Working with Offenders and Ex-offenders in the Community: Considerations for wellness of practitioners

Introduction

There is not much focus on what contributes to the well-being of practitioners within the after-care sector. Part of it may be due to how different corrections facilities choose to engage after-care programmes for offenders as they reintegrate within the community.

For the purposes of this paper, we will be looking at what contributes to wellness for practitioners who are working with offenders and ex-offenders within the community context. There are a few job descriptions that are within this category: probation, parole, community corrections staff, and after-care caseworkers/ social workers. The commonality that all criminal justice personnel share is the õcontact with individuals who have broken societyøs lawö (Getahun, Sims, & Hummer, 2008).

In addition to factors that contribute to wellness, ways to increase resilience and well-being within individuals and organizations will also be explored. Stressors from working with offenders and ex-offenders will be touched upon. Some recommendations to the after-care sector will also be made.

Factors that motivate workers to stay within sector

In 2015, about 12 000 offenders were released back into the community in Singapore. Only 15% were placed under a community based programme (Singapore Prison Service, 2015). In a sector where turnover is high and potential clients far outstrip workers, it is essential to understand what motivates practitioners to continue working with offenders and ex-offenders in the community. Job satisfaction is one way to measure retention within an organization. Simmons, Cochran, & Blount (1997) found an inverse relationship between job satisfaction and the intention to quit. Practitioners who were able to find meaning in the job that they do were more likely to feel more satisfied. In the same study, those who had lower

stress levels were more likely to feel more satisfied in their jobs (Getahun, Sims, & Hummer, 2008).

In the local context, a research on manpower was conducted in 2012 to find out the factors affecting job satisfaction, burnout, and turnover of 706 professionals in the social service sector which included social workers and psychologists (National Council of Social Service [NCSS], 2014). Other than monetary rewards and career development, factors including work-life balance and involvement in organisational decisions were found to affect work satisfaction (NCSS, 2014).

While job satisfaction might lead to workers staying within the same organizations and/or the same sector, it is also imperative to look at job performance. Happiness and psychological well-being of the worker could lead to a better performance within human services and juvenile probation officers. This finding can also be generalized to other sectors (Lyubomirsky, King, & Diener, 2005). While there are generous returns for the organization that have happy workers, unhappy workers are 10 percent less productive (Rath & Harter, 2011).

Wellness and Resilience

Wellness is defined as õa way of life oriented towards optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural communityö (Myers, Sweeney, & Witmer, 2000, p. 252). While there is no consensus on the number of dimensions of wellness, the literature had widely reported on a few areas that could improve the well-being of practitioners ó physical, emotional, intellectual/cognitive, social, and spiritual (Varnado-Johnson & Lombardo, 2016). Other than physical wellness, maintaining meaningful relationships, taking part in social activities, and/or obtain personal counselling can be strategies to improve the social and emotional

wellness of an individual (Sadler-Gerhardt & Stevenson, 2012; Varnado-Johnson & Lombardo, 2016).

Stress is experienced by a practitioner in their work, as well as personal life, which could potentially affect their well-being. Rather than focusing on stress and a state of depletion, Osborn (2004) had suggested that promoting of resources to build practitionerøs resilience would be more beneficial.

Resilience is why certain individuals –bounce backø from adversity while others may spiral downwards. Resilience can be learnt, built upon and strengthened for all individuals. Based on the current work by Reivich & Seligman (2011), optimism, self-efficacy, problem solving, cognitive flexibility, personal awareness, empathy, strong social support, spirituality, sense of meaning and comfort with emotion are factors that support resilience.

In an interview with workers that show exemplary performance while serving high risk offenders, certain qualities like sense of humour and support from peers and families supported resilience (White, Gasperin, Nystrom, Ambrose & Esarey, 2005).

Common themes that studies have highlighted to build resilience and minimize burnout include:

1. Better job training and education
2. Better assessments of clients
3. Stress management programmes
4. Having a sense of empowerment in the workplace

While individuals have different reactions to stress, organizations can help by involving staff in decision making or collaboration with supervisors (Getahun, Sims, & Hummer, 2008).

<u>Stressors</u>

One might intuit that working with offenders and ex-offenders is a stressful situation as compared to other client groups. For example, clinicians who treat offenders with personality disorders are at a higher risk of burnout as opposed to other groups of mental health clinicians (Chandler, Newman, & Butler, 2017).

However, other studies offered a different perspective. When practitioners were asked what was considered a stressor, working directly with their clients (offenders) did not appear at all (White et al., 2015). This finding was replicated elsewhere as well (Whitehead, 1987; Vogelvang, Clarke, Weiland, Vosters, & Button, 2014).

