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# Community Supervision

## Operational and Organizational Stress

### White Paper



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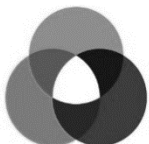
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Operational and Organizational Stress  
White Paper



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# Introduction

Community supervision officers play a significant role in the American criminal justice system. As of the end of 2018, an estimated 1 in 58 adults (4.4 million people) in the United States were under community supervision (Bureau of Justice Statistics, 2020).

While a great deal of research has been conducted on risk/need factors and supervision outcomes of individuals served by these agencies, less is known about community supervision officers themselves and how they manage the stress associated with their position.

“Community supervision officer” is used throughout this white paper as an umbrella term to include pretrial, probation, and parole officers who work in community-based settings. The exact duties of a community supervision officer vary by role and agency; however, the potential to be emotionally affected by the nature of the work is present regardless of these differences.

A wide range of terminology is used within the literature to describe the effect of direct and indirect exposure to trauma on community supervision officers. Some of the most common terms can be found in table 1 below.

**Table 1: Common Terms Used to Describe the Effect of Indirect Exposure to Trauma**

Term	Definition
Burnout	The physical, emotional, and psychological effects of chronic exposure to work stress from working with others during intensely emotive situations (Pines & Aronson, 1988). Symptoms include emotional exhaustion, depersonalization, and reduced perceived personal accomplishment (Maslach & Jackson, 1981).
Compassion fatigue	Emotional and physical fatigue as a consequence of chronic use of empathy when working with trauma survivors (Figley, 2002).
Secondary traumatic stress	A trauma response arising from engagement with another’s trauma and suffering (Figley, 1995). The symptoms, including hypervigilance, flashbacks, and nightmares (American Psychiatric Association, 2013), echo those of post-traumatic stress disorder (Figley, 2002).
Vicarious trauma	A response to prolonged empathic engagement with a trauma survivor, altering cognitive schemas regarding the





	self, others, and the world (Pearlman & Mac Ian, 1995). This type of trauma is characterized by intrusive thoughts and memories related to the traumatic event; avoidance of people and places that may recall the event; and hyperarousal responses in terms of anger, irritability, and anxiety.
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A number of resources exist to support law enforcement officers and help them manage the effect of work-related stress and exposure to direct and secondary trauma, such as the Office for Victims of Crime’s *Vicarious Trauma Toolkit for Law Enforcement Agencies*. While resources of this type are somewhat applicable to community supervision officers, they do not address the elements of the work, such as the long-term effect of repeated interactions with the same justice-involved individuals and their families over long periods of time. Nor do they completely address the duality of the role of supervision officers as enforcers and supporters.

Community supervision officers work with individuals under supervision for a sustained period of time, placing officers in a situation where they are exposed to considerable stress and secondary trauma. From case initiation, starting with the pre-sentence investigation, community supervision officers are exposed to troubling details of the individual’s life as they review police reports, interview victims, and assess the supervisee’s criminal and social histories (Lewis et al., 2013). After sentencing, officers meet with the individual on community supervision, conduct home visits, and may establish relationships with the spouse, children, friends, and others to better understand the life circumstances of the individual on supervision. As a result, officers are not only exposed to the individual’s traumas and circumstances but may also be more personally affected by the consequence of the individual’s choices if he or she returns to drugs, absconds, becomes incarcerated, revictimizes, or recidivates (Lewis, 2013).

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# Operational Stressors for Community Supervision Officers

Operational stressors are defined as any persistent psychological difficulty resulting from duties performed as part of the job (Acquadro, Zedda, & Varetto, 2018). These duties are inherent in the position and include risk of harm and perceived threats to safety; supervising individuals with high levels of trauma in their current or past lives; and exposure to victimization, suicide, and death. This section will explore the research on operational stressors for community supervision officers.

## **Risk of Harm and Perceived Threats to Safety**

Community supervision officers routinely interact with people convicted of violent offenses during office appointments and home visits. Although rare, officer assaults and threatening behavior can occur. Literature indicates that staff perceptions of the dangerousness of their work environment may influence workplace outcomes such as job stress (Hartley et al., 2013; Paoline et al., 2015). Early research on community supervision victimization focused on perceptions of risk and officers' fear of becoming a crime victim (Lindner & Castillo, 1994). In a 1992 study, Lindner & Koehler describe community supervision officers as "increasingly reluctant to make field visits, primarily because of personal safety concerns" (Lindner & Koehler, 1992). A national survey of 459 community supervision agencies nationwide, conducted by the Federal Probation and Pretrial Officers Association in 1993, reported 1,818 serious physical assaults, with an additional 792 attempted assaults against officers between 1980 and 1993 (Bigger, 1993). A similar survey of Minnesota community corrections officers discovered that 74% of officers had been verbally or physically threatened, while 19% had been physically assaulted at some point in their career (Arola & Lawrence, 1999). Another study suggested that just under 40% of community supervision officers may be intimidated, threatened, or assaulted in their careers (Parsonage & Bushey, 1987). Most of these threats and injuries are believed to occur in the office (Rapp-Paglicci, 2004).

## **Role Ambiguity and Role Confusion**

In a 2005 study, White and colleagues found that community supervision officers identified role ambiguity and role conflict as their primary work stressors (White et al., 2005). This dual role is characterized as one where the supervisor is expected to both change the supervisee's behavior in the prosocial direction (a caring role) and enforce the law and protect public safety (a controlling role). These conflicting roles can be challenging to balance and create stress (White et al., 2005).



