DATA SHEET

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DESERT WATERS CORRECTIONAL OUTREACH

DATA-DRIVEN WORKPLACE CULTURE ASSESSMENT AND IMPROVEMENT SERVICES

The Corrections Fatigue Status Assessment™ (CFSA-v5)

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The Corrections Fatigue Status Assessment™ (CFSA-v5) Data Sheet

Development and Psychometric Properties

By Michael. D. Denhof, PhD.

This product is a Desert Waters Data Sheet. Desert Waters Data Sheets summarize specifications for particular Desert Waters products or services. Desert Waters' data-driven products and services are engineered to promote the health and well-being of individuals and groups working in corrections environments.

Desert Waters Correctional Outreach is a 501(c)(3)nonprofit institution that helps improve corrections professionals' health and well-being through research and data-driven products and services.

What is Corrections Fatigue?

Corrections Fatigue can be understood as a collection of negative and inter-related consequences upon the health and functioning of corrections workers and the workplace culture as a whole. Consequences follow from a combination of exposure to traumatic, operational, and organizational stressors. The extent to which aspects of Corrections Fatigue manifest, take hold, and shape workplace culture is dependent upon the extent and quality of various social and work environment features having potential to counter components of Corrections Fatigue.

The definition of Corrections Fatigue described above is in part based upon Constructivist Self Development Theory (CSDT; McCann and Pearlman, 1990; Pearlman and Saakvitne, 1995). In short, CSDT asserts that individuals develop mental maps of the world and of themselves based upon their unique stream of experiences over time, including traumatic experiences (i.e., particularly highly charged experiences). These internal representations, in turn, shape perceptions and behavior to an extent—reflecting an evolving circular process. Thus the nature of a given individual's stream of experiences influences the way he/she perceives him/herself and the world and, in turn, figures into his/her decisions and behavior, and for better or worse.

Thus both Corrections Fatigue and CSDT take account of the way that experiences can influence thinking and behavior, in general, and especially following exposure to highly charged experiences such as those involving violence, injury, or death. While the focus of CSDT has been primarily on individuals and the context of individual clinical treatment, Corrections Fatigue represents an extension of this cause and effect model to the group/culture level—reflecting how the collective thinking and behavior of corrections staff are similarly impacted.

What is the Corrections Fatigue Status Assessment (CFSA-v5)?

The Corrections Fatigue Status Assessment, now in its 5th version, is a scientifically-developed assessment tool that allows for the reliable and valid measurement of the overall health and functioning of a workplace culture. It provides objective scores in nine key areas: Behavioral Functioning, Outlook/Disposition, Leader Supportiveness, Psychological Safety, Staff Reliability, Morale, Moral Injury, Staff Supportiveness, and Meaning.

How the CFSA-v5 is Used

Using an online web application that staff can access from work or home via internet connection, the CFSA-v5 provides a convenient way for organizations to collect and aggregate converging input from staff in a useful quantitative form. Staff are provided a password to access a list of multiple-choice style questions that ask about a range of issues pertaining to health, functioning, workplace climate and conditions. Staff are able to participate anonymously, without providing specifically identifying information. The collected CFSA-v5 data are statistically analyzed in relation to clinically determined cut-points and/or national baseline data. Results indicate an organization's status in terms of the overall degree that Corrections Fatigue permeates the workplace culture, and also where problem areas are concentrated across nine key dimensions of high relevance to corrections workforce health and functioning. This information puts organizations in an excellent position to evaluate where to focus improvement efforts.

[1] McCann, I. L., & Pearlman, L. A. (1990). *Psychological trauma and the adult survivor: Theory, therapy, and transformation.* New York: Bruner/Mazel.

[2] Pearlman, L. A., & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: W.W. Norton.

Psychometric Properties of the Corrections Fatigue Status Assessment (CFSA-v5)

CFSA-v5 Scale Reliability Information

The internal consistency reliability of each of the CFSA-v5's nine scales were assessed using Cronbach's Alpha (α). Alpha values above .7 are generally considered to demonstrate adequate internal consistency reliability.

All of the CFSA-v5's individual measurement scales demonstrated excellent internal consistency, averaging .91 across the scales.

The constituent items in the CFSA-v5's scales vary in number from 5 to 15. Items within each scale target measurement of the overall scale construct from various angles.

