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Working with Offenders who Self-Injure: Fostering Staff Resilience in High Stress Situations

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Working with Offenders who Self-Injure: Fostering Staff Resilience in High Stress Situations

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Executive Summary

Key words: *self-injurious behaviour; staff burnout; staff resilience; interventions.*

Self-injurious behaviour (SIB) may be defined as any type of direct bodily harm or disfigurement that is deliberately inflicted on oneself that is not considered to be socially acceptable. Treating individuals who engage in this type of behaviour is complex and working with offenders who self-injure can be extremely challenging for correctional staff. The purpose of this report is to review the existing literature to determine what can be proposed to support correctional staff who work with offenders who engage in SIB.

Staff who work with offenders who engage in SIB may be at increased risk of burnout, a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Many correlates of burnout have been found, including role conflict/ambiguity and a reduced sense of personal accomplishment, which could be particularly important for staff working with these offenders. Staff who are younger, less experienced, have a history of personal trauma, and have a difficult personal life may be at increased risk for negative outcomes. Offenders who self-injure are likely to have a history of past trauma and staff who work with these offenders could be at risk for experiencing secondary traumatic stress, compassion fatigue, or vicarious traumatization. Staff who are at increased risk for negative consequences may benefit most from additional assistance when working offenders who self-injure.

A number of factors have been identified, some of which can be targeted in interventions to improve staff ability to work with this population. These factors include targeted social support, coping skills training, improved physical and mental health, and a perception of adequate skills to competently perform their job.

Little research, however, has been conducted on interventions that can help correctional staff in this type of work. The benefits of education and skills training, peer support groups, and coping skills interventions have been found in employees who work with individuals who self-injure. Additionally, there is support for the use of group psychological debriefing after the occurrence of a potentially traumatic incident. The evidence for organization-focused interventions is very limited.

Future research should explore the impact of interventions designed to foster staff resilience and decrease negative outcomes when working with offenders who self-injure. The effect of an educational intervention designed to improve staff's understanding of SIB and the most effective methods of dealing with this behaviour should be assessed. The evaluation of other interventions, if instituted, such as peer support and coping skills workshops should be considered. Future research could also evaluate the effect of psychological debriefing, particularly when used for incidents of SIB, which is currently used within the Correctional Service of Canada CSC).

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Introduction

Self-injurious behaviour (SIB) may be defined as any type of direct bodily harm or disfigurement that is deliberately inflicted on oneself that is not considered to be socially acceptable (Favazza, 1998, 1999; Simeon & Favazza, 2001; Walsh & Rosen, 1988). SIB is a complex and challenging behaviour that includes cutting, burning, head banging, and ligature use. The effective treatment, management, and prevention of SIB is a priority for many correctional organizations as it poses a threat to the safety of offenders and staff.

SIB has been rated by psychologists as the most distressing, stressful, and traumatizing client behaviour (Gamble, Pearlman, Lucca, & Allen, 1994), and working with individuals who engage in so-called "challenging behaviours" (i.e., behaviours that are aggressive, inappropriately sexual, or stereotyped) has been correlated with high stress levels in staff (Hastings, 2002). Therefore, in addition to the many challenges faced by all staff working in a correctional facility, those who encounter SIB may face additional strain. Correctional staff may risk burnout and elevated job stress if they are not properly supported in the workplace or provided with effective tools for managing stress.

Given the serious nature of SIB and the challenges faced by staff in managing the behaviour, it is imperative that correctional organizations provide the necessary support and training for their staff. The purpose of this report is to review the existing literature to determine what may be done to support correctional staff who work with offenders who engage in SIB. A general overview of job satisfaction and burnout will be presented, followed by the specific challenges of working with individuals who self-injure. Protective factors and evidence-based burnout interventions will also be presented. Finally, the evidence for interventions will be reviewed and future directions proposed.

Job Satisfaction and Burnout

Job satisfaction has been defined in the correctional literature as "a subjective, individual-level feeling reflecting whether a person's needs are or are not being met by a particular job" (Lambert, Hogan, & Barton, 2002, pp. 116-117). High job satisfaction is linked to positive work attitudes and behaviours (Ostroff, 1992; Wycoff & Skogan, 1994). Low job satisfaction in correctional institutions has been associated with a number of negative outcomes, such as absenteeism (Lambert, Edwards, Camp, & Saylor, 2005), turnover (Dennis, 1998; Robinson, Porporino, & Simourd, 1997), low staff morale (Lambert, 2001), and burnout (Griffin, Hogan, Lambert, Tucker-Gail, & Baker, 2010; Whitehead & Lindquit, 1986; Whitehead, Lindquist, & Klofas, 1987). In addition to the likelihood of a decrease in the quality of work when job satisfaction is low, the financial costs are also readily apparent given the high costs of recruitment, testing, selection, and training of new staff (Gilbert, 1988; Stohr, Self, & Lovrich, 1992).

