

**Learning from Wellbeing Innovation  
for Correctional Staff and Prisoners in Australia**

A Rhodes Foundation Scholarship (2018)

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## 1. Acknowledgements

I am immeasurably grateful to the Rhodes Foundation Scholarship Trust for giving me the opportunity to research a field I am truly passionate about. Special thanks to Linda Dransfield for introducing me to the Trust and providing ongoing advice and support throughout this process.

This study would not be possible without the kindness, generosity and hospitality of Dr Justin Trounson and his colleagues who I look forward to continuing to work with.

Finally, thank you to my amazing team at Bury Probation for looking after my caseload and ultimately enabling me to take the time to undertake this trip.



## 2. Introduction and Background

This report aims to explore how organisations in Australia are supporting the wellbeing of staff and prisoners in prisons. This area is especially interesting as Staff Engagement and Wellbeing are high priorities on the national Her Majesty's Prison and Probation Service (HMPPS) agenda which is reflected in my role as a Wellbeing Champion in the Bury, Rochdale and Oldham area. I am part of the North West forum of wellbeing champions which has representatives from each area. Our role is to implement wellbeing initiatives, arrange wellbeing events, raise awareness of strategies to keep healthy, reduce stigma of mental health issues and ultimately to be advocates for wellness within the workplace.

Understanding wellbeing is extremely important for the National Probation Service as the most common category of sickness absence in terms of days lost across the whole of HMPPS is mental and behavioural disorders. This includes stress related absences. In the last year, 32.5% of absences were a direct result of mental, behavioural and/or stress disorders (HMPPS Statistics Bulletin March 2018). On a wider scale, it has also been said that "more and more absences across the Civil Service are caused by stress or other mental health concerns" (MP Jon Ashworth 2016).

It is well researched that staff working in custodial and high-pressure settings are more susceptible to developing negative physical and mental health issues (Downton and Tellier 2004; Mathew, Gayman & Bradley 2013,). There continue to be strong links between challenging work environments like prisons and poor job satisfaction (Simmons et al 1997; Kalliath P and Kalliath T 2015), higher likelihood of developing stress disorders (Spinaris, Denhof & Kellaway 2012), taking stress home (Lambert et al 2006; Crawley 2002) and "burning out" (Morran 2008).

Paying attention to improving ways to assist staff to manage stress is also significant because "presenteeism can cost an organisation nearly twice as much as absenteeism in reduced productivity (Brecknell 2017)." Presenteeism is when people go to work despite illness or injury which often results in reduced productivity.

## 3. Methodology and Learning Goals

I visited the Centre for Forensic Behavioural Science at Swinburne University and Port Phillip High Security Prison in Melbourne to observe how the University works to enhance wellbeing and resilience amongst both correctional staff and prisoners.

Over a three-year period, Swinburne University and G4S Port Phillip Prison collaborated in undertaking a range of studies to improve understanding of the wellbeing needs of prisoners and prison officers. The collaboration focused on increasing understanding about distress and threats to wellbeing. They also evaluated the cost effectiveness of psychological programmes provided to officers and prisoners to alleviate distress and encourage the maintenance of psychological wellbeing. A cohort of prisoners and prison officers were identified as what they describe as the "missing middle." These are the staff or prisoners who are experiencing distress but not at the level that would usually result in the provision of services. They acknowledged that although there are resources available, few interventions targeted this group.

Based on these findings, Dr Justin Trounson, Dr Jeff Pfeifer and Professor James Ogloff developed two psycho-educational programmes for both prisoners and prison officers to address wellbeing and to increase resilience. Psycho-educational programmes aim to provide information and education to help people better understand psychological concepts and mental health conditions. The programme developed for Prison staff is called Advanced Mental Strength and Conditioning (AM Strength) and the programme for Prisoners is called Coping Enhancement and Wellbeing (CopE-Well).



I visited Port Phillip Prison to observe a session of one of the programmes and interviewed both participants and the facilitators about their experience of the programme.

Dr Trounson also presented at the 'Innovation in Rehabilitation: Building Better Futures' Conference hosted by Her Majesty's Prison and Probation Service (HMPPS) in London where I met with him to discuss his work in October 2017.