Reliability Statistics	Scale α	# of Items
Behavioral Functioning	0.91	5
Psychological Safety	0.94	8
Leader Supportiveness	0.92	11
Morale	0.83	5
Moral Injury	0.85	7
Staff Reliability	0.92	9
Meaning	0.93	7
Outlook/Disposition	0.92	15
Staff Supportiveness	0.94	9
Average	**0.91**	**8.4**

Sample Data Information

Data Collection: Corrections agency administrators, corrections associations, and other correctional organizations located around the United States were invited to distribute a voluntary participation offer to all of their staff or members, including password access to a web-based assessment battery. All participants were required to certify their current employment status as a corrections professional and agree to an informed consent to participate contract.

A total of ***N*=592** assessment batteries were completed by corrections professionals (1) from 44 different U.S. States and the District of Columbia, (2) having 24+ different job titles (e.g., custody/security officer, classification officer, executive staff, etc.), (3) from 18+ different facility/organization types (e.g., Jail, Federal Prison, State Prison, Community Corrections, etc.), (4) having a broad range of ages, (5) having a broad range of years experience working in the field of corrections, (6) having any of six ethnic/cultural affiliations, primarily White/Caucasian, and (7) consisting of 63% males and 37% females. A trivial number of cases came from individuals residing in other countries (2% Canada; 1% Other).

Factorial Validity Information

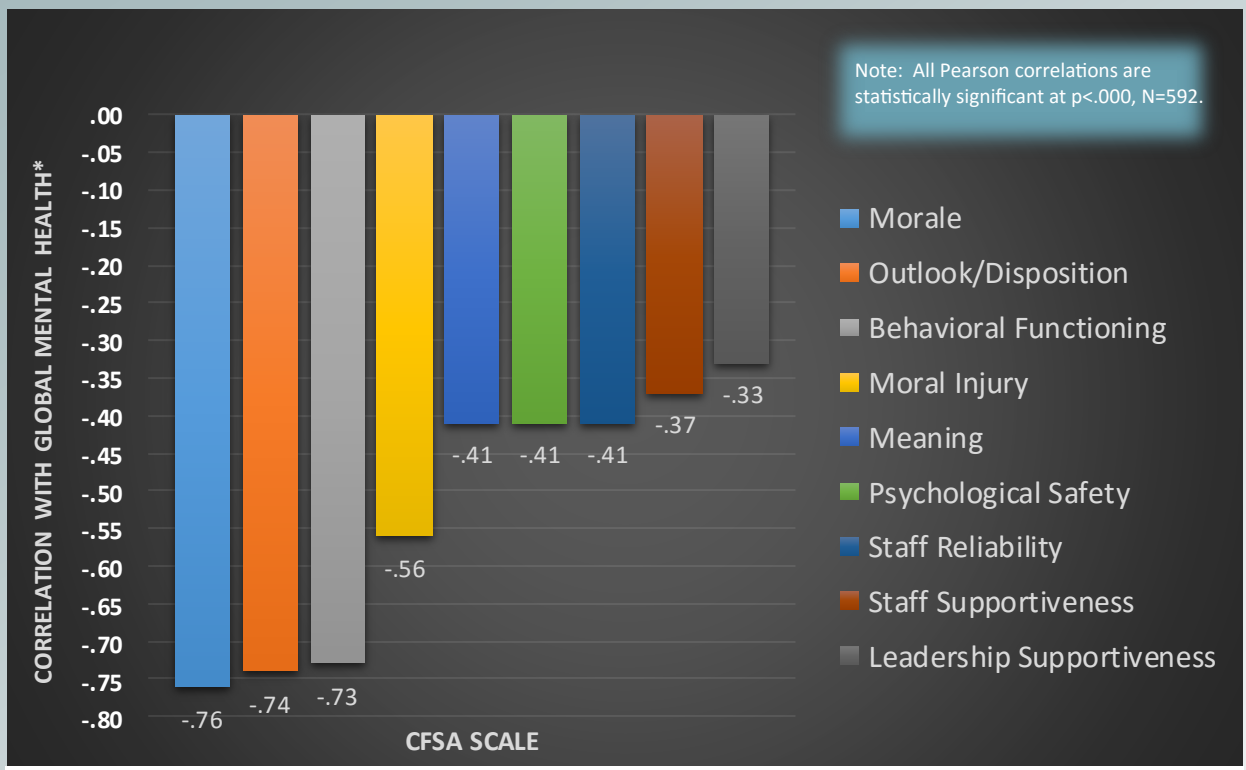
The CFSA-v5's nine scales have been found to be robust and recoverable in factor analysis (Maximum Likelihood estimation method; Direct Oblim rotation; specification of 10 factors (over-factored by one to get the cleanest solution); minimum acceptable loading set to .3). This supports the ability of the CFSA-v5's nine scales to distinctively measure their unique content.