According to Maslach and Goldberg (1998), burnout is a psychological syndrome characterized by the following:

1) *Emotional exhaustion*, which involves feelings of emotional overextension and depleted emotional resources. Work overload and personal conflict at work are major contributors to this basic component of burnout.
2) *Depersonalization*, which refers to negative, callous, or excessively detached reactions to others. Depersonalization may begin as an effort to protect the self from emotional exhaustion by implementing a sort of detached concern, but can quickly lead to dehumanization of others. It is often accompanied by a loss of idealism.
3) *Reduced personal accomplishment*, which is characterized by diminished feelings of competence and productivity at work, also known as self-efficacy. These feelings can be exacerbated by lack of social support and professional development opportunities. It has been associated with depression and the inability to cope with job demands. A self-evaluated sense of failure is often imposed after an increasing sense of failure to help clients.

Burnout is usually accompanied by feelings of frustration, anger, cynicism, ineffectiveness, and failure, resulting in impairments in personal and social functioning (Maslach & Goldberg, 1998). Individuals who experience burnout generally either quit their jobs or stay on and contribute the bare minimum, both of which are costly outcomes that can negatively affect colleagues and general productivity. Compared to other employees in the human services sector, such as midwives and homecare workers, correctional officers experience the highest rates of client-related burnout (i.e., burnout caused by factors related to working directly with individuals in a professional setting including emotional demands and necessity for hiding emotions at work; Borritz et al., 2006).

Burnout is particularly worrying for correctional organizations because research suggests that all three characteristics of burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment) are positively correlated with correctional officer support for punishment rather than treatment for offenders (Lambert, Hogan, Altheimer, Jiang, & Stevenson, 2010). Job satisfaction has also been associated with more positive views of offenders and stronger support of rehabilitation among correctional officers in other studies (Farkas, 1999; Hepburn & Knepper, 1993; Kerce, Magnusson, & Rudolph, 1994). Given that the goal of most modern correctional systems is to rehabilitate offenders and reintegrate them into the community rather than simply administer punishment, burnout and reduced job satisfaction could significantly hamper the achievement of organizational goals.

Work Engagement: The Antithesis of Burnout

In recent years, a focus on work engagement, the positive antithesis to burnout, has emerged. Work engagement is defined as "a positive, fulfilling, work-related state of mind that is characterized by vigour, dedication, and absorption. Rather than a momentary and specific state, engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or behaviour" (Schaufeli, Salanova, González-Romá, & Bakker, 2002, p. 74). The three factors that comprise work engagement are described as follows:

1) *Vigour,* which is characterized by high levels of energy and mental resilience during work, the willingness to invest effort in one's work, and persistence at work, even in the face of difficulties.

2) *Dedication*, which includes a sense of significance, enthusiasm, inspiration, pride, and challenge.
3) *Absorption*, which involves being fully concentrated and happily, deeply engrossed in one's work. When absorbed in work, time passes quickly and one has difficulties with detaching oneself from work.

Many of the factors that are negatively correlated with burnout are positively correlated with work engagement. For example, job resources such as support from colleagues and supervisors, performance feedback, skill variety, autonomy, and educational opportunities are positively correlated with work engagement (Bakker & Demerouti, 2008; Halbesleben, 2010; Schaufeli & Salanova, 2007). Efforts to improve employees' performance may be more logically focused on increasing the factors that are desirable rather than decreasing undesirable factors.

Correlates of Job Satisfaction and Burnout

Several factors have been found to be related to negative outcomes (e.g., stress, low job satisfaction, and burnout) among prison staff as well as other types of employees who are in human service professions (e.g., counselors, personal support workers, nurses). These characteristics can be broadly categorized as environmental or personal (Lambert et al., 2002). Environmental factors include those related to the physical environment (e.g., perceived physical danger), the work environment created by the people with whom an individual interacts at work (e.g., co-workers and clients), and the organizational culture. Environmental factors play a bigger role in burnout than individual factors, yet much more research has focused on the individual, particularly in the realm of interventions (Gernstein, Topp, & Correll, 1987; Lambert et al., 2002; Maslach, 2003; Maslach & Goldber, 1998; Schaufeli & Peeters, 2000). Environmental factors also provide the greatest opportunity for improving occupational outcomes since they are dynamic, while personal factors are relatively static. Personal (i.e., individual) characteristics, however, can highlight those who could be more at risk for job dissatisfaction and burnout and thus identify those who are more likely to benefit from additional support or interventions. Personal factors will therefore be discussed here in a more limited fashion.

Many environmental factors have been found to be correlated with negative outcomes,

such as changing, conflicting, and ambiguous role demands, heavy workloads, low levels of support (organizational, colleague, and social), high emotional demands, lack of control/influence (autonomy), low levels of rewards (both intrinsic and extrinsic), and quality of supervision (e.g., Armstrong & Griffin, 2004; Borritz et al., 2006; Carlson & Thomas, 2006; Cieslak, Jorczynska, Strelau, & Kaczmarek, 2008; Dignam, Barrera, & West, 1986; Dyer & Quine, 1998; Garland, 2004; Garland & McCarty, 2009; Gernstein et al., 1987; Hogan, Lambert, Jenkins, & Wambold, 2006; Jenkins & Elliott, 2004; Lambert, 2004; Lambert, Altheimer, & Hogan, 2010). Although there is a large amount of research in this area, not all studies have found significant relationships. However, in general, the factors mentioned here have been found to be important in several studies and thus the validity of their findings has been replicated with different populations and with varying methods of measurement.