## **Specialized Caseloads/Supervisee Populations**

Building relationships and working with supervisees is frequently reported as the most satisfying and rewarding aspect of the job (Gayman et al., 2018). Despite the reported rewards, the job stressors and psychological and emotional consequences of working with high-risk supervisees can be severe. In one 2015 study of community supervision officers working with supervisees who either carried out suicide, attempted suicide, or engaged in self-harm, officers reported feelings of powerlessness, guilt, distress, and emotional numbness (Mackenzie et al., 2015). Another study exploring traumatic stress and burnout found that officers who reported violent and sexual recidivism on their caseloads, supervisee suicide, and threats and/or assaults in the line of duty scored significantly higher on measures of traumatic stress and burnout than officers who did not experience these caseload events (Lewis et al., 2013).

Community supervision officers are aware that the decisions they make, or fail to make, may affect public safety (e.g., violent crime or alcohol or drug-related crashes caused by those they supervise) or the lives of known victims (e.g., continued domestic violence, sexual abuse, stalking, child abuse). In the most extreme situations, officers may face lawsuits due to these actions. There are a variety of supervisee populations that present unique challenges and/or risk for a community supervision officer.

### **Supervising individuals convicted of sexual offenses**

Most community supervision agencies have specific policies that address the supervision of people convicted of sexual offenses and have designated officers supervising this population. Little information exists about these officers' experiences. In fact, these officers rarely come to the public's attention unless something goes wrong. There is even less information regarding reports of secondary trauma symptoms within this group (Severson & Pettus-Davis, 2013). Rarely will the general public even hear of these cases unless something goes wrong. However, research suggests that officers providing post-conviction and post-release supervision of people with sex offense convictions likely experience trauma due to their work, and little support is available to respond to their emotional needs (Severson & Pettus-Davis, 2013). Research performed in 2013 as part of a larger study to explore sex offense-specific management procedures, processes, and outcomes found that parole officers supervising this population reported a variety of experiences, including somatic reactions, pervasive thoughts, a loss of innocence, and hypervigilance in both their work and personal lives (Severson & Pettus-Davis, 2013).

In a discussion of the literature, one study found that 62% of those who worked in the management of people with sex offenses (psychologists, supervision officers, etc.) experienced symptoms including flashbacks and intrusive images and were more likely to experience depression and isolation (Catanese, 2010; Rich, 1997). Mental health professionals who work



with survivors of abuse and those who work with people convicted of sex offenses have been found to suffer from symptoms such as avoidance (of people and activities) and intrusions such as nightmares (Catanese, 2010).

### Supervising individuals convicted of domestic violence offenses

Officers supervising domestic violence caseloads can also experience work-related stress, and the effects can differ between male and female officers. Findings from one study of community supervision officers working with U.K. probation programs for individuals convicted of domestic violence found adverse effects from workplace experiences are different for male and female officers (Morran, 2008). In a 2008 study, female community supervision officers, unlike their male counterparts, reported an increased awareness of power and control issues at all levels in their own lives (Morran, 2008). This caused female officers to be “hyper-aware” about issues of power, control, and abusiveness (including within workplace relations, in family and friend dynamics, and in their own personal relationships) (Morran, 2008). Also relevant to this area of research was a study that showed that officers who practice empathetic listening in client situations that evoke “emotionally shocking images of horror and suffering that are characteristic of serious trauma” are at a greater risk of developing vicarious trauma (McCann & Pearlman, 1990). However, further research is needed to explore how the level of practitioner experience, coping strategies, gender, caseload, and history of childhood trauma affect vicarious trauma outcomes (Tabor, 2011).

### Supervising individuals with a history of mental health disorders

People with serious mental illness are significantly overrepresented in the supervisee population (Powell & Gayman, 2020), and serious or moderate mental illness is disproportionately prevalent among older adults on community supervision (Bryson et al., 2019). A national study (2009–2012) found that 10.8% of those under supervision had serious psychological distress (Bureau of Justice Statistics, 2017). A cross-sectional analysis of data from the 2008–2014 National Surveys for Drug Use and Health found that 7% of respondents aged 50 or older had a serious or moderate mental illness (Bryson et al., 2019). The prevalence was disproportionately higher among those on community supervision (21%) compared to those not on community supervision (Bryson et al., 2019).

Community supervision officers are key coordinators of mandated treatment and care in the community. This can result in additional pressure on community officers, increasing their risk of work-related stress. A 2020 study found that having more supervisees with serious mental illness on an officer’s caseload increases the risk of work stress (Powell & Gayman, 2020). Work stress also negatively affects an officer’s mental health. A 2018 study sought to explore further the effect of supervising individuals with mental illness and found the combination of increased emotional investment, greater job difficulty, and decreased expectation of their client’s



success increased depressive symptoms in the community supervision officers themselves (Powell, 2018).

Community supervision officers are expected to coordinate and oversee compliance with court-ordered mental health and substance use treatment, which comes with its own set of unique challenges. The goals of mandated treatment are more complex for individuals in voluntary care. Individuals who are mandated to treatment are expected to comply with treatment and other court-ordered requirements and still display positive traditional clinical outcomes (Skeem et al., 2007), despite not always arriving to care voluntarily.