Average Factor Loading Per Scale	
Behavioral Functioning	0.75
Psychological Safety	0.67
Leader Supportiveness	0.56
Morale	0.49
Moral Injury	0.49
Staff Reliability	0.50
Meaning	0.55
Outlook/Disposition	0.46
Staff Supportiveness	0.57

Concurrent Validity

Concurrent validity support for the CFSA-v5 and its distinct measurement scales has been obtained through the concurrent administration of several established assessment instruments, and data from a national sample of corrections professionals. Concurrently administered assessment instruments included the Depression Anxiety Stress Scales (DASS-21; Henry & Crawford, 1995)[1], the Post-traumatic Checklist-Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993)[2], the Violence, Injury and Death Exposure Scale (VIDES; Denhof and Spinaris, 2014)[3], the Depression Danger Scale (DDS; Denhof, 2014)[4], and the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, and Griffin, 1985). Patterns of correlation magnitude between CFSA-v5 scale scores and scores from the various independent measures confirmed important relationships and conceptually related content. The multi-bar chart below illustrates how all CFSA-v5 scales show substantive and statistically significant (p<.000) relationships to a global measure of mental health status. All correlations exceeded r=.3 and were as high as .76 in absolute value. The first four scales in the chart, from left to right, show the highest correlations, because the concepts measured by these scales are most directly tied to mental health. The remaining five scales also show substantive relationships to mental health, though measured relationships are more indirect. In the chart, negative correlations are represented, indicating that lower CFSA scale scores (lower CFSA scores indicate a worse situation) correlate with higher mental health scores (higher mental health scores indicate worse mental health).

Relationship Between Distinct CFSA-v5 Content Scales and Overall Mental Health*



*Global Mental Health was operationally defined as a composite of equally weighted total scores from the Post-traumatic Checklist-Civilian version (PCL-C), the DASS-21 Depression Anxiety Stress Scales, the Depression Danger Scale (DDS), and the Satisfaction with Life Scale (SWLS). SWLS scores were combined as measures of dissatisfaction.

[1] Henry, J.D., & Crawford, J.R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44, 227-239.

[2] Weathers, F.W., Litz, B.T., Herman, D.S, Huska, J.A., & Keane, T.M.(October, 1993).The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Meeting of International Society for Traumatic Stress Studies, San Antonio, TX.

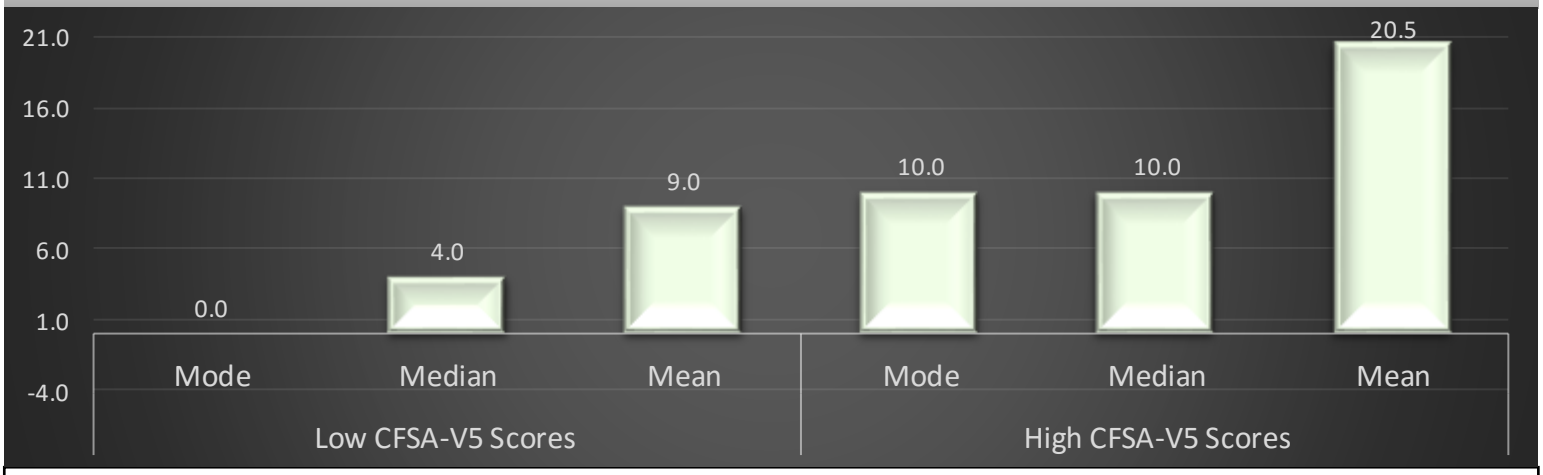
[3] Denhof, M.D., and Spinaris, C.G. (2014). The Violence, Injury, and Death Exposure Scale (VIDES): Data Sheet. Located at http://desertwaters.com/wp-content/uploads/2014/01/VIDES_Data_Sheet.pdf.

