCall (1979) reported that correctional officers voiced a variety of grievances with their jobs and admitted to neglect of their duties. Interpersonal problems such as callousness, argumentativeness, apathy, and withdrawal appeared to increase as they worked as

correctional officers. Many correctional officers found work conditions so unsatisfactory that they boycotted their jobs. The Ohio Department of Rehabilitation and Corrections experienced 10 strikes since 1975, and in Pennsylvania, officers boycotted via sick calls 13 times between 1970 and 1976 (May, 1976). Other officers reacted to the job stress by resigning, even in times of relative high unemployment. In Louisiana and New Mexico, the annual turnover rate of correctional officers in the early 1970's was 74 percent and 65 percent respectively, and many maximum security prisons throughout the United States lose an average of half of their new officers every year (May, 1976).

In addition to the avoidance of duty, the withdrawal from work, and difficulty coping with stress that correctional officers demonstrated on the job, the officers showed difficulty coping with the stressors of their personal lives. Correctional officers surveyed by Brodsky (1977) complained of obsessive ruminations about work, nightmares, difficulty sleeping, depression and lowered self-esteem. Many officers reported marital and family problems, and claims of excessive usage of alcohol were frequent (Farlekas, 1975). The divorce rate for correctional officers in New Jersey was 20.9 percent, twice as high as the state average (Cheek and Miller, 1979 A).

An evaluation of this information indicates that correctional officers need to develop more effective ways to cope with occupational stress. Presently, they experience high incidences of stress-related physical symptoms and behavioral and emotional problems both at work and in their personal lives.

The next section focuses on the methods which are currently being utilized by correctional offices to reduce stress.

#### *Methods Being Utilized To Reduce Stress*

Correctional officers work in a situation in which there are many stressors, and they experience difficulty handling these stressors. There are two general approaches to deal with the problem of stress: to change the environment to reduce stressors or to help correctional offices develop skills to more effectively cope with stressors. Although various authors have suggested methods to improve the institutional environment to reduce stress, such as changing managerial styles (Cheek and Miller, 1979 b, 1980), early identification of unsuitable officers (Brodsky, 1977), and increased staff-officer communications (Johnson, 1977), this

article examines the second approach to working with correctional officers to develop skills to better deal with the stress of their occupations. First, methods that correctional officers currently use on an individual basis to cope with stress are presented and, then, a review of the training programs which have been used to help officers reduce the impact of stress is presented.

*Individually applied stress reduction methods.*— Cheek and Miller (1979 A), May (1976), and McCall (1977) enumerated a variety of naturally occurring methods which correctional officers have reported using to cope with the stress of their jobs. The methods most frequently reported by the officers appeared in most cases to be primarily passive. Included among these methods were listening to music, talking to family, friends and other officers, having sex, reading or other hobbies, withdrawing from on-the-job involvement, refusing to talk about work after hours, taking vacations, and increasing physical exercise. The officers appeared to rely on methods which helped them to develop outside interests and to withdraw or establish distance between themselves and their work situations. Surveyed officers reported that formal therapy, breathing exercises, massages and the use of prescription and nonprescription drugs were used infrequently (Cheek and Miller, 1979 A). An evaluation of this information suggests that the officers are making attempts to deal with the stress of their job but that they utilize a limited number of the available alternatives and those they choose are predominantly passive or distant from the work situation.

*Institutional training programs.*—A review of the correctional literature reveals that the correctional system has recently made some attempts to assist correctional officers in dealing with their occupational stressors. However, work in this area has progressed slowly. In most cases, authors have carefully documented the reason for stress in the correctional setting and the results of this stress but have been vague concerning precise methods to reduce stress. For example, Dahl (1979) presented a 3-day, 15-hour training program manual which sought to assist correctional administrators in the development of individualized stress management plans. The program offered a comprehensive range of topics such as the General Adaptation Syndrome (Selye, 1956; 1974), identification of adaptive and maladaptive stress reactions and identification of stressors. Unfortunately, the program offered no specific methods for coping with stress.

A common suggestion made by several authors is that correctional officers should learn relaxation techniques, utilize biofeedback equipment, or begin exercise regimes to help reduce the effects of the high stress occupation (Bonney & Genz, 1978; Vattano, 1979; Wallace, 1978). No formal relaxation, exercise or biofeedback instructional programs could be located in the correctional literature.

