

# **Correctional Program Officers: Wellness, Safety, and the Responsibility of Rehabilitation**

**March 25, 2026**

**\*Dr. Rosemary Ricciardelli**

Memorial University of Newfoundland

**Dr. Mark Norman**

Saint Francis Xavier University

**Micheal Taylor**

Memorial University of Newfoundland

**Dr. Christine Genest**

Université De Montréal

**\* Corresponding author information:** Rosemary Ricciardelli, PhD; Research Chair, Safety, Security, and Wellness; Professor, School Maritime Studies; Fisheries and Marine Institute | Memorial University of Newfoundland | 155 Ridge Road, St John's, NL A1C 5R3; Email [ricciardell@mun.ca](mailto:ricciardell@mun.ca); [rose.ricciardelli@mi.mun.ca](mailto:rose.ricciardelli@mi.mun.ca) | Tel +1 905.434.0807

## EXECUTIVE SUMMARY

Correctional program officers (CPOs) are non-security staff employed by the Correctional Service of Canada (CSC), who provide programming to people in prison and on conditional release (i.e., parole). In essence, CPOs enact the rehabilitative core mandate of CSC, yet have never been studied. Given many do not even know they exist, nor their role, they are truly the ghosts of rehabilitation. In March of 2022, 1,312 CPOs worked for CSC, striving to motivate and encourage their program participants to develop the skills required for successful reintegration. CPOs, despite their primary rehabilitative function which is the core mandate of CSC, have, to our knowledge, never been before the focus of research on their wellness, experiences, and needs. This lacune in knowledge hinders effectiveness of the support provided to CPOs and thus the support they can provide to their students.

We conducted a qualitative study of CPOs (n=102), who are members of the Union of Safety and Justice Employees (USJE). USJE supported the recruitment of participants. We then completed semi-structured interviews, on average each an hour in duration, between June and November of 2023. We applied a semi or half grounded constructivist approach to data analysis.

From this, our findings are extensive, we show how the motivation to become a CPO shaped career entry, then explain the occupational responsibilities given few have true awareness of what the CPO role entails. Most were motivated into the occupation because they hoped to make a difference in people lives and to serve public safety. Yet, many struggled with the lack of awareness and recognition of the CPO role. Programs, however, as offered, were thought to fall short of their mandate as did their own CPO training. Once on the job, the re-certification was a challenge and created stress as well as an administration burden.

CPOs described an overwhelming workload which impaired the meaningful delivery of programs and a valuing from CSC of quantity over quality where program completion felt prioritized rather than depth of learning. Participants voiced experience with distinct subpopulations, including people who identify as Indigenous, sex offenders, transgender individuals. They either worked in communities or institutions. The CPOs who also identify as Indigenous described experiencing additional emotional burdens due to the connections in their work to their own family histories. A notable challenge for the delivery of Indigenous programming was how delivery was hindered by the reliance on Elders to co-facilitate 50 percent of the program which failed to recognize Elders were limited in number, availability, and stamina, despite how integral they are to programming delivery. Some, not all, participants described systematic racism within CSC which they found harmful.

For CPOs doing sex offender-centred programming, some, again not all, felt overwhelmed by the content in criminal records (i.e., profiles, correctional plans, assessments), and largely all were discouraged by program content. Women CPOs working with sex offenders reported more opaque boundaries. They described providing, importantly, support for sex offenders who wanted to engage with a woman CPO facilitator for their program because they felt less judged. CPOs in the community felt unsafe at times, due to the lack of trained security staff, and had to be tremendously flexible because of the schedules and transit challenges their program participants experienced.

The felt hierarchy among correctional employees was also prevalent in shaping CPO experiences. Correctional officers were thought to be most valued, and many CPOs described, at times, tension between parole officers and CPOs, due to their different required certifications yet shared employment classification. CPO experiences during the COVID-19 pandemic created a change in

culture, where they felt less connected to each other after in comparison to prior to the pandemic. Thus, the pandemic affected the CPO and program participant relationship, as well as that between colleagues, given the trying experiences with remote and hybrid work. Although many CPOs valued hybrid work, they felt concerned about the ability to continue with such and delivery quality programming. Hybrid work was helpful for report completion, yet when conducting programs, CPOs valued observing non-verbal cues and being in person, which helped to ensure the material resonated. They also felt pressured by management to increase the speed in which they delivered programs, creating near impossible expectations.