## 4. Advanced Mental Strengths and Conditioning Programme (AM Strength Programme)

The Advanced Mental Strength and Conditioning (AM Strength) programme is a psycho-educational training package that aims to assist prison officers to maintain their wellbeing and increase their resilience to perceived workplace adversity. It focuses on increasing a trainee's level of wellbeing literacy, refining skills and coping strategies, identifying wellbeing challenges and promotes better management of personal psychological wellbeing. The programme has been piloted with success at Port Phillip high Security Prison in Melbourne and currently it is planned to be rolled out throughout Canada and New Zealand.

### Who is it suitable for?

AM Strength is suitable for all grades of staff within the custodial estate although the content is applicable to staff and people in other fields.

### Key Principles

The programme focuses on participants developing of mental strength rather than seeing mental illness as a weakness. It highlights the human mind as a source of strength and endorses the importance of training the body to be physically fit and the mind to be mentally fit. It promotes the premise that participants are the experts themselves and focuses on personal empowerment. A key component of the programme, based on *Mindfulness* techniques, encourages trainees to begin learning to regularly 'Check-In' with their state of wellbeing.

The programme is delivered over seven two hours training sessions. In summary, the sessions are broken down as follows:

### Session 1

**Introduction to programme principles:** 'Checking In' and Mindfulness, identifying sources of stress and adversity at work, the possible impacts of stress, mental fitness, 'grounding' techniques, the 3-stage alert process (green, amber and red alerts) and stress management.

### Session 2

**The basics of Psycho-education:** Identifying thoughts, emotions and behaviours, identifying stress and stress reactions, cognitive distortions, anger and managing the experience of strong emotions and understanding the three-stage alert mode.

### Session 3

**Response tendencies:** This includes learning about different types of trauma (vicarious, direct experiencing, direct witnessing) identifying current responses to trauma and exploring new coping options.

## Sessions 4-6

**Development of personal resilience plans:** Green, Amber and Red stress zones. In simple terms, the green zone describes when people are managing and feeling well, the amber zone is when people are seeing signs that their wellbeing is being affected negatively and the red zone is where people are struggling with their wellbeing. This provides trainees with knowledge and skills to enhance their personal Green Zone and reduce vulnerability to Amber and Red zones. The sessions focus on improving sleep and work-life balance, mindfulness techniques, identifying personal values and related goals.

## Session 7

**Knowledge consolidation and Future Planning;** Recap key programme lessons, debrief participants about their experience of the programme, provide feedback and review action plans. Trainees are encouraged to identify their personal strengths, areas for future training focus and create plans for implementing their new skills and knowledge. This session also includes graduation and distribution of certificates. Participants receiving acknowledgement of completing the course successfully is seen as pivotal to empower people to take ownership of their wellbeing and practice the skills they have learnt.

## 5. Coping Enhancement and Wellbeing Programme (CopE-Well)

The Coping Enhancement and Wellbeing (CopE-Well) programme is also a psycho educational training package designed specifically for prisoners to assist them to maintain their psychological wellbeing and increase their mental strength and personal resilience. It aims to increase a participant's level of well-being literacy, assist them to refine their skills and coping strategies, identify wellbeing challenges and better manage personal psychological wellbeing. It draws upon concepts and strategies from a range of psychological perspectives and was derived from specific research completed by Dr Justin Trounson and his colleagues.

### Who is it suitable for?

CopE-Well is designed to be suitable for anyone that is not currently experiencing substantial challenges that require more specialised professional support. However, all participants in the pilot had been diagnosed with depression including prisoners both on remand and post sentence. The programme has been developed to assist participants to better manage their well-being and increased their psychological resilience. However, participants do not need to be experiencing any issues with their wellbeing to benefit from engagement in the programme.

The programme is delivered over six two-hour training sessions delivered once a week. In summary the sessions are broken down as follows:

### Session 1

**Triggers:** Internal and external triggers to emotional distress, maintaining mental fitness, healthy and unhealthy activation of fight or flight response, motivation and engagement in the programme.

## Session 2

**Reactions:** Identifying thoughts and emotions when experiencing stress/distress, personal early warning signs and using 'Checking In' to increase awareness.

## Session 3

**Responses and Behaviours:** Identifying response tendencies, understanding the impact on emotional wellbeing, avoidance and control cycle, trauma and processing trauma.

## Session 4

**Taking Back Control, Living Strong:** Learning new skills and knowledge to enhance wellbeing, practicing acceptance and mindfulness. Focus on improving sleep, nutrition, reducing use of drugs and alcohol, increasing engagement in exercise and social support seeking.