Personal accomplishment could play an important role for individuals working with offenders who engage in SIB. Given the repetitive nature of SIB and the difficulty in effectively treating the behaviour for any type of mental health professional, staff may feel a lack of personal accomplishment, or even a sense of failure, when the SIB continues despite their best efforts. Lack of personal accomplishment has been found to be associated with reduced job satisfaction in correctional officers (Griffin, Hogan, Lambert, Tucker-Gail, & Baker, 2010). Thus, methods for ensuring that staff can obtain a sense of personal accomplishment may be important when working with offenders who engage in SIB. When working with individuals who self-injure, education on realistic goals (e.g., a decrease in the frequency or severity rather than a cessation of SIB) could contribute to a sense of accomplishment and decrease a sense of failure that may accompany the continuation of SIB.

Role conflict and ambiguity may be a particularly important issue for correctional staff who are dealing with SIB. Role conflict occurs when conflicting job demands have to be met, while role ambiguity occurs when the information and clarity required to do a job well is lacking. Correctional officers are charged with maintaining the safety and security of the institution, including the offenders and staff. At the same time, staff are required to play a role in the treatment and rehabilitation of offenders. In dealing with SIB, therapeutic needs of offenders may conflict with institutional requirements for immediate security and safety. Given the complexity of dealing with SIB, many staff may feel ill-equipped to handle the task at hand. There is strong empirical evidence supporting the significant negative relationship between role

conflict and ambiguity with job satisfaction and burnout in correctional staff (Hepburn & Albonetti, 1980; Hepburn & Knepper, 1993; Lindquist & Whitehead, 1986; Schaufeli & Peeters, 2000; Van Voorhis, Cullen, Link, & Wolfe, 1991; Whitehead & Lindquist, 1986) as well as mental health treatment staff (Price & Spence, 1994; Prosser et al., 1997).

Working with Individuals who Self-Injure

Working with individuals who self-injure – offenders or otherwise – is a difficult task. For example, in a study of 78 staff working with individuals with learning disabilities, staff who dealt with individuals who exhibited challenging behaviours (such as self-injury) reported feeling significantly more anxious, less supported, less clarity in identifying risk situations, and lower job satisfaction compared to those who did not deal with individuals displaying these behaviours (Jenkins, Rose, & Lovell, 1997).

Working with SIB requires emotional labour, also known as emotion work, which occurs when the expression of organizationally desired emotions are part of the job (Zapf, 2002). An employee's emotional display can directly influence an offender's moods, emotions, attitudes, and behaviours (Zapf, 2002), which can be particularly important with offenders who engage in SIB given that many self-injure as a method of emotional regulation (Klonsky, 2007; Power & Usher, 2010). Staff may have to engage in a particularly troubling form of emotion work when their personal emotional reaction conflicts with the requirements of the organization. For example, even if an individual personally feels frustrated or punitive toward an individual who engages in SIB, he or she is expected to respond more positively in order to promote the therapeutic needs of the offender. Research has found that employees respond to SIB with a range of emotions, including sadness, despair, anger, annoyance, fear, frustration, helplessness, inadequacy, guilt, and disgust (Bromley & Emerson, 1995; Fish, 2000; Hopkins, 2002; Wilstrand, Lindgren, Gilje, & Olofsson, 2007) which are not the emotions that the organization would deem helpful in working with this population. This conflict creates a particular type of emotional dissonance known as "faking in bad faith", which occurs when the rules for emotional display required are not accepted by the employee (Hochschild, 1983; Rafaeli & Sutton, 1987). Some authors propose that this type of faking has the most negative consequences (e.g., Abraham, 1998; Adelmann, 1995; Nerdinger & Röper, 1999).

Health care professionals and correctional staff should ideally have a shared understanding of the origins and etiology of SIB, as well as the best method of treating and preventing the behaviour. Within care giving relationships, and among multidisciplinary teams who deal with SIB, there remains a considerable amount of miscommunication and inconsistency (Deiter, Nicholls, & Pearlman., 2000; Smith, 2002). The attitudes that staff have

toward SIB and the motivations they attribute to the behaviour are extremely varied. For example, a study of 77 staff in a UK forensic hospital found very diverse attitudes towards self-injury (Gough & Hawkins, 2000). In this study, negative attitudes could not be predicted by age, profession, gender, or work assignment in the hospital and other studies have found similar inconsistencies (e.g., Bromley & Emerson, 1995).

While attitudes are diverse, several studies have found negative attitudes toward individuals who engage in self-injury among staff working with these populations (Dickinson, Wright, & Harrison, 2009; Gough & Hawkins, 2000; McAllister, Creedy, Moyle, & Farrugia, 2002). Even when staff who work with individuals who engage in challenging behaviours are able to generate many explanations for those behaviours, their priority may remain on managing, rather than understanding, an individual's behaviour (Hastings, 1995). This focus may be a result of the emphasis placed on incident management during training; however, it could also be a result of a belief that controlling challenging behaviour is critical. Staff may also be motivated to decrease SIB incidents simply because they are so aversive.