The challenges of supervising individuals with mental illness are many. Supervisees with serious mental illness have increased rates of technical violations stemming from difficulties in following the supervision rules and elevated rates of risk factors for criminal conduct (e.g., antisocial cognition and attitudes, substance use) (Van Deince et al., 2017). Officers working with supervisees with serious mental illness may also perceive those supervisees as a greater risk to public safety (Angermeyer & Matschinger, 1995; Corrigan et al., 2003; Markowitz, 2011) lead officers to rely more heavily on law enforcement duties. Simultaneously, officers may feel a need to play a more supportive role (Powell & Gayman, 2020) and use compassion and empathy to build rapport (Epperson et al., 2014). Balancing these roles and responsibilities can lead to stress.

### Supervising those at high risk for overdose death

It is estimated between 60% to 80% of individuals supervised in the community (probation and parole) have a substance-use-related issue, which is higher than the general population (Feucht & Gfroerer, 2011). A national study revealed substance use disorder prevalence rates among probationers and parolees were between four to nine times higher than non-probationers (Fearn et al., 2016), with drug offenses being the most serious offense for nearly a quarter of people on probation supervision (Bureau of Justice Statistics, 2018). The risk of overdose death and/or suicide is acute with this population, and officers may regularly experience the death of probationers on their caseload. In Michigan, a statewide study of individuals sentenced to prison, jail, probation, or jail plus probation for a felony conviction found that overdose accounted for nearly 15% of all deaths over almost eight years of followup (Binswanger et al. 2020).

### Supervising women (single-gendered caseloads)

The most recent data from the U.S. Bureau of Justice Statistics reports that 26% of adults on probation are women (as of 2017), while women make up 13% of adults on parole (as of 2018) (Bureau of Justice Statistics, 2020). As women are released into community supervision, agencies must consider gender-based needs. For example, two-thirds of incarcerated women are the primary caregiver to at least one child (Hayes et al., 2020), the majority of justice-involved women have substance-use disorders (Friedman et al., 2019; Langan & Pelissier, 2001), and over



one-third of incarcerated women experience comorbidities of a substance use disorder and a serious mental illness (Friedman et al., 2019). Despite a growing shift towards using gender-responsive frameworks and programming, there is still a great deal of unmet gender-based need in community supervision spaces. Community supervision officers can play an important role in addressing some of these needs and mitigating recidivism risk (Morash et al., 2015; Roddy et al., 2019; Bloom et al., 2003).

Community supervision officers who work with women on supervision may be at a heightened risk of vicarious or secondary trauma, as justice-involved women are more likely than justice-involved men to have childhood and adulthood trauma histories (Karlsson & Zielinski, 2020). Community supervision officers who themselves have trauma histories are especially vulnerable to developing symptoms of vicarious trauma (Merhav et al., 2018).

### **Facilitating Groups**

Community supervision officers are frequently expected to perform functions and duties beyond individualized supervision and support, including group facilitation. According to a recent Community Supervision Staff Trauma and Organizational Stress Needs Assessment (Kunkel et al., 2021), staff in over half of all responding community supervision agencies reported that their organization has cognitive-behavioral groups or trauma groups facilitated by officers such as Seeking Safety, Moral Reconnection Therapy (MRT), or Thinking for a Change.

Notably, more than 67% of respondents of the Community Supervision Staff Trauma and Organizational Stress Needs Assessment (Kunkel et al., 2021) report that the facilitation of these groups is a source of stress, and over 58% of this subgroup attributed this to primary and/or secondary stress related to cognitive-behavioral group facilitation work. While some trauma-based models, such as Seeking Safety, do not require participants to recount the details of their trauma histories (Treatment Innovations, n.d.), participants may still disclose traumatic details during group sessions. Therefore, vicarious trauma may contribute to the high levels of reported staff stress associated with facilitation.

Certain agency-level strategies can be applied to reduce the incidence and effect of vicarious or secondary trauma. One such approach is supportive supervision (Berger & Quiros, 2014; Vega, 2019). Formal supervision is one of the primary methods of reducing the effect of secondary traumatization on group facilitators, and research suggests that this supervision should be both mandatory and regularly provided (Berger & Quiros, 2014).

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# Organizational Stressors

Organizational factors may be more influential in determining job-related stress in the community supervision field than factors relating to the nature of the work itself, with research finding that “role overload”—such as excessive paperwork, unreasonable time restraints, and high caseloads—may be one of the primary contributors of job-related stress among community supervision officers (Lee, Phelps, et al., 2009; Finn & Kuck, 2003). Several studies show that high-strain jobs with large workloads and low decision-making authority are associated with risk of depressive symptoms (Mausner-Dorsch & Eaton, 2000; Melchior et al., 2007; Niedhammer et al., 1998; Paterniti et al., 2002; Blackmore et al., 2007; Stansfeld et al., 1999).

## **Critical Incidents**

Compared to staff in other fields, community supervision officers are at a disproportionate risk of being affected by critical incidents involving colleagues. Although there is limited available research on the rate of suicide specifically among community supervision officers, the rate of suicide among all individuals employed by the Massachusetts Department of Corrections was 12 times higher than state suicide rates from 2010 to 2015 (Frost, 2020). While the agency-level effect of this type of critical incident specifically among community supervision staff is largely unstudied, research in other settings suggests that exposure to suicide within a community (including a work community) is associated with increased psychiatric risk, including depression and anxiety (Cerel et al., 2016).

## **Caseload Size**

A 2018 study conducted by Gayman et al. found that community supervision officers with more individuals on their caseload report significantly higher rates of burnout. While other studies have looked broadly at caseload ratios and effects on mental health in community supervision officers (DeMichele & Payne, 2007), researchers have not yet examined the link between the composition of caseloads and mental health effects on officers.