The majority of the programs available sought to help officers manage stress by teaching them a variety of job-related behavioral skills. Unfortunately, methodological problems, such as lack of objective data collection (Brandes & Brasier, 1976; Wittmer, *et al.*, 1976) and no control groups (Goldstein, Monti, Sardino, and Green, 1971), prevent adequate determination of the efficacy of many programs.

In cases where more controlled evaluation was conducted, programs to teach correctional officers job-related skills were generally found to be effective. For example, officers who took part in six 1-day training sessions and were then rated as they counseled inmates correctly employed more of the counseling steps, used more positive reinforcement, and demonstrated better overall counseling skills than a delayed treatment group of correctional officers (Hosford, *et al.*, 1975). They also showed significantly more knowledge on an objective test of theory and practice.

Katrin (1974) reported a training program for officers in a women's prison which sought to increase empathy, respect and genuineness in communication between officers and inmates. After training, the officers rated statements in terms of the amount of empathy communicated and role played some examples from personal experience. The correctional officers' ability to communicate with greater empathy, respect and genuineness and decrease inmates' anxiety was found to have increased from pretreatment levels.

Smith, Milan, Wood, and McKee (1976) attempted to teach correctional officers the principles of behavior modification to use in their work with inmates. The trained officers, in comparison to nontrained peers, increased their application of behavior modification techniques and increased both the total number and proportion of positive interactions with inmates. These officers also voiced more concern for the welfare of inmates and less punitiveness after completing the training. Thus, it appears that programs which teach job-related behavioral skills may indeed improve the skill repertoire of the officers. Although this is an

important aspect in stress reduction, it appears to be somewhat limited in effectiveness and narrow in focus. Skill training is made the entire thrust of treatment while the cognitive and physiological components of stress are ignored.

Other programs designed to help correctional officers deal with stress focus primarily on interventions dealing with the cognitive component of stress reactions. Katsampes (1975) offered training classes which attempted to change correctional officers' attitudes and role concepts through participation in group discussions. The officers were asked to respond to nine hypothetical situations before and after training. Their responses were judged to be significantly more positive after training. It should be noted that, although the program's leaders encouraged the officers to use decisionmaking skills, no attempts were made to teach the skills. Duffee (1974) reported a 52-week series of discussions among officers organized around relevant work problems. The only evaluation of this program's efficacy was that it produced fairly rewarding results for six correctional officers and resulted in helping the participants adopt researchers' attitudes to ameliorate their problems. No objective data or experimental control groups were utilized to evaluate the efficacy of the discussions.

In summary, correctional institutions have not developed adequate programs to reduce correctional officers' occupational stress. Although the problem has been recognized, more attention has been placed on describing the problem and offering somewhat vague suggestions than attempting to provide empirically validated corrective procedures. It is difficult to evaluate the procedures that have been suggested due to lack of empirical data and adequate experimental controls. The extant programs may also be criticized as being limited in scope. Often they only intervene in one or two components of stress reactions instead of addressing all three components of stress. The multifaceted approach to stress reaction of the social learning theorists, which emphasized the physiological, cognitive, and behavioral components of stress reactions and includes a thorough assessment of the individual, is suggested as a model which would comprehensively deal with stress for correctional officers.

#### *Clinical Interventions Available in Social Learning Literature*

Social learning theorists have advanced a comprehensive model of human behavior which has

lead to the development of multifaceted approaches to stress reduction. Bandura (1977) examined human behavior in terms of reciprocal determinism or a continuous reciprocal interaction among person variables, behavior and environmental determinants. Individuals are seen as active forces in their growth and development rather than as passive agents affected by external stimuli. Bandura and other theorists (Lazarus, 1966, 1977; Navaco, 1977, 1979; Sarasen, 1975) emphasized the critical role of cognitive evaluation of the situation and personal ability to cope with it in eliciting physiological responses, emotional states and behavioral performance.

As derived from social learning theory, an interactive model of stress acknowledges the role of environmental stressors and the resulting stress reaction manifested in physiological, behavioral and emotional arousal. It goes on, however, to place emphasis on the role of cognition in mediating environmental stressors and the resulting responses. Individuals are seen as actively appraising the situation and the skills required to cope adequately. They also evaluate the skill they possess and appraise their own ability to deal effectively with the situation. It is when perceived stressors exceed appraised personal resources that stress is experienced.