[4] Denhof, M.D. (2014). The Depression Danger Scale (DDS): Data Sheet. Located at http://desertwaters.com/wp-content/uploads/2014/01/DDS_Data_Sheet.pdf

[5] Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S.(1985). The Satisfaction with Life Scale. Journal of Personality Assessment, 49, 71-75.

Criterion-Related Validity Evidence

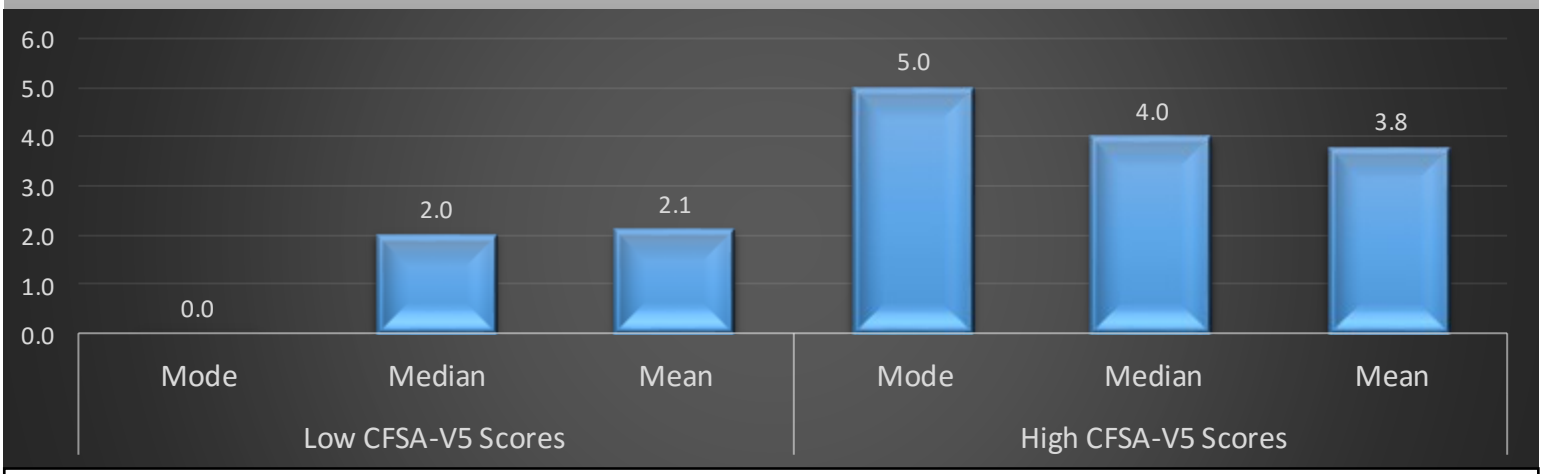
Relationship Between CFSA-v5 Total Score and Employee Sick Days (Last 12 Months)



Corrections professionals scoring HIGH on the CFSA Global score accounted for 36% of total sick days reported by all participants in the total sample.