CPOs also reported being most harmed by organizational stressors (rather than operational, which were still stressful). CPOs found report writing to be time consuming and the timelines for completion overwhelming. Report writing was described as the most stressful part of the job. CPOs feel pressure from parole officers who rely on their reports and concerned about an organizational culture that valued quantity over quality. They reported completion statistics as more valued than program successes or the wellness of staff and felt pressed to condense programs to fulfil program participant requirements due to tight timelines, which only compromised the quality of the material covered. Simultaneously, CPOs described teaching social skills, English, and communication norms beyond the mandated material, which compromised their ability to advance lessons.

Risk assessment, although not performed by all CPOs, was another organizational stress with operational implications, that some felt unqualified to perform. CPOs described having less opportunities for career advancement than other employees, which was compounded by their workspaces – described as infrastructurally insufficient, antiquated, and lacking opportunities for confidentiality. The result was a feeling of being undervalued. Management was a source of stress where the hierarchical governing of CSC had implications for the environment and work conditions. Some expressed frustration with administrative and bureaucratic processes, feeling unsupported, and even harmed by other employees. Management turnover was stressful too as turnover equated to inconsistent expectations.

Operational Stressors included instances of imminent physical risk, witnessing harms, and using caution to protect program participants from being violated in any form. CPOs reported learned hypervigilance, derived from a need to protect one-self, and had developed strategies for self-protection (i.e., reliance on personal portable alarms, boundary setting, strategic positioning). CPOs are affected by stressors and experience trauma due to the realities inherent to the work. Some described being “haunted” by their work, which could result in burnout, sleep disturbances, or psychological consequence (i.e., emotional exhaustion and symptoms of anxiety, depression or PTSD). Moral harms or even injuries appeared common and the spillover of work into personal realms was omnipresent. However, some evidence suggested select CPOs engaged in practices to maintain their wellness, including variants of self-care. Self-care, for instance, included meditation, physical activities, time with family or animals, among other pass times. Many CPOs were grateful for their colleagues, and some created barriers between their work and home life to protect from creep in hopes to reduce the impacts of trying work realities on their home lives. Some CPOs were open to external treatment for their health needs but most preferred therapists familiar with their work environment (who were rather rare). Despite their awareness of CSC resources, CPOs felt they had less services than colleagues in security roles and were relatively unaware of how to effectively access resources or even, sometimes, what resources exist.

Overall, our findings lead us to propose considerations (see below) for potential implementation, which, we hope, can best support the health of CPOs and, in consequence, the effectiveness of the

programming CPOs facilitate at CSC. We, in the current report, nuance the tension between the aspirational framework of CSC and the operational realities, which we hope our work here helps to unify.

## CONSIDERATIONS

### For Recruitment, Training, and Retention

1. CPOs have earned recognition from the public and the CSC yet have little. Further, recognition will help CPOs feel valued, which has implications for recruitment and retention as both are strained because people do not know CPOs exist. To support retention, potential CPOs must be exposed to prisons prior to starting in the role, and trained in the realities of program facilitation, so they have some understanding of the environment in which they will be working.
2. Invest in staff development through continued education, mentorship, and training, including in technology, digital literacy, advanced education, assessment administration, and facilitation skills, which will support both effective program delivery and CPOs' promotional goals.
3. Strive to better integrate participant needs during intake, case assignment, and program delivery by, for example, building systems to ensure program participant-CPO relational compatibility when assigning people to programs. This means developing clearer policies on how to assign program participants to a program facilitator, which may require separating participants based on readiness, risk and needs profiles, English language proficiency, grade level, etc. to ensure program group cohesion. Further, when assigning people to programs, ensure CPOs have the capacity to meet their program participants needs (i.e., assign fewer if needs are higher, recognizing the changes in the program participant population).
4. Support CPO discretion in program delivery by enabling facilitators to adjust language, pacing, and delivery for optimal psychological safety, comprehension, and relevance, without compromising program fidelity.
5. Incorporate experienced CPOs into curriculum design, try program co-design and consider adopting scenario-based learning models that reflect the unpredictable elements of program delivery into CPO training.
6. Reevaluate the need for the current certification process and envision what is necessary. Are recorded evaluations, which many CPOs described as “demeaning,” required? Can facilitation flexibility, to accommodate participant needs (e.g., literacy, language, grade level), be considered and valued accordingly? With any facilitator assessment, ensure feedback loops are crisp and timely, which can help reduce certification stress by reducing wait times for feedback.
7. Revise performance metrics to value both quality and quantity, this means recognizing and accessing the growth and comprehension of program participants and prioritizing such over completion rates. Thus, consider delivering programs at the pass of program participants (which may be slower in pace) rather than to adhere to standardized timelines tied to metrics and include qualitative indicators of successful completion, such as program participant and facilitator feedback, changes in classroom behaviours (e.g., more

engagement).