## Session 5

**Taking Back Control; Thinking Strong:** Skill development, emotional regulation strategies, anger management strategies and cognitive techniques to 'untwist' thinking. Untwisting thinking involves helping participants to understand their feelings and thoughts better.

## Session 6

**Owning What's Important to You:** Identifying personal values, identifying personal strengths, practical plan development to implement new skills and knowledge.

## 6. Learning and Findings

The initial pilot outcomes indicate that the AM Strength Programme had wholly positive effects on several aspects of participant wellbeing.

There were significant measurable improvements in the following areas:

- How challenging/difficult officers perceived their workplace to be (Appendices 1)
- Symptoms of anxiety and depression (Appendices 2)
- Reduction in self-distraction as a coping technique (Appendices 3 and 4)
- Personal growth

Here are some direct quotes from AM Strength graduates collated by Swinburne University:

***“I really wished, after a few sessions, if some of these things were taught to me during my training 20 years ago I think I would have been a much better officer. I can honestly say, the stress in a prison environment has affected my family. I could have enjoyed years that I have struggled. I can only hope that newer officers get the experience or to be taught these skills.”***

Correctional Officer

***“I’ve found the program a great help, just understanding where I am. I can be more open and sharing with my partner, my kids, I think it was a side that I lost through the years being here. I found it so easy to isolate myself and to just shut off from everyone else and keep everything tight inside myself.”***

Correctional Officer

***“This program gives us the names, the terminology we need, it gives us a language to identify where we are at and then tools to do something about it.”***

Correctional Officer

During my research, I also interviewed participants of the programme and received very positive feedback about their experiences. Overall, they reported that the programme had a positive impact on general wellbeing and that there was a lot of practical value for the new skills and knowledge they had learnt. Here are some quotes from participants:

***“It’s given me the tools to identify stress.”***

***“Something you want to be a part of because it’s relevant to everyone.”***

***“It has been beneficial to me personally as well, I now understand my daughter’s mental health issues better and we complete some of the exercises together.”***

***“Relatable and easy to grasp.”***

***“For the first time in a while, I feel good, checking in really helps.”***

The CopE-Well pilots yielded similarly positive outcomes for participants. Unfortunately, due to the timescales of my visit I was not able to interview participants from CopE-Well however I have had

access to official statistics from the pilot groups. These show that there were significant improvements in the following areas for Prisoners:

- Levels of psychological distress (Appendices 5 and 6)
- Symptoms of depression and anxiety (Appendices 7 and 8)
- General and psychological health (Appendices 9 and 10)
- Coping responses (Appendices 11 and 12)
- Feelings of anger and self-blaming (Appendices 13 and 14)

## 7. Reflections

Some key points that this research opportunity has highlighted are:

- Sickness and absenteeism as a direct result of stress related or mental health issues is significant across HMPPS.
- Focused intervention to support wellbeing (AM Strength) for staff can have a positive effect on symptoms of anxiety and depression and how challenging they view their workplace to be. This is significant for staff sickness and absenteeism costs given that in the last year across HMPPS, 32.5% of absences relate to mental and behavioural disorders and/or stress related illness.
- Considering the available research, meaningful and psychologically informed wellbeing intervention is likely to link to increased job satisfaction and a reduced likelihood of staff 'burnout,' staff absence and staff presenteeism.
- For prisoners, interventions (CopE-Well) that improves coping responses and psychological health combined with reducing feelings of anger and self-blaming' have a significant impact on their ability to cope and respond within the custodial environment. This is especially poignant as incidents of violence and self-harm reached record levels in 2017 (HMPPS Business Plan Page 10).
- Ultimately, giving staff and prisoners the opportunity to focus on their wellbeing and emotional resilience is wholly beneficial for these groups and the wider service.

## 8. Future Directions

My research in Melbourne highlighted an effective intervention to improve wellbeing and emotional resilience for staff and prisoners across UK HMPPS. I am not aware of any similar interventions available in the UK however I do know that stakeholders are increasingly prioritising wellbeing. The AM Strength programme outcomes are in keeping with the HMPPS Business Plan key objectives which include a commitment to “improving wellbeing for front line staff focusing particularly on stress, anxiety and depression and how we can support staff better” (Page 32). The CopE –Well programme outcomes fit with the HMPPS Business Plan objective that commits to providing “additional support to prisons with the greatest challenges in tackling high levels of suicide, self-harm and violence (Page 17).” Both programmes are transferable and applicable to the specific stresses on UK prisoners and custodial staff.