According to the social learning theory of stress, attention to the cognitive, physiological and behavioral components is essential if a stress reduction program is to be considered comprehensive. This section selectively reviews social learning strategies which address these dimensions and which may be applied to the problem of stress. The techniques are divided into four broad categories: relaxation training, cognitive restructuring, behavioral skills training and stress inoculation training.

*Relaxation training.*—Relaxation techniques have had wide-spread acceptance in clinical psychology (Bernstein and Borkovec, 1973). A variety of techniques have been used to teach regulation of muscle tension and induce relaxation (Benson, 1975; Bernstein and Borkovec, 1973; Budzynski, Stoyva, Alder, and Mullaney, 1973; Boldfried and Trier, 1974; Shultz and Luthe, 1969). Evidence exists that forms of relaxation training have been helpful procedures in the treatment of disorders including hypertension (Taylor, Farquhar, Nelson and Agras, 1977), insomnia (Nicassia and Bootzin, 1976), tension headaches (Budzynski, *et al.*, 1973), and general anxiety (Snyder and Deffenbacher, 1977), which are all reactions often associated with difficulty coping with stress.

*Cognitive restructuring.*—Cognitive restructuring teaches individuals to change their maladaptive cognitions and emit more adaptive cognitive responses which decrease arousal and improve performance (Meichenbaum, 1975, 1977; Meichenbaum and Novaco, 1978). Ellis (1962) developed a therapeutic system which is based on modifying the individual's belief system. Ellis' rational emotive therapy seeks to help clients recognize that their irrational beliefs, expectations or assumptions are responsible for their emotional distress and to substitute a more rational and realistic way of evaluating situations. Beck (1976) offers similar techniques to help patients' distortions in their views of themselves and their world.

Positive therapeutic results have been shown when various forms of cognitive restructuring have been used in working with depressed individuals (Beck, 1976), institutionalized schizophrenics (Meichenbaum, 1977, neurotics (Ellis, 1962), and in habit control (Mahoney, 1974). A third category of intervention offered in social learning deals primarily with change in the behavioral component.

*Behavioral skills training.*—Social learning theorists have long recognized the importance of behavioral skills training (Bandura, 1977). Individuals who lack adequate behavioral skills are usually ineffectual in coping with stressful situations and correctly perceive themselves as coping poorly. This further increases stress on the individual. Behavioral skills training is designed to increase the range and competence of individuals' response alternatives to help them develop the potential to cope more effectively.

The behavioral literature offers an extensive variety of skills training programs but several basic facets are included in all programs (Meichenbaum, 1977; D'Zurilla and Goldfried, 1971; Lang and Jakubowski, 1976). First, instructions and discussion of the various skills are presented. The second component involves modeling of the appropriate behavior. After the desired behaviors are modeled or demonstrated, the participants are given ample opportunity to practice the skills through role playing or acting out simulated situations. Group leaders and other participants then offer coaching and feedback. Participants are provided reinforcement for success as they practice the skills. The skills are presented in graduated hierarchical steps and are often practiced between sessions through homework assignments which allow the participants to progress slowly but effectively.

*Stress inoculation training.*—A procedure called stress inoculation training combines relaxation

training, cognitive restructuring and behavioral skills training (Meichenbaum, Turk and Burstein, 1975; Novaco, 1979). Stress inoculation training involves three phases. The first phase, educational in nature, is designed to provide the individual with a conceptual framework for understanding the nature of stressful reactions. In the second phase, cognitive and behavioral coping skills are provided. The cognitive skills training involves the introduction of adaptive self-statements that can be employed at stressful times. The behavioral skills training offers a variety of strategies for improving interpersonal communication. Relaxation training is also included in most stress inoculation programs. The final phase of stress inoculation training is designed to provide the participants with an opportunity to practice their skills and employ them in both laboratory and real life situations. Stress inoculation training has been applied successfully with a number of clinical populations including phobics, anxiety neurotics, and pain and anger control patients (Meichenbaum and Novaco, 1978; Meichenbaum, *et al.*, 1975; Novaco, 1977a; 1979). Novaco (1977) suggested that stress inoculation training for anger management might be an effective preventive intervention for decreasing anger responses by on-duty police officers. Thus, the social learning literature appears to offer a variety of techniques which have been shown promising results for many different problems for a variety of individuals.