The stress came from working with high risk offenders (White et al., 2005). The paper only looked at one client group ó those who were driving under the influence (DUI). What they found stressful was the systemic influence that was present. They were õworking in a fishbowlö because of the visibility of the case from multiple stakeholders who were watching and judging their interventions. They were also frustrated from individual factors of these high risk clients. For example, clients were in denial of their problems, there were multiple challenges to get through treatment and the high propensity for clients to relapse.

Stressors can come about from certain negative events that can happen during the intervention period with clients. What needs to be taken into consideration is that experiencing any one of these events might culminate in a traumatic stress response by practitioners. Lewis, Lewis, & Garby (2012) found that those who had clients who re-offended in a sexual crime or re-offended in a violent crime that resulted in the death of another person were more likely to score highly on measures of traumatic stress and burnout. In addition, being personally threatened / assaulted by client or client threatening family

members also resulted in workers scoring highly on such measures as opposed to those who had not experienced such threats.

Burnout and Compassion Fatigue

Due to the nature of work as depicted previously, practitioners in the after-care sector are also vulnerable to stress and at a high risk of compassion fatigue. Compassion fatigue refers to õa physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes decline in his/her ability to experience joy or to feel and care for othersö (Goldberg, n.d., p. 4). It is the continual output of compassion and care over time that result in feelings of total exhaustion, and the stress due to õhelping or wanting to help a traumatised personö (Goldberg, n.d.). Even though the concepts of burnout and compassion fatigue are closely related, there are slight differences between them. While the concept of burnout is usually associated with environmental stressors, compassion fatigue is focused on the relational nature (Potter et al., 2010). Being in a profession where stories of suffering and traumatic experiences are being shared by their clients on a regular basis, experiencing compassion fatigue, would reduce the practitionerøs ability to endure the suffering of others (Figley, 2002).

Compassion fatigue can present itself in a number of symptoms (Goldman, n.d.). Biological and physical symptoms from prolonged stress include immune-suppression and frequent illness. Psychological symptoms can come in the form of excessive self-concern, despair and stagnation. It can also present in social symptoms such as separation, giving up, and emptiness. Consequently, experiencing burnout or compassion fatigue can result in increased absenteeism and increased turnover intent (Lambert et al., 2015). The individual will be tired and may display robotic actions (Sadler-Gerhardt & Stevenson, 2012), or have a sense of depressed mood and hopelessness (Varnado-Johnson & Lombardo, 2016).

What might be unique in working with offenders and ex-offenders is the rising cynicism that results with prolonged exposure to the criminal justice system. Being distrustful of human motives and human nature would eventually change the individual's world view (White et al., 2005).

Actions should be taken to prevent employees from experiencing burnout. Nevertheless, preventing burnout and compassion fatigue is a reactive response to reduce the stress and strain experienced by both the organization and the individual. More importantly, a proactive focus should instead be taken to build on the individual's strengths and resources (Osborn, 2004). Lewis, Lewis, & Garby (2012) called for education and orientation at the workplace so that practitioners are aware of the impact of traumatic stress so that they can be prepared in the line of duty.

The next section will look at how a peer support programme can help practitioners within the sector. Since strong social support and engaging with peers within the work environment are key features in building resilience and self-care for such practitioners (White et al., 2005), there are best practices that can be learnt and applied to the after-care context.

Peer Support programme

In the United States, Peer Support programmes had been available for law enforcement officers for many years. It was originally aimed at assisting officers after critical incidents, but had since expanded to providing help in difficulties faced by officers on and off the job (Brower, 2013). Often, peers can provide support, easy access for help, quick response, and a comfort level that could not be established by professionals from external agencies. Peer Mentors or Peer Advisors would be selected and trained to provide basic crisis intervention and the first line of assistance to other employees (Denver Police Department, n.d.). It is also common for the program to be overseen by a psychologist, where they will

also be involved in the selection and training of Peer Advisors, and provide consultations as and when needed (Brower, 2013; Denver Police Department, n.d.). A review had been conducted to highlight the best practices and elements for a successful program: (1) Social support; (2) Experiential knowledge; (3) Trust; (4) Confidentiality; and (5) Easy access (Brower, 2013). Other aspects necessary for a successful programme include õclearly articulated policies, role boundaries, careful selection of peer support mentors, and pre-established de-selection criteria (for removing peer mentors from the program)ö (Brower, 2013, p. 17).