## **Agency Turnover**

Reported figures from the late ‘90s indicated a 30% turnover rate for Florida probation agencies (Simmons, Cochran, & Blount, 1997) and about a 20% turnover rate for juvenile probation officers in Texas (Lee et al., 2009). A more recent study (Matz et al., 2014) found probation officers’ turnover rates hovered around 20%. Matz et al. attempted to put these turnover rates in perspective by noting that teachers have an annual turnover rate of 13% and nurses have an





average turnover rate of 12%.

Turnover is both a predictor of occupational stress and a contributor to stress among the employees still working at the agency. The effect of turnover on employee stress is circular—when there is high turnover, the remaining officers are forced to take on more cases and may be under greater stress—and this stress could result in more officers leaving the agency. Due to increased caseloads in high-turnover agencies, officers also have to reduce the amount of time they spend with supervised individuals (Salyers et al., 2015). Furthermore, high officer turnover affects recruiting, and job training costs may result in unidentified violations, recidivism (Simmons et al., 1997), and overall departmental performance issues (Lee et al., 2009).

### **The Pandemic and Community Supervision**

The COVID-19 pandemic has resulted in many changes for community supervision agencies and additional concerns for employee wellness. The most direct example is the risk of viral transmission. Due to the risk of spreading COVID-19, organizations such as the American Probation and Parole Association (APPA) and National Association of Probation Executives (NAPE) recommended that community supervision agencies suspend in-person reporting in most cases (Executives Transforming Probation and Parole, n.d.). However, depending on jurisdictional guidelines, officers may still be required to conduct face-to-face visits with people under supervision assessed to be “high need” (Schwartzapfel, 2020). Agency staff and leadership have additionally voiced concerns regarding the safety of officers conducting drug screening tests during the pandemic due to testing protocols requiring officers to be in close contact (Viglione et al., 2020).

In terms of immediate effects, some jurisdictions have transferred significant numbers of incarcerated people out of facilities and into community supervision programs to reduce the risk of viral transmission in prisons and jails. As a result, community supervision staff may have higher caseloads of people with complex needs (National Council on Crime and Delinquency, n.d.). Simultaneously, many correctional departments are experiencing staffing issues due to pandemic-related circumstances (Wetzel & Davis, 2020), and about 10% of agencies report increased budget limitations (Viglione et al., 2020). Combined with existing limitations on community supervision resources, staff have reported high levels of burnout in some jurisdictions (Wetzel & Davis, 2020).

The pandemic also led many agencies to change policies to allow remote communications between officers and people under community supervision. In one study, less than three-quarters of agencies reported in-person office visits with people on community supervision as of June 2020, while others limited face-to-face interactions to only the highest risk cases (Vigilone et al., 2020). According to agency directors, the resulting implementation of technology was largely a positive change (Viglione et al., 2020). However, community supervision staff report challenges





to remote work, such as difficulty separating home and work life (Norton, 2020). This is especially relevant as community supervision officers are already likely to indicate that managing boundaries can be difficult (White et al., 2005).

Low availability of resources during the pandemic may also cause difficulties in meeting job demands, specifically when supervisees do not have access to the technology needed to fulfill remote check-in requirements (NCCD, n.d.). Resource limitations may also pose challenges to officers seeking to make referrals in the community, as there may be overall strains on the availability of services (NCCD, n.d.).

Not all pandemic-caused changes are predicted to cause increased job stress. For example, certain jurisdictions reduced the number of in-person check-ins that community supervision officers must conduct, especially with people assessed to be at a low risk of reoffending. Some jurisdictions limited the number of people placed under community supervision overall, and others replaced face-to-face check-ins with remote communications. These types of changes could potentially reduce job demands for supervision officers. Although it remains unclear whether some or all of these policy adjustments will be applicable after social distancing guidelines are lifted, it seems likely that agencies may need to reevaluate job demands due to the staffing, resource, and budget issues predicted to continue post-pandemic (Viglione et al., 2020).

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# Effects of Workplace Stressors

**H**igh-trauma jobs are known to be associated with the development of post-traumatic stress disorder (Melchior et al., 2007), and high-stress jobs have been found to contribute to the incidence of major depressive disorder, burnout, compassion fatigue, and secondary traumatization (Jenkins & Baird, 2002). A high mental and emotional toll can affect officers' worldviews, perspectives, and overall well-being. Workplace stress can also affect job performance and morale, including promoting the feeling of being disconnected, less compassionate, and less optimistic. The following section will explore these effects in greater detail.

## **Depression and Post-Traumatic Stress Disorder**

In a 2013 study, Denhof and Spinaris investigated the prevalence of depression, post-traumatic stress disorder (PTSD), and co-occurring depression-PTSD in United States corrections professionals. This study explored the relationship between disorder conditions and variables, including job type and indices of health, well-being, absence from work, substance abuse, and satisfaction with life. Study findings indicate that rates of depression, PTSD, and comorbid PTSD/depression among corrections employees far exceed general population rates (Denhof & Spinaris, 2013).

The negative effects of depression can be extensive. Depression affects daily functioning (Baum & Polsuszny, 1999) and tends to coexist with psychological disorders and physical illnesses (Cassano & Fava, 2002). Symptoms of depression include feeling down, lack of interest in activities previously enjoyed, decreased energy, low self-worth, poor sleep and appetite, inability to concentrate, and suicidal thoughts. According to Rebman (2003), community supervision officers report symptoms of depression in the form of restlessness, agitation, fatigue, and difficulty sleeping.