When examining the sickness and absenteeism rates for HMPPS, I noticed that the highest proportion (41.9%) of days lost due to mental health issues and stress were for of Probation Officers across the service. In the community, Probation Officers working for the National Probation Service are managing an increased number of high risk complex cases. Research has acknowledged the heightened pressure on practitioners as “relentless” (Phillips, Westaby and Fowler 2016). This demographic of current caseloads also brings a heightened risk of staff developing vicarious trauma which can contribute to detrimental effects on emotional wellbeing (Lee 2017).

Vicarious trauma is when individuals have a negative reaction to working with or being exposed to people who have experienced trauma. It is suggested that effective support systems for staff and appropriate trauma-focused training would help to reduce the risk of practitioners developing vicarious traumatisation (Lee 2017). Both programmes cover this as a key topic area.

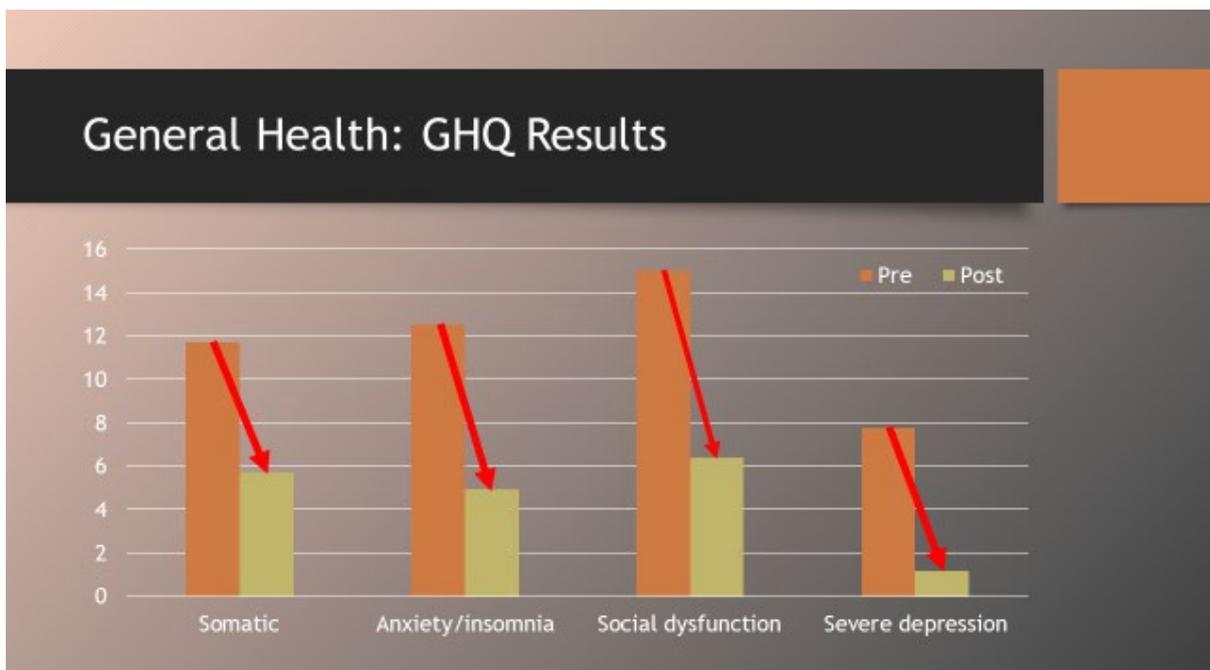
Following my visit to Australia, I hope to work with Dr Trounson in developing a version of the programme tailored specifically for community-based Probation staff to pilot. This Rhodes Scholarship opportunity has encouraged me to pursue my passion for organisational improvement and wellbeing. I hope to implement some of my learning and develop a support structure for staff across the North West. I feel genuinely inspired by the work Dr Trounson and his colleagues are doing in Australia and the positive impact the AM Strength and CopE-Well pilots have yielded. I am confident that with better knowledge and commitment to wellbeing across the service, we can achieve equally positive outcomes for HMPPS staff and service users.

## 9. Appendices: 1-14

1.



2.