8. Considering training and enabling CPOs to be reflective and to adjust program delivery, thus allow for discretion, responsiveness, and autonomy during program facilitation to optimize opportunities for CPOs to develop relationships and rapport with program participants, which will best meet their needs and support their re-entry.
9. Reconsider timelines tied to report writing, thus ensure CPOs have the time and capacity to provide depth in their reports, including their documentation of their program participants' development. This means recognizing the changing complex and interrelated needs of the population in prisons and on release, and ensuring CPOs can work with these program participants to try to meet their needs, which may take variable time and require flexibility, patience, and even a reduction in the number of people in each program offered.
10. Ensure CPOs have access to confidential spaces (i.e., offices instead of shared cubicles) to meet with program participants and to complete their reports (i.e., quiet spaces that are comfortable where they can focus). If they do have access to confidential spaces, and if deemed appropriate and desired by the CPO, consider remote work one or two days a week for report writing as necessary.

### **For Specific Populations in Programs**

1. Consider diverse advisory and oversight panels in the redevelopment of program curriculum (i.e., include CPOs, Indigenous, Women, Transgender individuals) across regions and security levels. This means doing authentic community engagement, which is not just to include a representative or individual but to engage the community more broadly.
2. Increase awareness of the complexities (empowered versus limitations) experienced by men, women, and gender diverse individuals who deliver programs to diverse populations (including vulnerable and marginalized populations) and create supports for all based on unique needs (i.e., gender-informed boundary creation and maintenance).

### **Programming for People who Identify as Indigenous:**

3. Recognize the emotional labour involved in providing Indigenous (and other specialized) programs, given, for example, shared histories of trauma, for ICPOs and Elders, who must support each other and the program participants.
4. Co-design and re-envisioned program curricula with Elders and Indigenous knowledge keepers to ensure programming is both culturally grounded and practically feasible for facilitators. This includes reassessing program structures to reduce Elders' time commitments where appropriate to ensure sustainability, respect for and recognition of the value of Elder-involvement, and, as a result, enhancing the quality of Indigenous-led programming.
5. Sensitize others living, visiting, or working in prisons on the diversity of Indigenous populations and bands, to help all better support Indigenous programs, participants, facilitators, guests, Elders, and others. This can also help reduce stigma and discrimination tied to a lack of knowledge because all will learn more about the need of people who identify as Indigenous as knowledge can reduce ignorance and build understanding.

### Programming for People Convicted of Sex Offenses

6. Recognize, within work environments, the complexity of working with SOs to reduce CPOs', who delivery such programming, isolation and the stigma tied to their work.
7. Increase efforts to ensure the safety of SOP participants by acknowledging the hierarchies among SOs, among prison populations more broadly, and strive to reduce the challenges the SOP facilitators must navigate (i.e., risks to program participants as well as those to program facilitators).
8. Consider more in-depth training for SOP delivery, not just the content, the training must take from clinical sexology and strive to produce an understanding of how to make SOPs effective (without causing the CPO harm).

### Programming for People who Identify as Gender Diverse

9. Consider the unique needs of each transgender program participant to ensure their risks and needs are addressed through programming in ways suitable to their institution of residence and security level and that align with their conviction and gender history.