#### *Social Learning Stress Reduction Program for Correctional Officers*

Bandura's social learning theory has prompted the development of several treatment strategies which appear useful in stress management and may be appropriate treatment interventions for helping correctional officers deal with the problems of stress.

To date, there has been little opportunity to empirically evaluate the ability of a program composed of techniques based on a social learning view of stress to reduce occupational stress for correctional officers. In fact, only one program for correctional officers approximated a comprehensive multidimensional social learning approach. Cheek and Miller (Cheek, 1979; Cheek and Miller, 1978, 7, 1980A, 1980 B) presented a "Stress Awareness and Coping Techniques" workshop to over 925 New Jersey state and county correctional staff members and family members. The program was based on a stress management program for inmates (Cheek, 1979) and has been modified into 3-

day (Cheek and Miller, 1978), 2-day (Cheek, 1979), 1-day (Cheek and Miller, 1980B) and ½-day (Cheek and Miller, 1980 B) workshops. The program introduced muscular relaxation and participants were made aware of their irrational thinking patterns and self-images, as well as the causes and effects of stressful situations. Participants also received behavioral skills training in behavioral analysis, behavior management, and social skills. The programs included audio-visual presentations, lectures, group discussions, and role play simulations. When evaluation forms were administered to participants, subjective ratings of interest were positive. Training officers also substantiated these positive findings by making stress management programs of this kind top priority choices in selecting staff-training programs. However, no conclusive statements can be made regarding the benefits of this program until some attempt is made to empirically determine its effectiveness. The application and evaluation of programs similar to Cheek and Miller's would allow investigators to assess the benefits of specific social learning interventions and allow the development of effective stress reduction techniques for correctional officers.

However, it should be kept in mind that because of social learning theory's emphasis on empiricism, experimentation and precision, an integral relationship exists between intervention and assessment. Hersen (1976) stated that, given the specificity of behavioral treatments, selection of an intervention strategy is impossible without multimodal assessment. The assessment must include evaluation of all three response modalities—behavioral, physiological, and cognitive. Through this assessment strategy, deficits or strengths are identified in some or all of the components. Treatment strategies are then directly related to the specific deficit areas. Therefore, it follows that if social learning techniques are to be utilized successfully in helping correctional officers manage stress, a careful assessment to determine if the officers have deficits is essential. This analysis should include measurement in all three response systems involved in the stress reaction. It is only then that treatment strategies can be effectively instituted.

Figure 1 outlines the proposed comprehensive treatment program for stress reduction for correctional officers. After an initial assessment of the cognitive, behavioral, and physiological dimensions, groups of officers are channeled into a course of treatment tailored to their specific needs.