Twenty percent of the sample of corrections professionals (*N*=592) fell into the HIGH CFSA scoring category (CFSA total score >=3). Eighty percent of the sample of corrections professionals fell into the LOW CFSA scoring category (CFSA total score <3). Among corrections professionals with HIGH CFSA scores, a total number of 2376 sick days were reported (36% of all reported sick days). Among corrections professionals with LOW CFSA scores, a total number of 4261 sick days were reported (64% of all reported sick days). The average number of sick days for HIGH CFSA scorers was significantly higher than LOW Scorers (Mean Difference=11.53; *df*=590; t=4.70; *p*<.001). The Mode (i.e., the most frequent number) of sick days among LOW CFSA scorers was 0. The most frequent number of HIGH CFSA scorers was 10. The median (i.e., middle score between lowest and highest halves of all scores) was 4 for LOW CFSA scorers and 10 for HIGH CFSA scorers.

Relationship Between CFSA-v5 Total Score and Number of Different Health Conditions Suffered (Last 12 Months)

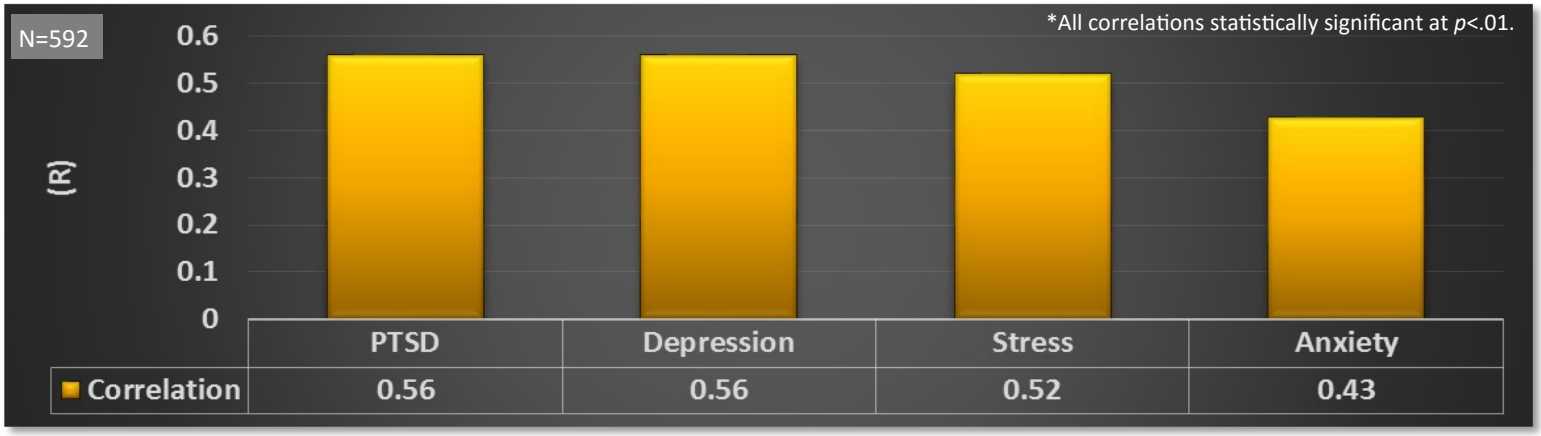


Corrections professionals scoring HIGH on the CFSA Global score reported suffering approximately twice as many different health conditions as did individuals who scored LOW.

Among corrections professionals with HIGH CFSA scores, the mean number of different health conditions reported to have been suffered was 3.8, compared to a mean of 2.1 for LOW CFSA scorers , a statistically significant difference (Mean Difference=1.69; *df*=590; t=8.53; *p*<.001). The Mode (i.e., the most frequent number) of sick days among LOW CFSA scorers was 0. The mode for HIGH CFSA scorers was 5. The median (i.e., middle score between lowest and highest halves of all scores) was 2 for LOW CFSA scorers and 4 for HIGH CFSA scorers.

Criterion-Related Validity Evidence

CFSA-v5 Moral Injury Scale Correlations with Mental Health Scores



The higher people score on the CFSA's Moral Injury Scale, the higher they tend to score on established measures of PTSD, Depression, Stress, and Anxiety.

Moral Injury Prevalence

An estimated 28% of corrections staff populations demonstrate Moral Injury at the HIGH level as measured by the CFSA-v5's Moral Injury Scale.

Note: Depression, Anxiety, and Stress were measured using the Depression Anxiety Stress Scales (DASS-21; Henry & Crawford, 1995)[1]. PTSD was measured using the Post-traumatic Checklist-Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993)[2].