Challenges of Working with Individuals who Engage in SIB

Negative consequences of working with individuals who have a history of trauma and abuse have been well-documented in the literature, particularly for counselors and others in therapeutic roles. Witnessing someone injure themselves, or finding them immediately after they have done so, can be traumatic for the staff member. In a study of 49 prison staff in England and Wales, those who encountered or dealt with offenders who died by self-inflicted injury reported immediate feelings of distress, tearfulness, or shock, and 37% scored above the clinical cut-off on the Trauma Symptoms Inventory (Briere, 1995) three to seven months after the event (Borrill & Hall, 2006). This inventory measures symptoms such as reliving the event, flashbacks, avoidance, and hypervigilance, which are consistent with the symptoms of posttraumatic stress disorder.

Working with individuals who have a history of trauma can lead to a number of negative consequences, such as vicarious traumatization, compassion fatigue, and secondary traumatic stress. These terms refer to similar conditions and are often used interchangeably in the literature (Craig & Sprang, 2010), although some authors have tried to differentiate the phenomena. Vicarious traumatization is used to describe the enduring psychological consequences of

exposure to the traumatic experiences of others who have survived traumatic life events (Schauben & Frazier, 1995), which involve the alteration of an individual's cognitive schemas, expectations, and assumptions (Janoff-Bulman, 1992; Jenkins & Baird, 2002; McCann & Pearlman, 1990). This alteration occurs through verbal exposure to the survivor's trauma and is considered to be the unique aspect of vicarious traumatization. Symptoms of vicarious traumatization may resemble those of posttraumatic stress disorder. Individuals who experience vicarious traumatization are particularly likely to experience intrusive imagery and negative emotional reactions related to the trauma. Alterations in cognitive schema may include reductions in trusting others, as well as a decreased sense of personal safety, empowerment, independence, and freedom.

Secondary traumatic stress, also known as compassion fatigue, occurs when individuals who have close contact with a trauma survivor experiences emotional duress (Figley, 1985, 1995, 2002). Individuals close to a trauma survivor may experience secondary traumatic stress through hearing about the trauma and helping or wanting to help the individual who experienced the trauma. Symptoms are very similar to those of posttraumatic stress disorder, including a re-experiencing of the survivor's trauma, avoidance of reminders of the traumatic event, and persistent arousal (Figley, 1995, 2002; Pearlman & Saakvitne, 1995; Stamm, 1995). The concept of secondary traumatic stress emphasizes socioemotional symptoms rather than changes to cognitive schema (Craig & Sprang, 2010; Jenkins & Baird, 2002). While the experiences of the person dealing with the secondary traumatic stress may resemble those of trauma survivors, the experiences should be less intense than those of the trauma survivor (Pearlman & Caringi, 2009).

The positive alternative to secondary traumatic stress or compassion fatigue is compassion satisfaction, which describes the pleasure one derives from being able to work (Stamm, 2005). This experience may include the pleasure derived from the social aspects of work, the feeling of accomplishment or contribution to society, or the experience of helping others. Compassion satisfaction has been positively correlated with more specialized training, personalized therapy, and personalized supervision among therapists (Linley & Joseph, 2007; Sprang, Clark, & Whitt-Woosley, 2007).

Who is at Risk for Negative Consequences?

Younger and less experienced staff working in the human service industry may be more

at risk for low job satisfaction and high burnout, particularly correctional officers (Armstrong & Griffin, 2004; Craig & Sprang, 2010; Garner, Knight, & Simpson, 2007; Gernstein et al., 1987; Kruger, Botman, & Goodenow, 1991; Morgan, van Havern, & Pearson, 2002; Oktay, 1992; Pearlman & MacIan, 1995; Price & Spence, 1994). Education may be a protective factor, with more educated counselors experiencing less vicarious trauma (Baird & Jenkins, 2003).

Research suggests that professionals who have a history of trauma (e.g., law enforcement professionals, mental health professionals, counselors) are more likely to experience negative consequences as a result of working with individuals who are trauma survivors (Folettee, Polusney, & Milbeck, 1994; Pearlman & MacIan, 1995). Others, however, did not find this relationship (Schauben & Frazier, 1995). Findings regarding a relationship between caseload and vicarious trauma have been inconsistent, with some finding a positive association (Pearlman & MacIan, 1995; Schauben & Frazier, 1995) and others finding no association (Brady, Guy, Poelstray, & Brokaw, 1999).

The status of an individual's personal life may also be an important factor in his or her experiences with work. High satisfaction with one's personal life and the perception that an individual's personal life sustains his or her professional life has been associated with increased job satisfaction among psychiatrists (Garfinkel et al., 2001). Additionally, conflict created by work infringing on home life has been correlated with increased work-related stress and reduced organizational commitment in correctional officers (Hogan et al., 2006; Triplett, Mullings, & Scarborough, 1999).

Resilience and Protective Factors

A number of protective factors have been identified in the literature that contribute to resilience and job satisfaction. These factors suggest areas that may be best targeted for intervention to improve staff's ability to work with this challenging population while minimizing negative consequences.