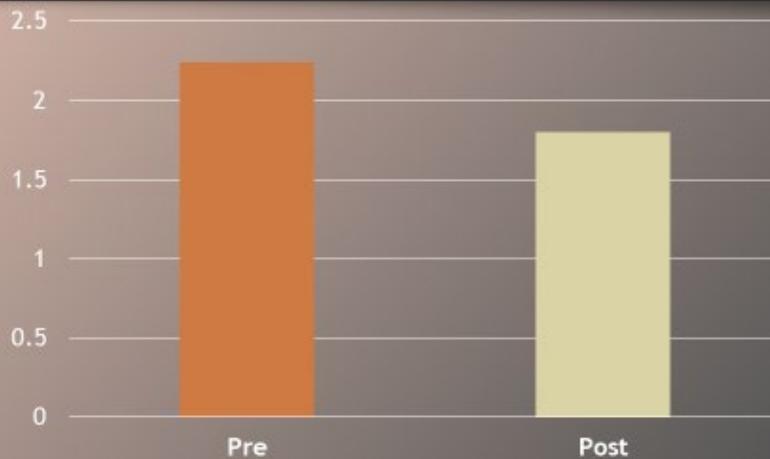
3.

## Bieri's Somatic Symptomatology (BSS)

	Never	A few times	Once a month	A few times a month	Once a week	A few times a week	Every day
1. Recurring headaches	1	2	3	4	5	6	7
2. A poor appetite	1	2	3	4	5	6	7
3. Disturbed or restless sleep	1	2	3	4	5	6	7
4. A concern there was something wrong with your body	1	2	3	4	5	6	7
5. A feeling of tenseness or anxiousness	1	2	3	4	5	6	7
6. A stomach problem related to digestion	1	2	3	4	5	6	7
7. Muscle aches	1	2	3	4	5	6	7
8. Back problems (e.g., lower back pains, muscle spasms)	1	2	3	4	5	6	7
9. A feeling of being weak all over	1	2	3	4	5	6	7

4.

## BSS Results



5.

## Kessler Psychological Distress Scale (K10)

- In the last week, how often did you feel:
  - Tired out for no good reason
  - Nervous
  - So nervous that nothing could calm you
  - Hopeless
  - Restless or fidgety
  - So restless that you could not sit still
  - Depressed
  - That everything was an effort
  - So sad that nothing could cheer you up
  - Worthless

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

6.

## K10 Results

K10 Total Score Levels	Level of Psychological Distress
10-19	Likely to be well <span style="float: right; color: red;">Post Program, M = 16.00 (SD = 5.80)</span>
20-24	Likely to have a mild mental disorder <span style="float: right; color: red;">Pre Program, M = 24.29 (SD = 9.53)</span>
25-29	Likely to have a moderate mental disorder
30-50	Likely to have a severe mental disorder

Following completion of the program, inmates psychological distress levels significantly decreased ( $t(6) = 2.99, p = .024$ )

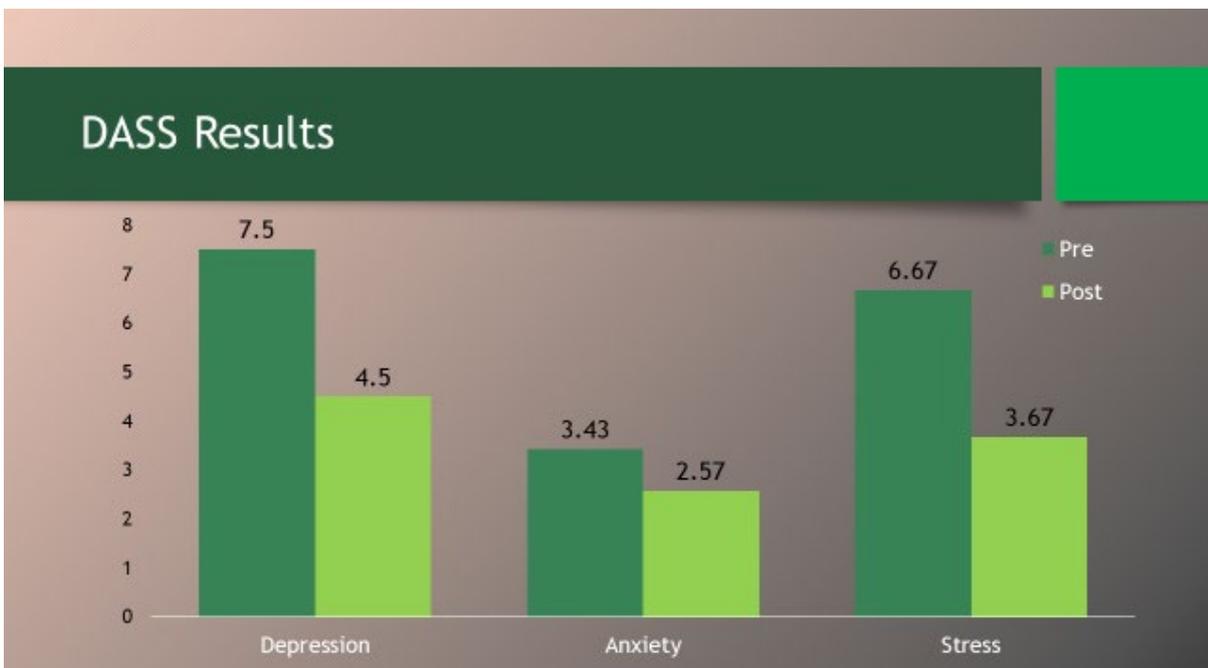
7.