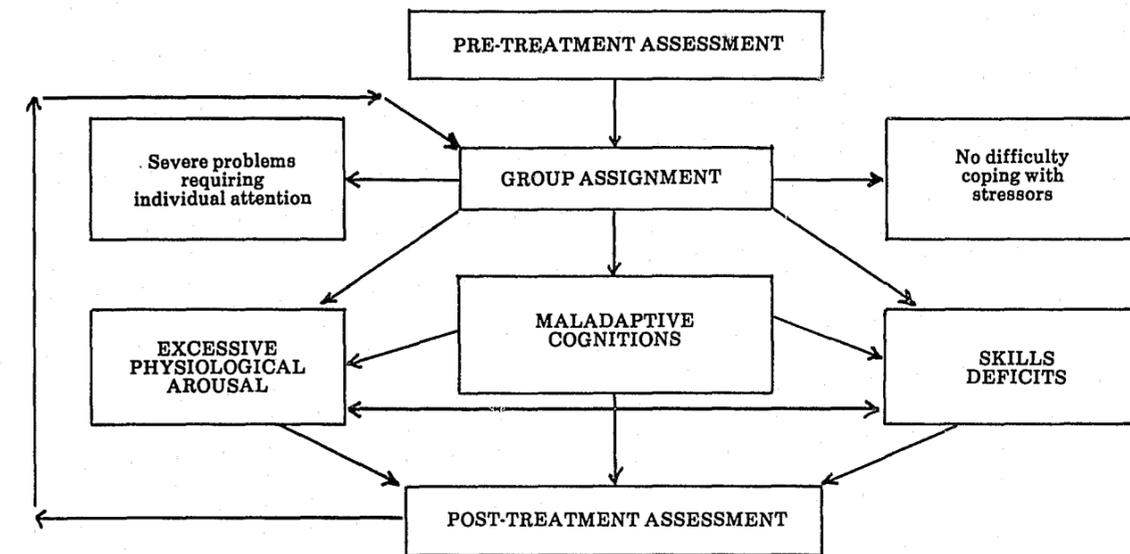


FIGURE 1.—Stress Reduction Program.

A variety of treatment courses exist. First, if the assessment revealed that the officer had maladaptive cognitions, they would receive a cognitive restructuring program to help them adopt a more rational and coping-oriented cognitive set (Beck, 1976; Ellis, 1962; Mahoney, 1974; Meichenbaum, 1977) before a post-treatment assessment. However, some of these officers might also show skills deficits or excessive physiological arousal, or both. These men could then be directed into an appropriate program to learn relaxation training to curb physiological arousal (Goldfried and Trier, 1974; Bernstein and Borkovec, 1973; Schultz and Luthe, 1969) or receive skills training or both programs before the post-treatment assessment. The skills training program would include training in assertiveness (Lange and Jacobowski, 1976), problem solving (D'Zurilla and Goldfried, 1971), the use of behavior modification techniques (Hosford, *et al.*, 1975; Smith, *et al.*, 1976), and communications skills (Barandes and Frasier, 1976; Wittmer, Lanier, and Parker, 1976) and would include an opportunity for officers to practice their newly learned skills in role play situations and on homework assignments.

For another group of correctional officers, if the initial assessment did not reveal maladaptive cognitions but revealed excessive physiological arousal, relaxation training would be suggested prior to post-treatment assessment. If skills deficits were also apparent for these officers, the

officers would be channeled into the skills training program before the post-treatment assessment.

Another group of officers might have adaptive cognitions but simply lack appropriate behavioral skills. These officers would be directed into participation in the skills training program to learn some of the behaviors deficient in their repertoire before being reassessed.

It should be noted that during the comprehensive assessment of this stress reduction program, those officers who do not appear to be experiencing difficulty coping with the stress would be determined and could be exempted from participation in the program.

Finally, some individuals may be identified who are experiencing severe emotional or behavioral disruptions. These officers might be in need of the more intensive intervention which could be obtained by meeting individually with a therapist. They might also require psychotropic medication. Once these individuals have been identified during the initial assessment of those officers' participation in the stress reduction program, they can be referred for more specialized attention.

The post-treatment assessment of this stress reduction program for correctional officers would serve as a means to determine treatment gains and also to gain information to reassign officers to treatment groups if deficiencies still appear.

Because the correctional literature suggests that correctional officers tend to deny the problems of

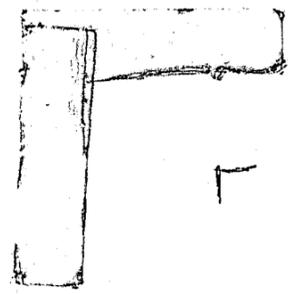
stress and a need for assistance (Cheek and Miller, 1974 A), some attempt should be made to help make the program relevant to the officers. One method would be the inclusion of stress management training as a part of the hours of inservice training generally required of each officer. This would enable the officers to receive credit for availing themselves of this assistance and eliminate the necessity of their admitting a need for assistance and finding free time after hours in order to participate. The inclusion of trained correctional officers as leaders in the treatment, as suggested for groups of police officers (Depue, 1979), would also make the program more relevant to correctional officers.

Programs to teach correctional officers stress reduction methods would serve as preventive measures. Correctional officers are presently demonstrating numerous symptoms indicating they are experiencing difficulties dealing with the stressors of their job. The stress reduction programs would provide the officers with the skills to deal with stress before they develop the maladaptive reactions which might require individualized attention. In addition, the programs would be beneficial because they would reach groups of officers at a time and would, thus, have an impact on many individuals at once.

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