Community supervision officers may also experience secondary effects of depression, such as obesity, arthritis, and gastrointestinal issues (Kessler et al., 2008). In a recent 2019 study, Denney et al. investigated characteristics of community supervision officers that might be associated with depressive symptoms. Findings suggest that depression is positively associated with alcohol and fast-food consumption (Denney et al., 2019). The result of these unhealthy behaviors on officer depression may be circular (for example, unhealthy eating may contribute to worsened depression) (Denney et al., 2019). Researchers also found that job stress may interact with depression and unhealthy behaviors. Officers working long hours may gravitate toward fast food because of its convenience, while alcohol serves as a coping mechanism for stress (Denney



et al., 2019).

In the workplace, depression is costly and can lead to job performance issues and early retirement. According to the World Health Organization, depression is the leading cause of disability worldwide in terms of years lost due to disability (Marcus et al., 2012). Research also shows an association between major depressive disorder (MDD) and reduced productivity, increased disability claims, more missed workdays (Kessler & Frank, 1997), and premature retirement (Wang, 2004). According to Mental Health America (2013), depression is (1) as costly as heart disease or AIDS on the U.S. economy, (2) costs the United States over \$51 billion in absenteeism from work and lost productivity, and (3) ranks among the top three reasons employees seek help from employee assistance programs, following family crisis and stress. Knowing that the public safety profession is a high-stress occupation, rates of depression and PTSD can have a detrimental effect on both staff and organizations as a whole.

### **Burnout**

Carroll and White (1982) describe signs of burnout as reduced quality of services, inadequate communication, poor morale, and absenteeism. Whitehead was one of the first to study burnout in community supervision officers, citing that officers experience emotional exhaustion, depersonalization, and low job satisfaction (Whitehead, 1983; Whitehead & Lundquist, 1985). According to findings from the 1985 study by Whitehead and Lundquist, which consisted of a representative population of Alabama community supervision officers, 49% of officers considered their job to be moderate to very stressful, while 10–20% reported emotional exhaustion and depersonalization (1985).

In terms of possible causal factors for these outcomes, 68% of officers in the Whitehead and Lundquist (1985) study reported at least one “overload” stressor, such as meeting court dates or not having enough time to do pre-sentencing. In an earlier study, Thomson and Fogel (1980) found that 43% of officers in their study expressed concern about completing required paperwork, and 33% reported concerns over caseload size. Additionally, 19% of officers surveyed reported at least one organizational stressor (specifically citing issues with management) (Whitehead & Lundquist, 1985). According to earlier studies, other organizational factors in officer burnout may include the inability to participate in decision-making processes, lack of professional development opportunities, and low recognition (Brown, 1987).

### **Effect on Relationships**

Exposure to trauma in the workplace can have negative outcomes on the individual and the individual’s relationships with others. In a study of mental health professionals, Way and colleagues found that clinicians who work with survivors of abuse and clinicians who work with people with sex offense convictions suffer from symptoms such as avoidance (of people and activities) and intrusion (such as images and nightmares) (Way et al., 2004). Research also



shows that vicarious trauma can lead to paranoia and mistrust of other people, affecting relationships at work and home (Catanese, 2010).

In an article on the effect of community supervision officers' exposure to client trauma, Lee (2017) explored possible negative changes to officer well-being through Constructivist Self Development Theory (CSDT). According to this theory, community supervision officers exposed to clients' traumatic accounts may be vulnerable to changes in self-view (Lee, 2017). Repeated exposure to a client's trauma or offending history might, for example, result in the supervision officer becoming suspicious of others' motives or distrustful. Further, Lee (2017) explains that exposure to stories of violence/victimization could change the officer's perceptions of personal agency and could result in pessimism and negative views of human nature overall.

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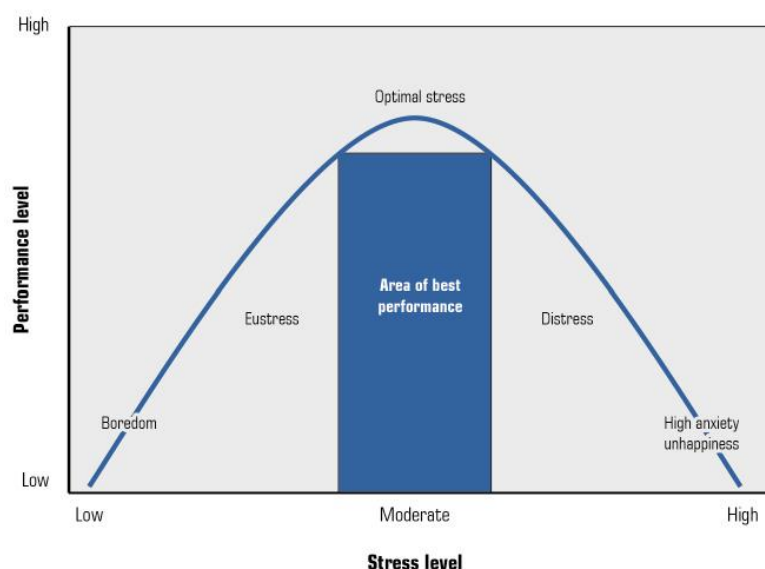
# Prevention/Mitigation Strategies

The study of resilience—the ability to maintain healthy psychological and physical functioning when faced with adverse events—may provide valuable insight into mitigating the effects of trauma and stress across the community supervision profession. The literature on resilience suggests several characteristics contribute to it at the individual level and that there are characteristics of organizations that foster resiliency in their employees.