### **For Managing Occupational (i.e., Organizational and Operational) Stress**

1. Implement measures to ensure Community CPOs (CCPOs) are safe when delivering programs, particularly given the flexible hours they hold to help their program participants complete their programs according to timelines. This can mean CCPOs provide programs in the evenings or after business hours. Safety is essential and can be improved with training in self-defence, arrest and control, de-escalation and communication skills, as well as community-specific program delivery. Ensure CCPOs have immediately reachable support if a situation is to arise.
2. Ensure CPOs are aware of the unpredictable nature of correctional environments and trained (see above) to protect themselves from harms, including when to report threats and perceived potentially troubling situations. PPA must be mandated to always be within arm's reach and CPOs must all know and be comfortable using security protocols.
3. Foster 'teamliness' or the capacity for collaboration and mutual support (thus reducing gossip and toxicity) by organizing retreats and interprofessional workshops for CPOs (including mixed with other correctional staff) to build shared understanding, strengthen relationships, and promote collective efficacy. A conference or travel stipend that is annual but can be accumulated over years could help encourage participation.
4. Consider increasing the focus on kindness, empathy, and listening between colleagues, other employees (including bi-directionally with management and supervisors), and those in their care to reinforce the provision of mutual support, thus reducing gossip, and enhancing compatibility, appreciation of others, and compassion.
5. Ensure CPOs staffing levels meet program delivery needs (i.e., reduce understaffing), which also ensures program integrity. Specifically, staffing models must align with realistic caseloads and session delivery expectations.
6. Provide mentorship and support to CPOs while also creating opportunities for co-facilitation of programs and joint problem-solving (including with parole officers) to

encourage and support teamliness. Practices here may include creating shared learning spaces (i.e., for parole officers, managers, and CPOs) or collective decision-making opportunities where all involved in the case are heard. Thus, strive to improve the working alliance between case management teams and broader staff.

7. Formalize referring to participants in programs as “learners” or “program participants” to reduce the continued imposition of a criminalized identity in official documentation, orientations, and programs. This may help reduce stigma and support rehabilitative needs.
8. Ensure CPOs have the required material resources to deliver programs, including adequate classrooms (i.e., lighting, temperature, ventilation, space) to ensure all can pay attention to the material rather than feel strained due to physical factors in the space.
9. Supporting CPOs in creating healthy boundaries that ensure safety at work (i.e., in the classroom, with other staff if necessary) and in the community, to reduce tendencies toward hypervigilance and becoming over-protective of loved ones. This includes training on social media in privacy settings.

### **For Social, Physical, and Psychological Health**

1. Provide CPOs training for recognizing and respond to their own and others’ mental health needs, including trauma-informed approaches for both program participants and colleagues. This should include education on coping strategies (e.g., dark humour, boundary navigation), mental health disorders, physical and social health, moral harm, distress, and injury, and diverse forms of trauma exposures. This includes acknowledging cumulative and single-event trauma, indirect exposures etc. without creating a hierarchy or judgement and instead supporting growth post incident(s).
2. Provide clinical support beyond the Employee Family Assistance Program (EFAP, which may report dissatisfaction with) for all CSC employees to help with the changes to self and health too often reported by correctional staff, including CPOs. People can change when working in correctional services and all need more effective tools to help manage these changes. Support providers must be knowledgeable of correctional services, programming delivery, and should have specialization in adversity and trauma recovery. An in-house clinical support person would be optimal as their knowledge of correctional services, the specific institution served, and rapport with staff will build with time as their presence becomes normalized.
3. Consider mandatory annual psychological assessments (i.e., a Safeguard Program) for CPOs facilitating SOPs. Given Safeguard is obligatory for police officers working in internet child exploitation and other such units where sexual abuse is being investigated, and SOPs are working with the same population aware of the same crimes this oversight requires remedy.
4. Ensure CPOs are aware of available programs at CSC to support their health (i.e., mental, physical, social) and are included and even appropriately targeted in mental health and wellbeing strategies. Consider offering self-care and health-supporting opportunities at work like for fitness, yoga at lunch, lunch and learns (i.e., teaching sleep strategies or creative packed lunches and nutrition), and social events to reduce isolation. An idea here is to have all employees support a healthy recipe for a CSC “cookbook” or a self-care

strategy for a CSC “health book.”

5. Consider including CPOs, when appropriate, in post-incident debriefing to support coping with taxing and haunting interactions, and ensures CPOs are aware of the behaviours, thus needs, of their program participants which they can then target in programs.
6. Provide supports to CPOs who require long or short-term leave through insurance boards to help CPOs navigate organizational process, fill out forms, etc. to ensure they receive the help required.
7. Create conditions supportive of safe disclosures regarding health needs for support (mental health or social health needs, specifically). Include policies to protection CPOs from perceived retaliation and, instead, to be accountable and advocate with support for their own health. This includes recognizing the spillover effects of their work on their families and may require CPOs to have opportunities to rotate out of diverse program delivery periodically for reprieve, which could support their health.