Social Support

Social support from peers and supervisors is commonly suggested in the literature as an important way of dealing with stress and burnout, and may be a protective factor (Awa, Plaumann & Walter, 2010; Edwards & Burnard, 2003). Social support from colleagues, supervisors, and family and friends can all help an individual deal with work-related stressors (Grosch & Olsen, 1995; Lowenstein, 1991; MacBride, 1983; Maslach, 1982; Maslanka, 1996; Ross, 1993). Accessing social support can provide direct assistance, emotional comfort, personal rewards, recognition, a reduction in social isolation, encouragement, a reduction in burnout, and facilitate new perspectives (Maslach & Goldberg, 1998; Prosser et al., 1997; Ross, Altmaier, & Russell, 1989). Social support within a work context could be accessed informally from colleagues and more formally through an employee assistance program or a peer support program. Without the development of a formal system, the use of social support could be encouraged through organizational culture and support from management to seek out assistance from colleagues.

Coping Skills

The way in which individuals cope with stressors may influence burnout. A positive correlation between emotion-focused coping (i.e., strategies to regulate distressing emotions) and emotional exhaustion or burnout has been found in correctional officers, nurses, and staff who work directly with individuals with intellectual disabilities (Cieslak et al., 2008; Deveraux, Hastings, Noone, Firth, & Totsika, 2009; Elliott, Shewchuk, Hagglund, Rybarczyk, & Harkins, 1996; Hastings & Brown, 2002). Similarly, escape-avoidance coping (i.e., problem avoidance) has also been positively correlated with burnout among mental health workers (Thornton, 1992). Task-oriented coping (i.e., behavioural efforts to manage stress), however, was found to be positively correlated with personal accomplishment among correctional officers (Cieslak et al.,

2008). Developing preventive coping skills may therefore be an effective method of preventing burnout (Maslach & Goldberg, 1998). With this type of intervention, the goal is to change the way in which an individual responds to work stressors by changing the coping strategies used, thus reducing the impact of the stressors without actually altering the stressors themselves.

Physical and Mental Health

There is widespread belief that physical and mental health have an impact on burnout. In fact, the importance of health in relation to burnout is so widely accepted that the rationale for addressing health in burnout prevention strategies is rarely articulated (Maslach & Goldberg, 1998; Maslach, 2001). In reality, there is very little research on the relationship between burnout and health, and especially physical health. It is generally assumed that a healthy workforce will be a more productive workforce and certainly there are many reasons to encourage the health of employees. Currently, though, the research to support health as an important influencing factor on burnout and job satisfaction is limited.

Perception of Adequate Skills

For correctional staff, interactions with inmates can be the most stressful part of their job, particularly when these interactions are perceived to be negative, unrewarding, and draining (Dignam, Barrera, & West, 1986; Gernstein et al,. 1987). If staff believe that they are incapable of creating change in an offender's behaviour, they can end up feeling exhausted, helpless, and lacking in self-satisfaction (Gernstein et al., 1987; Meier, 1983). One of the most challenging aspects of working with individuals who self-injure is the complex, and at times baffling, nature of the behaviour. Many professionals feel ill-equipped to deal with these situations, which can contribute to feelings of stress and burnout. Research suggests that improving attitudes and understanding of SIB and psychological distress can increase the confidence and self-efficacy of front-line staff (McAllister, Moyle, Billet & Zimmer-Gembeck, 2009), which in turn leads to increased job satisfaction.

Education and a perceived feeling of being adequately trained for the job can be an important protective factor for staff. Among trauma therapists, those who feel adequately trained for working with trauma survivors are less likely to experience work burnout (Van de Water, 1996) and those with higher levels of education are less likely to experience vicarious trauma (Baird & Jenkins, 2003). Additionally, nurses who have more confidence in their abilities to

handle problems and higher perceived tolerance for stress have lower burnout (Elliott et al., 1996). A perceived feeling of efficacy in dealing with offenders has been found to be the strongest predictor of job satisfaction among health care practitioners in correctional settings (Garland & McCarty, 2009). Health care staff in correctional settings with the highest levels of education had the highest levels of job satisfaction (Garland & McCarthy, 2009) and less educated mental health nursing staff rated interactions with difficult or demanding patients as the most stressful aspect of their job (Jenkins & Elliott, 2004).

Employees who work with individuals who self-injure often have little understanding or training in the area of self-injury, and the majority indicate a desire for more training in this area (Fish, 2000; Gough & Hawkins, 2000). Mental health staff that have training in counselling or psychotherapy are more likely to endorse better understanding of SIB than those without this training (Huband & Tantam, 2000). Additionally, a study of registered nurses and nursing aids working with young offenders who self-injure found that those who had received education in SIB (e.g., workshops, higher education courses) reported improved attitudes toward self-injury than those who had not been educated in this area (Dickinson et al., 2009). Short training courses on challenging behaviours have also been shown to change staff practices in dealing with individuals who engage in these behaviours (Allen, McDonald, Dunn, & Doyle, 1997; McKenzie, Sharp, Paxton, & Murray, 2002), although at least one study found no significant improvement after taking a short course on handling SIB specifically (Huband & Tantam, 2000). Together these findings suggest that training specific to self-injury could improve staff's perceived ability to effectively work with offenders who self-injure and decrease the likelihood of negative consequences related to working with this difficult behaviour.