## Individual Resilience

Resilience is generally viewed as the antidote to stress. The contemporary view of stress provides that stress is “the point after which the amount of pressure a person is under exceeds their ability to cope” (Hesketh et al., 2015). However, not all stress is bad stress. Good stress can motivate people to do better and accomplish more. According to what is known as the “Yerkes-Dodson law,” performance increases with physiological or mental arousal (stress) but only up to a point. When the level of stress becomes too high, performance decreases (Wilke et al., 1985) (see *figure 1*).

Figure 1: Yerkes-Dodson Law



Resilience appears to stem from a mix of internal attributes and external supports, or protective factors, in our lives.



Internal protective factors include:

- Self-belief and self-efficacy – a belief that “I can do this”
- Self-reliance and determination – the ability to take action and keep persisting
- Good social skills – the ability to get along well with others
- Good problem-solving skills – the ability to think through, plan, and act to resolve problems
- Good emotional regulation – the ability to modulate or manage negative emotions
- Optimism – the ability to maintain a positive “glass-half-full” outlook on life (Prevention United, n.d.)

External protective factors include:

- Secure attachment to one’s parents or caregivers – feeling safe and loved and believing that you can trust and depend on people
- Parental warmth, encouragement, and guidance – caring and supportive parents who promote positive values and allow sensible risk-taking but set clear expectations around boundaries
- Positive social relationships – having at least one person who believes in you and having people in your life that you can turn to and depend on during difficult times
- Socioeconomic circumstances – adequate access to financial resources and other material basics (Prevention United, n.d.)

## **Organizational Resilience**

Organizational resilience refers to an organization’s ability to foster an environment that enhances employee resilience through openness in communication, encouraging individual contributions, employee recognition, and shared decision-making (Ledesma, 2014). Research also suggests that a sense of workplace connectedness can build employee resilience, and specifically, may be a vital protective factor against depression (Cockshaw & Shochet, 2007).

The benefits of supporting resilience in high-risk professions are numerous. Resilient staff:

- Are physically and mentally healthier and have overall lower recovery expenses and service needs
- Miss fewer days of work
- Get back to routines more quickly
- Are more capable of working through the strong emotions that come from being a first responder without relying on unhealthy coping strategies (e.g., self-medication)
- Have greater job satisfaction and career longevity (Spence, 2017)

Research on factors affecting the psychological well-being of disaster relief workers can be



useful when looking at strategies and interventions that organizations can use to foster greater resilience in their employees. Some of the factors identified by Brooks and colleagues (2015) include:

- Training – preparation of officers for the role
- Policies – an agency’s response to critical incidents/events and how critical incidents are defined
- Leadership – relationship with supervisors, professional support from leaders and organizations
- Culture of the organization – open communication, mutual support
- Social support – organizational support, support from coworkers and peers

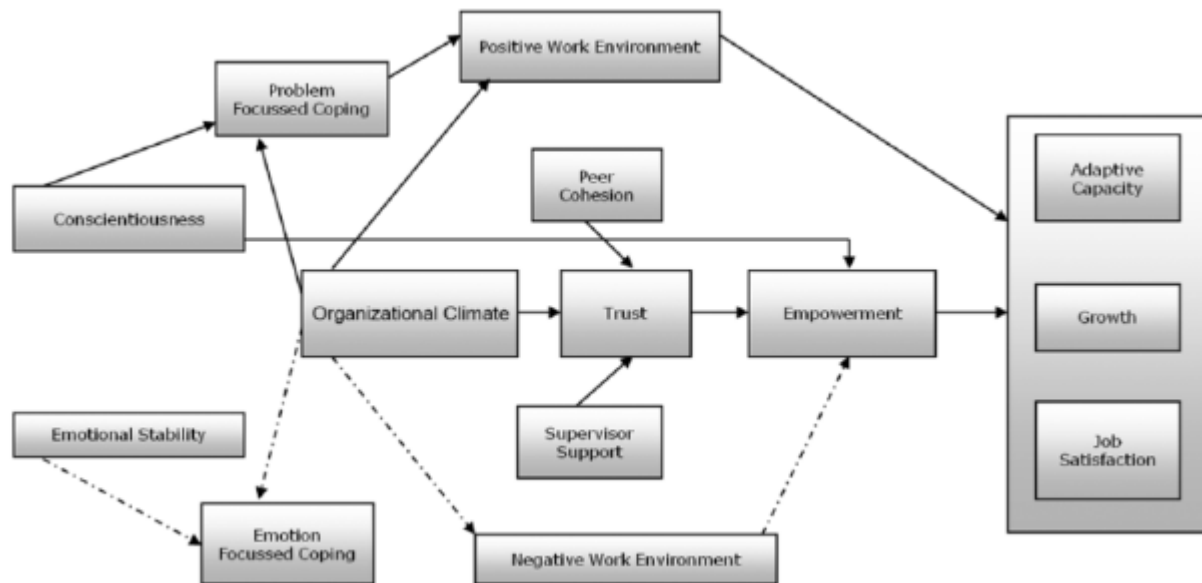
Based on research focusing on disaster relief workers, interventions that appear most likely to make a difference include systematic, educational training programs emphasizing both psychological and physical preparedness; the availability of appropriate guidelines, handbooks, and policy documents; and dedicated training programs and management courses for those in supervisory roles. Other beneficial interventions may include regular manager/employee feedback, rewards for good work (such as positive feedback and encouragement), training to build and maintain cohesion between team members, education around the psychological challenges of the work, and the establishment of joint goals to encourage teamwork (Brooks et al., 2015).