[1] Henry, J.D., & Crawford, J.R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44, 227-239.

[2] Weathers, F.W., Litz, B.T., Herman, D.S, Huska, J.A., & Keane, T.M.(October, 1993).The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Meeting of International Society for Traumatic Stress Studies, San Antonio, TX.

CFSA-v5 Scales and How They Are Used

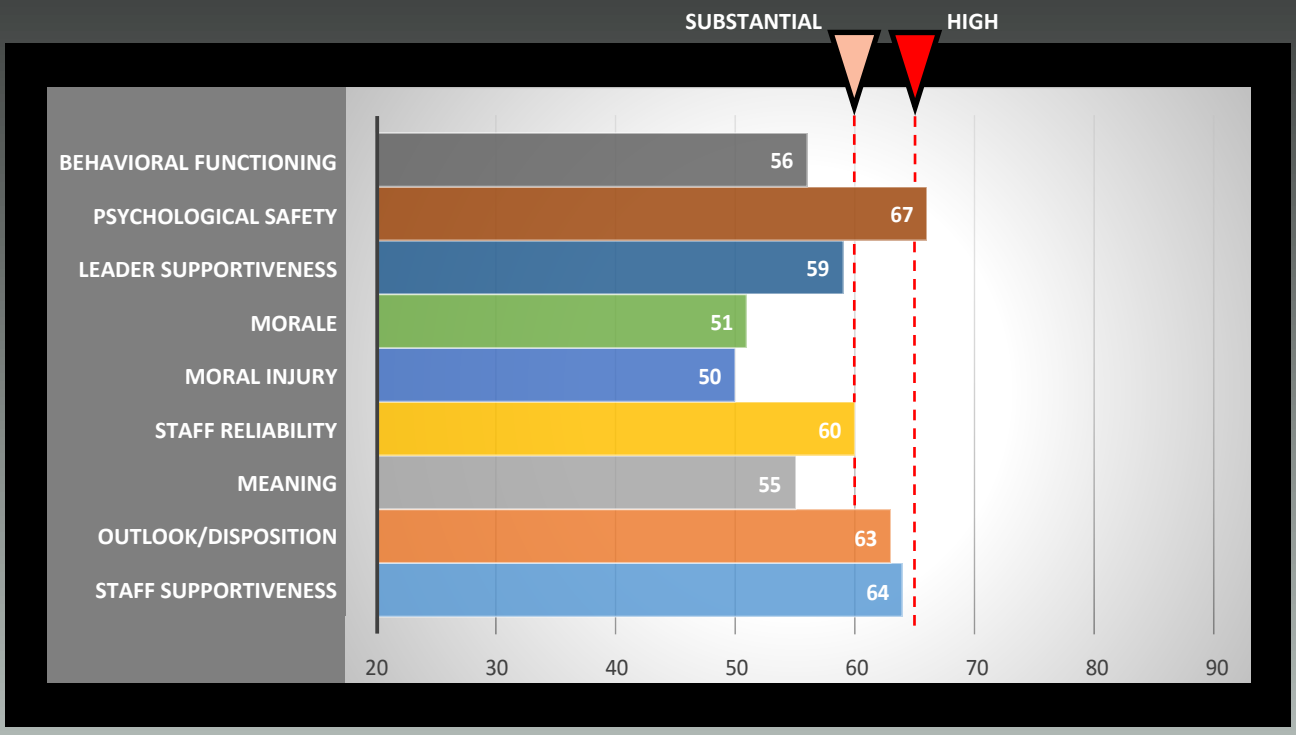
The CFSA-v5's individual scales represent distinct and reliable measures of content and factors that feed into or moderate Corrections Fatigue in a correctional workplace culture. The scales are based upon direct assessment of an organizations' staff using an internet accessible web application that presents CFSA-v5 assessment items to staff (multiple-choice response style). When completing the CFSA-v5, staff respond to question items that bear on their own experiences and their perceptions of various aspects of their workplace environment and conditions, such as common behaviors, attitudes, and tendencies demonstrated by staff around them. Because of the large number of staff that complete the CFSA, and because of the way group data are aggregated and analyzed, the numerous sources of input generate convergent validity of responses. Results and scores based upon data collection from staff at a particular locations or organizations can thereafter be compared and interpreted in relation to both clinically derived cut-points and through comparisons to national baselines (i.e., comparison to scores from a very large number of previously assessed corrections professionals located around the country). When scores for particular scales are found to exceed clinically-derived thresholds or exceed national baseline scores to a statistically significant degree, then the organization has identified a content area that reflects an ideal target for improvement efforts. Because the problem of Corrections Fatigue is widespread, facilities will often identify several content areas that need to be addressed. Reducing scores in particular content areas through improvement efforts and based upon an objective, reliable, and valid assessment approach represents a data-driven and evidence-based path to monitoring and reducing an organization or department's overall level of Corrections Fatigue. Reducing the level of Corrections Fatigue saturation within an organization or department can be understood as a way to clear the path to achieving higher levels of staff health and functioning, as well as professional growth and job fulfillment.