Interventions for Reducing Stress and Burnout

Although many studies have investigated the correlates of burnout, the factors that influence work-related stress, and coping with high stress environments, little research has been conducted on specific interventions to prevent burnout and foster resiliency. Fewer still are the studies evaluating the success of these programs with correctional officers. Nevertheless, some recommendations can be made based on the available literature.

Types of Interventions

Burnout and stress management interventions generally take two forms: person-focused and organization-focused. Person-focused approaches assume that the source of stress lies with the individual, and that the ability to overcome burnout also lies within the individual (Maslach & Goldberg, 1998). These interventions are often referred to as Stress Management Training and typically include relaxation techniques, exercise programs, skills training, stress awareness and coping strategies, peer support, and counselling services (Cartwright & Cooper, 2005; Van der Klink, Blonk, Schene & van Dijk, 2001). In practice, the majority of stress reduction intervention programs are person-focused and typically use a combination of the techniques mentioned above.

Organization-focused interventions, on the other hand, take the approach that the source of workplace burnout is environmental and seek to make changes in the organization (Maslach & Goldberg, 1998). These typically focus on enhancing the job experience, organizational development, task restructuring, and increasing job control (Awa et al., 2010; Hurrell, 2005; Van der Klink et al., 2001). Organization-focused interventions seem to be less common in practice, as these can be more difficult to implement.

Many researchers advocate for multidimensional approach that incorporates aspects of both individualized interventions and environmental ones (Awa et al., 2010); however. few combined approaches have been empirically researched in the literature.

Evidence of Success

Given the wide range of stress reduction and burnout prevention interventions presented in the literature, it is perhaps not surprising that definitive evidence of success for any one intervention has not been found. In practice, many burnout interventions are tailored to meet the

specific needs of the organization and usually incorporate a number of different techniques, making it difficult to tease out the individual effects of any one specific approach. Nevertheless, evidence exists to suggest that, in general, burnout interventions can have a positive effect on reducing stress and improving employee health outcomes.

Awa et al. (2010) conducted a review of 25 burnout prevention interventions and categorized the outcomes by type of intervention (person-focused, organization-focused, or combined). The outcomes measured were burnout and workplace stress in all cases. The authors found that 82% of the person-focused interventions under review led to significant reductions in burnout or positive changes in the risk factors being measured, with results lasting up to six months. Only two interventions were purely organization-focused, one of which showed significant reductions in burnout. Six studies were found outlining combined interventions. All the combined interventions showed positive gains, the majority of which had effects lasted up to a year post intervention. The authors conclude that a combined approach is the most effective, and that the use of booster sessions should be used to maintain positive gains over the long term.

Another recently conducted meta-analysis found small but significant overall effects for workplace stress-reducing interventions (Van der Klink et al., 2001). Forty-eight experimental studies were included in the meta-analysis, and were grouped into four categories: organization-focused interventions, cognitive-behavioural interventions, relaxation techniques, and coping skills acquisition; the latter three being person-focused interventions. Overall, the cognitive-behavioural interventions demonstrated the strongest effect size, followed by coping skills training and relaxation techniques. Interestingly, no significant treatment effect was found for the organization-focused interventions.

It is apparent that stress reduction and burnout prevention strategies can be effective. Given the wide range of strategies available, however, it is important that they be appropriately targeted for the unique needs of correctional staff, particularly those working with offenders who self-injure. Although no studies to date have evaluated burnout interventions with correctional officers dealing with self-injury, literature focused on nurses and other mental health workers dealing with this behaviour can shed light on the most effective ways to help staff. The following strategies have been shown to be effective at reducing work-related stress and preventing burnout.

Education and skills training. A perception of being adequately trained or armed with

the necessary skills and resources to effectively complete the required work may protect against negative consequences. For example, a study of 20 forensic mental health nurses in the UK who participated in a psychosocial training intervention found improved understanding of serious mental illness and reduced stress levels (Ewers, Bradshaw, McGovern & Ewers, 2002). Participants were randomly assigned to a training group or a waitlist control group. The intervention was designed to challenge existing beliefs about psychotic illness and provide practical skills for reducing patients' distress. Baseline burnout scores were measured in both groups prior to intervention. Nurses in the experimental group showed significant reductions in burnout scores as well as increased knowledge about mental illness compared to the control group.

Similar results were found with a skills development intervention for a group of hospital social workers (Cohen & Gagin, 2005). Participants were provided with training on crisis intervention, interviewing, group-intervention and basic theories of social work in health care settings. Decreased levels of exhaustion and depersonalization were found after participating in the intervention, as were increased feelings of personal accomplishment. No control group was used in this study, however.

Findings from these studies suggest that specific educational and skills enhancement training could be implemented for correctional workers dealing with offenders who self-injure. Based on the research conducted in similar fields, it is likely that improved knowledge of self-injury and information on effective interventions for dealing with the behaviour could significantly improve staff resiliency and reduce burnout.