The Stress Shield Model (see figure 2), which was developed and validated for police officers, offers a multi-level approach to building organizational resilience. Within the Stress Shield Model, a fundamental aspect of resilience-building is increasing officers’ capacity to adapt to future risk and uncertainty by learning from past experiences (Paton et al., 2008). This element of the model is highly relevant to the work of community supervision officers.

The Stress Shield Model views resilience as an outcome resulting from the interactions between organizational, peer-related, and individual factors (Vogelvang et al., 2014). According to Vogelvang and colleagues (2014), key organizational factors in determining employee resilience include workload, confidence in the organization, the quality of supervision, and the physical working environment. Within the Stress Shield Model, individual, team, and organizational factors determine professional empowerment and personal reinforcement (a state of being ready, energized, and supported) (Vogelvang et al., 2014).



Figure 2: The Stress Shield Model (Paton et al., 2008)



Note: Solid lines indicate positive influences on adaptive capacity and growth. Dashes indicate pathways with negative influences on empowerment.

## Peer Support Programs

A key aspect of the Stress Shield Model is peer support. Peer cohesion facilitates meaning in the individual's work, allows for an exchange of knowledge and skills (leading to increased competence and resilience), and supports links to resources. Research has found that formal and informal peer networks are critical to organizational and individual resilience. The quality of peer relationships and organizational support correlates with self-reported stress (Papazoglou & Andersen, 2014), and trained peer mentors can achieve clinical outcomes equal to or better than those obtained by professionals (Levenson & Dwyer, 2003). Organizations can build resilience by promoting opportunities for collaboration and partnership between professional peers and colleagues, reducing isolation, and increasing positive social networks (Ledesma, 2014).

In the Community Supervision Staff Trauma and Organizational Stress Needs Assessment (Kunkel et al., 2021), a little over half of the respondents indicated their agency had an active peer support program. Among those with peer support programs, the provisions of peer-based support following a critical incident was the most common way that peer programs are used by the represented agencies, with 53.2% of respondents reporting that their peer program is regularly used in this way. Peer-based support to manage routine stressors and provide resources to officers was also common. Overall, staff respondents had a positive perception of peer support in their agency, with 85.7% of the respondents indicating they would recommend the program to other agencies.





Consistent support from senior leadership is crucial for program success, but this support must be combined with buy-in and participation across agency levels. While senior leadership should model help-seeking behaviors, peer support programs must be primarily driven by peers or immediate supervisors to evade the impression that senior leaders are forcing employees to participate (Cockhaw & Shochet, 2007). All staff, including administrative staff, receptionists, etc., should have access to peer support programs because these positions often experience some of the same incidents as officers, although in a different capacity.

Despite evidence of the efficacy of peer support programs, some agencies face challenges with implementing them. For example, confidentiality can be difficult to achieve in smaller agencies, while maintaining a network of peer mentors and providing ongoing training can be a challenge in larger agencies. Programs also need to be delivered in a way that supports officers when they need it while not superseding the agency's responsibility to hold people accountable for their behaviors. Peer mentors also need support, and the risks of reexposure to traumatizing experiences should also be considered.

### **Proactive Management**

Organizations can take steps to mitigate officer burnout and improve job satisfaction. For example, Whitehead & Lindquist (1985) suggest addressing issues with time management, flexibility, and scheduling and establishing better caseload management to reduce burnout and exhaustion. Shapiro (1982) highlights similar recommendations, suggesting that agencies allow employees to start work earlier or later than the traditional 8–5 workday, which would offer greater flexibility in the officers' personal and professional responsibilities.

Alternatively, Moracco (1985) recommends varying the job routine for officers. The workload itself could be made more flexible by rotating positions, allowing team supervision, or offering specialized caseloads to officers. Other recommendations include the provision of mental health days and sabbaticals and time off so that officers can further their education through school or participation in job exchanges between institutional and field staff (Patrick, 1981). These changes to an officer's job routine could result in more "enlightened personnel on both sides of the correctional sphere" (Brown, 1987).

Enhanced supervision can also build organizational resilience. Managers need to be aware of mental health problems that may emerge after critical incidents. This can be facilitated through training that increases managers' ability to respond appropriately to employee needs after such an incident. Observational data suggest that training focused on skill development rather than other forms of health education is likely to be more effective at changing managers' behavior (Bryan et al., 2018).

### **Wellness Training**



In a systematic review of intervention programs aimed at preventing burnout, Awa and colleagues (2010) explored the effectiveness of various types of programs, including those that were person-directed (individual/group), organization-directed, or a combination of both. The study findings suggest that intervention programs can be beneficial and are even more effective when enhanced with refresher courses (Awa et al., 2010). Person-directed interventions include cognitive-behavioral approaches to improve job competence and personal coping skills (Awa et al., 2010). Findings revealed that the person-directed interventions significantly reduced burnout and/or improvement in risk factors related to burnout. These effects lasted up to six months after the intervention and lasted up to a year with refresher sessions. Organization-directed interventions were also effective for up to a year. Still, since there was a limit to the number of organization-directed interventions included in the study, the evidence for their effectiveness is not as strong (Awa et al., 2010).