Implications and suggestions

There are few published or publicly available studies on the wellness of practitioners working with offenders and ex-offenders within the community locally or internationally. This scarcity may be partly due to differences in how corrections across the world engage in community-based programmes for the abovementioned clients. Nevertheless, there are various learning points from the existing literature overseas on wellness or well-being of practitioners in a similar sector or profession.

First, future local research should study the factors that affect the well-being of practitioners in the after-care phase of rehabilitation. While there may be similarities in the factors that affect the wellness between practitioners in the after-care sector and the correctional setting, there could still be differences in the nature of the work that affect how different stressors are experienced. In addition, most of the studies are conducted in the Western context.

The well-being of practitioners may also be affected by different sources of stressors due to differences in culture and working environments between Singapore and the West. For example, Lin (2017) found that some factors that affected the turnover intent of correctional

officers in the West did not have any influence on officers in Taiwan. While studies conducted in the Western societies had found organisational commitment and depersonalisation to be associated with turnover intent, no such relationship was found by Lin (2017). By understanding the cultural factors that influence the wellness of practitioners, future programmes and services could be better catered to help them build on resources and resilience to avoid burnout.

Next, there should be more awareness for suitable programmes and services that are already available to increase the wellness of practitioners in the after-care sector. There is also a need to advocate for personal counselling as a way to improve the well-being of practitioners (Sadler-Gerhardt & Stevenson, 2012).

The Employee Assistance Programme (EAP), which originated in the United States, is an example of a programme intended to provide professional services in helping organisations address productivity problems, as well as assisting practitioners to identify and resolve their personal concerns regarding health, family, financial, emotional or other problems which could be affecting their performance at work (Brower, 2013). Today, the EAP has been established in many countries, including Singapore. While there might be some operational differences across countries, they serve the same purpose of providing employees with assistance in any personal or work-related issues that may be affecting their well-being (Counselling and Care Centre, 2017). Under EAP, preventive and proactive interventions such as face-to-face counselling email consultation, a counselling hotline, and psychoeducation training and awareness programmes were used (Singapore Anglican Community Services, 2016).

Such measures are necessary as practitioners are exposed to job related events that are traumatic or might be exposed to high risk clients which are a potential stressor. Even though there has been a rise in the number of corporate clients in Singapore liaising with

counselling firms to support the well-being of their staff, it was reported that just over half of the employers in Singapore had emotional and psychological wellness programmes (Toh, 2017). However, no information data was available on the percentage of organisations in the correctional setting or related work that had such programmes in place.

In addition, a similar programme such as the Peer Support programme from Singapore General Hospital (SGH) could be adapted to suit the needs of practitioners in the after-care sector. Initiated in 2008, trained staff attend to other colleagues who potentially needed help with any psychological distress faced at work or at home (Ang, 2015). Even though information is limited, the availability of such programmes shows that there is a possibility for them to be adapted and implemented in the after-care sector.

While organizations within corrections and the aftercare sector may have their own wellness and self-care programmes for staff, it would be helpful to make such information available so that best practices can be shared. It is clear that practitioners working with offenders and ex-offenders attribute a great sense of meaning to the work that they do. However, more care and structures needs to be in place when workers have a large number of high-risk clients as part of their caseloads. While perceptions and reactions to stress differ across individuals, organizations can help ameliorate such stress by empowering staff in certain aspects of decision making.

The effectiveness of these programmes should be evaluated. Although the potential benefits of these programmes can be seen, an evaluation would allow work organisations and the management to better understand the outcomes and whether the objectives were achieved. By considering inputs from employees, this would also allow the programmes to be improved to meet the needs and increase the well-being of practitioners in the sector.

While it may be ideal to take a proactive focus and build on an individual's strengths and resources as stated by Osborn (2004), this may be difficult in most cases as organisations

would have staff who are already experiencing burnout and/or compassion fatigue. Most studies highlight ways to minimize or avoid burnout and/or compassion fatigue. More focus could be placed on recovery of such occurrences and evaluate how effective these strategies are.

Conclusion

This paper has highlighted factors that contribute to wellness and resilience for practitioners working with offenders and ex-offenders in the community. Some possible activities to improve individual wellness and programmes have also been described. However, much of the literature available has looked at the well-being of correctional officers working within the community. There is a lack of research done on the well-being of practitioners, specifically case workers or social workers in the after-care phase of rehabilitation, especially those working directly with clients. Hence, there is a need for future studies to understand the risk factors linked to burnout for this group of practitioners, the type of wellness programmes they can participate in, and the effectiveness of such programmes.

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