Peer support programs. Research indicates that implementing structured peer support groups in the workplace can help improve burnout and general health, particularly among mental health workers (Awa et al., 2010; Edwards & Burnard, 2003). A randomized, controlled trial with 151 health care workers in Sweden found that peer support groups are an effective way to reduce burnout and prevent work-related stress (Peterson, Bergstrom, Samuelsson, Asberg & Nygren, 2008). Participants took part in weekly group sessions which were designed to facilitate mutual support through shared experiences and to develop new ways of addressing stressful situations in the workplace. Participants also developed individual goals for personal growth. Pre and post intervention measures of burnout, anxiety, depression, general health, and quantitative work demands were administered to participants in both the control and

experimental groups. Intervention effects were found up to 12 months after participation for general health and perceived quantitative demands at work. No significant differences were found between the groups in depression or anxiety. Participants also reported improved perceived support at work and participation at work. Positive themes also emerged from a qualitative analysis of responses from participants after taking part in the intervention.

Similar results were found with a team-based intervention designed to increase social support and communication among oncology care providers (Le Blanc, Hox, Schaufeli, Taris & Peters, 2007). Twenty-nine different oncology wards (n = 664) were randomly assigned to an experimental or control condition. The intervention consisted of an educational component that addressed communication, group behaviour, building support networks, and how to balance work-related demands, as well as an action component whereby participants formed problem-solving teams. Both groups were measured on burnout, perceived social support, job control, job demands, and perceived participation in decision making before and after the intervention. At six months post intervention, the experimental group showed significantly less exhaustion and depersonalization. Changes in perceived job demands, job control, and social support were also significantly related to changes in burnout levels. Although no peer support interventions have been evaluated for use with correctional officers, research suggests that significant improvements to burnout and job satisfaction can be achieved with this type of intervention.

Coping skills training. Coping strategies are often incorporated into more general stress management programs and may be combined with relaxation, exercise and other stress reduction techniques (Cartwright & Cooper, 2005). Although it can be difficult to disaggregate the effects of specific coping strategies when they are used in combination with other techniques, the literature suggests that coping skills training can have positive effect of worker stress levels. For example, when nurses in a psychiatric hospital participated in stress management workshops, overall burnout scores were found to have decreased after the intervention (Kunkler & Whittick, 1991). Participants attended workshops designed to identify personal sources of stress, and were then taught coping skills such as muscle relaxation, realistic goal setting, strategies for adapting to new situations, and understanding alternative view-points. Although the sample size was small (n = 12), a decrease in overall burnout scores was found after participating in the workshops.

A coping intervention given to 113 health care workers also demonstrated positive results (Rowe, 2000). Participants were taught a combination of problem-focused strategies and

emotion-focused strategies to help cope with work-related stressors over six weekly sessions. Burnout was measured before and after the intervention. Participants in the experimental group showed significant reductions in burnout at two months and six months post training, compared to the control group. Further, a number of participants were randomly assigned to receive refresher sessions after the training was completed. This group continued to demonstrate improvements up to two and half years after the initial intervention program.

Cognitive-behavioural therapy. Techniques based in cognitive-behavioural therapy (CBT) are often used to reduce stress through identifying and reducing irrational and anxiety-provoking thoughts, as well as strategies to improve cognitive skills (Cartwright & Cooper, 2005). CBT is often interwoven into other interventions such as the three mentioned previously (education and skills training, peer support, and coping strategies). For example, an intervention program aimed at reducing burnout among professionals who work with individuals who are mentally disabled used a CBT framework to teach coping skills, social support, and educate workers on burnout through cognitive restructuring exercises (Van Dierendonck, Schaufeli & Buunk, 1998). Participants in the experimental group showed reduced burnout and absenteeism after taking part in the intervention. Those with strong social resources showed the greatest gains, further indicating the importance of peer support in the workplace.

Van der Klink and colleague's (2001) meta-analysis indicated that CBT-based interventions appeared to be the most effective at improving coping skills and perceived quality of work life. Interestingly, an inverse relationship was found by the authors between number of CBT sessions and effect size of the intervention. This finding suggests that workplace burnout prevention programs need not be inordinately time-intensive.

Psychological debriefing. While many interventions are designed to decrease stress or help staff in managing ongoing stress, some have been developed to help staff deal specifically with exposure to a traumatic event such as SIB. These interventions usually comprise a single-session, semi-structured crisis intervention (Rose & Tehrani, 2002) which occurs after a traumatic event in order to prevent posttraumatic reactions (Bisson, McFarlane, & Rose, 2000). Most debriefings take place in a group where facts, thoughts, impressions, and reactions to the incident are explored and education on coping with the reactions to the incident is provided (Dyregrov, 1997). These debriefings are sometimes administered as individual sessions, although the use of individual debriefings after a traumatic event is not supported by the literature as a

method of decreasing psychological distress or posttraumatic stress disorder (National Collaborating Centre for Mental Health, 2005; Rose, Bisson, Churchill, & Wessely, 2002).