Some community supervision agencies have created programs to strengthen employee coping skills and build individual resilience. A pilot program (Lewis, 2013) implemented in 2011 in Maricopa County, Arizona, sought to enhance protective coping strategies to prepare adult community supervision officers for work challenges, minimize stress and trauma exposure, and promote a work culture that ensures the well-being of its employees. This pilot program aims to provide training and support through pre-incident prevention strategies and post-incident interventions. The pre-incident training focuses on training employees on their physical, psychological, emotional, social, and spiritual challenges. This training offers anticipatory guidance, normalizes stress reactions, and enhances coping strategies as a protective measure. Topics of the training include recognizing compassion fatigue, vicarious trauma, and burnout; understanding the unique stressors of probation work; managing and recognizing symptoms of stress; and learning how to access support and resources (Lewis, 2013).

Wild and colleagues (2020) note that other types of training, such as operational and line manager training, may be useful in building employee resilience. This finding builds on that of a 2005 study in which study participants suggested that training focused on creating and sustaining a positive working environment could be very helpful in elevating performance and health within particular community supervision departments (White et al., 2005).

### **Responding to Critical Incidents**

A critical incident is any event that has a stressful effect sufficient enough to overwhelm usual coping strategies. Critical incidents can be sudden, shocking, and outside the range of ordinary human experience. However, a critical incident may also be an event with a specific personal significance to the individual. Such events may result in strong emotional and/or physical reactions.

Examples of critical incidents that may affect community supervision officers include:



- Line of duty deaths
- Suicide of a colleague
- Serious work-related injury
- Multi-casualty/disaster/terrorism incidents
- Events with a high degree of threat to personnel
- Significant events involving children or family
- Events in which the victim is known to personnel
- Events with excessive media interest

Many community supervision agencies have programs in place to respond to critical incidents. One such example is Critical Incident Stress Management (CISM), a comprehensive, integrated, systematic, and multicomponent crisis intervention program developed to help manage traumatic experiences within organizations and communities (Mitchell, 2015). CISM is a group of crisis intervention tactics that are strategically woven together to:

- Mitigate the effect of a traumatic event
- Facilitate normal recovery processes in normal people who are having normal reactions to traumatic events
- Restore individuals, groups, and organizations to adaptive function
- Identify people within an organization or a community who would benefit from additional support services or a referral for further evaluation and, possibly, psychological treatment (Mitchell, 2015).

CISM is a broad collection of support services that can be selected and applied to assist people experiencing a strong reaction to a traumatic event. CISM contains various crisis intervention “tools,” including those that can be useful before the traumatic event occurs, while the event is happening, and after the event has ended (Mitchell, 2015). The main components of a CISM program include, but are not limited to, the following:

- Pre-incident planning, policy development, education, training
- Crisis assessment
- Strategic planning
- Individual crisis intervention
- Large group interventions (demobilization, crisis management briefing)
- Small group crisis interventions
- Pastoral crisis intervention
- Family support services
- Significant other support services
- Followup services
- Referral services
- Followup meetings



- Post-incident education
- Links to pre-incident planning and preparation for the next crisis (Mitchell, 2015)

In the Community Supervision Staff Trauma and Organizational Stress Needs Assessment (Kunkel et al., 2021), critical response teams were a common strategy employed by community supervision agencies. The respondents' assessment of the critical response team model was generally positive. Out of the group of respondents that had a critical response team within their agency (N=85), 80% said that this practice meets their needs as individual employees (Kunkel et al., 2021). The other 20% report that the practice does not meet their needs, citing understaffing, lack of knowledge about services, and inconsistent deployment.

### **Employee Assistance Programs**

Many organizations provide access to an employee assistance program (EAP). Respondents who participated in the Community Supervision Staff Trauma and Organizational Stress Needs Assessment (Kunkel et al., 2021) indicated that employee wellness programs are common, although not widely used among the agencies included in the assessment, suggesting that further development is needed to ensure that such programs are both useful and acceptable to staff members in community supervision agencies.

Notably, very few respondents (13%) strongly agreed that their agency's EAP understands the work environment of community supervision officers. The majority (78.3%) said that the statement "we provide employees with the EAP contact information" best characterizes the level of EAP engagement in their agency (Kunkel et al., 2021). Consistent with responses indicating a lack of integration, reports of EAP cross-training in the workplace were similarly low. Of respondents knowledgeable about this topic in their agency, only 17% report that the EAP has cross-trained providers within the agency environment (Kunkel et al., 2021). Overall, a disconnect between EAP service providers and the agency workplace could present a need area, as respondents note EAP wellness services can be difficult to access throughout the assessment.

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## Conclusion

Respondents who participated in the Community Supervision Staff Trauma and Organizational Stress Needs Assessment (Kunkel et al., 2021) identified various training and technical assistance needs related to primary and secondary trauma and employee well-being. The highest need areas (in which more than half of respondents rate training and technical assistance as “strongly needed”) in order from highest to lowest need include training for supervisors, training for frontline workers, model curriculum related to responding to stress and secondary trauma, train-the-trainer programs associated with responding to stress and secondary trauma, and training for directors/chiefs (see table 2).

**Table 2: Training and Technical Assistance Needs (N=143)**

	<b>Strongly Needed</b>	<b>Somewhat Needed</b>	<b>Not Needed</b>	<b>No Opinion/ Don’t Know</b>
Training for supervisors	65.7%	26.6%	1.4%	6.3%
Training for frontline officers	63.6%	25.2%	1.4%	9.8%
Model curriculum related to responding to stress and secondary trauma	58.7%	30.8%	2.8%	7.7%
Train-the-trainer programs related to responding to stress and secondary trauma	55.2%	32.9%	3.5%	8.4%
Training for directors/chiefs	52.4%	30.1%	7.0%	10.5%

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