CFSA-v5 Scales	Targeted Content / Based on Constituent Items
Behavioral Functioning	Ability to function: off duty as caregiver to family members, in attending to personal responsibilities, at enjoying leisure time off from work, in relationships, and while performing on the job.
Psychological Safety	Staff tendency to: keep appropriate confidences, examine evidence before drawing conclusions, refrain from making disrespectful or negative comments, ridiculing, verbal attacks, backstabbing, rumor spreading, or undermining others.
Leader Supportiveness	Staff tending to feel: supported by leaders, respected and taken seriously by supervisors, welcome to provide input or solutions on work-related matters, authorized to use discretion in decision-making, fully equipped to do their job, and authorized to request assistance from other staff as needed.
Morale	Staff optimism about the future, positive mood, satisfaction with life, pride in their work role, and inclination to take initiative.
Moral Injury	Staff tending to feel: upset, guilty and/or ashamed by the way workplace events or incidents were handled, as well as the potential impact of these emotional states on staff relationships and teamwork functioning, theoretically due to the experience that one's internal moral code has been violated.
Staff Reliability	Staff being: knowledgeable about policy and best practices, consistent and reliable, inclined to follow through with tasks/duties, honest, accountable for mistakes, well-rested and vigilant.
Meaning	Ability to maintain as sense of: the importance of their role in the workplace and to society, "making a difference", putting "heart" into their work, professional growth over time, their contribution to helping other staff grow professionally, and pride in helping keep other staff safe.
Outlook/Disposition	Negative thinking, negative expectations, being distressed by memories of events, mistrust, emotional disconnection, difficulty feeling or expressing compassion, difficulty relaxing outside of work, and avoidance behaviors such as blocking out work-related thoughts when off-duty or feeling compelled to take a mental health day.
Staff Supportiveness	Tendency of staff to: express caring and sensitivity, engage in healthy banter, acknowledge one another's achievements, express thanks, be helpful to one another, and show respect toward one another.

SAMPLE

The Corrections Fatigue Status Assessment™
CFSA-v5 Data-driven Report

By Michael D. Denhof, PhD and Caterina G. Spinaris, PhD



BEHAVIORAL FUNCTIONING	GOOD SITUATION. 56 is a LOW score by clinically-derived criteria. This score does not differ significantly from the national average (p>.05).
PSYCHOLOGICAL SAFETY	MUCH IMPROVEMENT NEEDED. 67 is a HIGH score by clinically-derived criteria. The score is significantly higher than the national average (p<.05).
LEADER SUPPORTIVENESS	GOOD SITUATION. 59 is a LOW score by clinically-derived criteria. This score does not differ significantly from the national average (p>.05).
MORALE	GOOD SITUATION. 51 is a LOW score by clinically-derived criteria. This score does not differ significantly from the national average (p>.05).
MORAL INJURY	VERY GOOD SITUATION. 50 is a LOW score by clinically-derived criteria. This score is significantly lower than the national average (p<.05).
STAFF RELIABILITY	IMPROVEMENT NEEDED. 60 is a SUBSTANTIAL score by clinically-derived criteria. This score does not differ significantly from the national average (p>.05).
MEANING	GOOD SITUATION. 55 is a LOW score by clinically-derived criteria. This score does not differ significantly from the national average (p>.05).
OUTLOOK/DISPOSITION	IMPROVEMENT NEEDED. 63 is a SUBSTANTIAL score by clinically-derived criteria. The score is significantly higher than the national average (p<.05).
STAFF SUPPORTIVENESS	IMPROVEMENT NEEDED. 64 is a SUBSTANTIAL score by clinically-derived criteria. The score is significantly higher than the national average (p<.05).