Critical Incident Stress Debriefing (CISD), a method of debriefing that was created to aid emergency workers who are secondarily exposed to trauma, is the most commonly used method (Mitchell, 1983; Mitchell & Everly, 1993). This method promotes the use of group debriefing sessions very soon after potential traumatic incidents (i.e., within hours of the event). Many studies support the use of CISD as a method of decreasing negative outcomes such as stress, anxiety, depression, and other symptoms of posttraumatic stress disorder (e.g., Amir, Weil, Kaplan, Tocker, & Witzum, 1998; Bohl, 1991, 1995; Campfield & Hills, 2001; Everly & Boyle, 1999). The majority of individuals who participate in CISD rate the intervention as beneficial (American Academy of Orthopedic Surgeons, 1996; Burns & Harm, 1993). It is important to note that while research on CISD has been conducted on myriad different groups, such as soldiers, emergency room staff, firefighters, paramedics, and disaster relief staff, few have focused on the use of CISD within correctional settings.

Organization-focused interventions. Very few interventions aimed at the organizational level have been evaluated empirically. Hurrell's (2005) review of these types of interventions concluded that there is a lack of conclusive evidence for success at this time. While many of the burnout interventions discussed previously could be implemented at a wider organizational level, no purely organization-focused interventions have demonstrated consistent effectiveness in the workplace.

Conclusions and Recommendations

To date, research has focussed on the factors that influence burnout, work-related stress, and coping with high stress environments, while little research has been conducted on specific interventions to prevent burnout, particularly with correctional staff. There are, however, several promising areas that may provide opportunities to reduce negative outcomes and foster resiliency among staff who work with offenders who engaged in SIB in correctional institutions.

Based on the evidence in the literature, the following interventions are suggested to improve staff resiliency, reduce stress, and prevent burnout when working with offenders who self-injure:

1) Education and Training: There is preliminary evidence that interventions that aim to improve staff's sense of personal accomplishment could be effective. Given the difficult nature of SIB, staff may feel frustrated when offenders continue to engage in SIB and therefore an improved understanding of the behaviour and a reconceptualising of realistic short-term goals for each individual could be beneficial. An increase in one's perceived ability to effectively work with offenders who engage in SIB could provide the most benefit to staff. Such an intervention should incorporate general education on the behaviour itself, including why offenders engage in this behaviour. Younger and less experienced staff may gain the most benefit from such interventions, although benefits could be realized by anyone who is working with offenders in this situation. In order to achieve an increased sense of personal accomplishment an educational or skills-based intervention is most likely to be effective.
2) Role Clarification: Additionally, a clarification of the staff's role, especially in terms of potential conflicts in maintaining personal and institutional safety and assisting in rehabilitation could be beneficial. Maintaining positive interactions with offenders, particularly those who self-injure, can be difficult for staff. Strategies to deal with role ambiguity could take place within the context of an education and training program, such as one described above.
3) Coping Skills Training: In addition to education and skills-based training, the evidence available indicates that other types of well-designed burnout prevention

programs tailored to the specific needs of staff can effectively relieve workplace stress and decrease burnout. These interventions could include person-centred interventions such as coping skills training and may be based on the principles of CBT. Coping skills training often takes place in the context of stress management workshops.

4) Peer Support: Opportunities for staff to engage in peer support groups, whether formal or informal, should be encouraged. Team-based social support networks could be created to provide staff with an opportunity for collaborative problem-solving. Optional group psychological debriefing following potentially traumatic events could also be beneficial to staff when an incident of SIB occurs.

A well-formulated research plan is required to determine if interventions are achieving their desired effects. In this case, relevant factors such as perceived stress, social support, health, job efficacy, and burnout should be measured prior to and after completion of the intervention. Some of these interventions, such as education and role clarification, could be offered online, making implementation easier and allowing staff to access training as required.

Future Directions

While there is considerable research in the area of burnout and job satisfaction, there is little research evaluating interventions for correctional staff who are working with offenders who self-injure. Future research should explore the impact of interventions designed to foster staff resilience and decrease negative outcomes. In particular, the research suggests that an intervention that improves knowledge, role clarification, and/or coping skills should be available to staff to foster positive mental and physical health outcomes. While the focus of this paper has been on staff working with offenders who self-injure, there are myriad situations that staff must deal with may be difficult. To maximize the benefit to staff, interventions could address dealing with difficult situations more generally and include a focus on SIB specifically for those who are more likely to encounter this behaviour or for those who feel SIB would be a particularly challenging situation for them.

Should interventions such as peer support, coping skills development, and educational programs designed to improve staff's understanding of SIB and the most effective methods of dealing with this behaviour be implemented, systematic research of effectiveness should be

conducted. Currently, the Correctional Service of Canada does have guidelines for the use of CISM (CSC, 2008) and this intervention is used regularly after potentially traumatizing events. Additionally, institutional staff are provided with training on suicide prevention and self-injurious behaviour, some of which is offered online as self-directed learning. However, research is required to determine the efficacy of these interventions with correctional staff. Future research should evaluate the effect of this type of intervention, particularly when used for incidents of SIB.

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