## Depression Anxiety Stress Scales (DASS-21)

- Used to identify emotional disturbance and assess degree of severity of depression, anxiety and stress symptoms over the past week
- Example items include:
  - I found it hard to wind down
  - I felt I was close to panic
  - I felt that life was meaningless
  - I found myself getting agitated
  - I tended to over-react to situations

0	1	2	3
Did not apply to me	Applied some of the time	Applied a good part of the time	Applied most of the time

8.



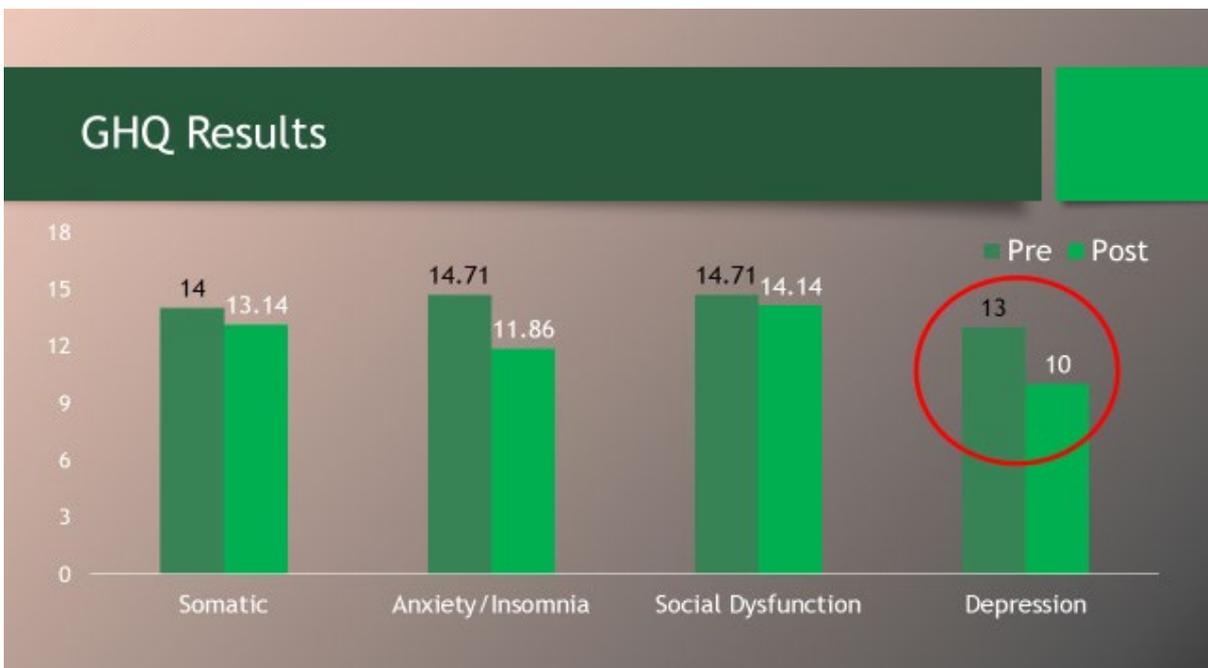
9.

## The General Health Questionnaire (GHQ-28)

Measure of psychological symptoms during the past week

		Better than usual	Same as usual	Worse than usual	Much worse than usual
1.	been feeling perfectly well and in good health?				
2.	been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
3.	been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
4.	felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
5.	been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
6.	been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
7.	been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
8.	lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
9.	had difficulty staying asleep once you were off?	Not at all	No more than usual	Rather more than usual	Much more than usual

10.



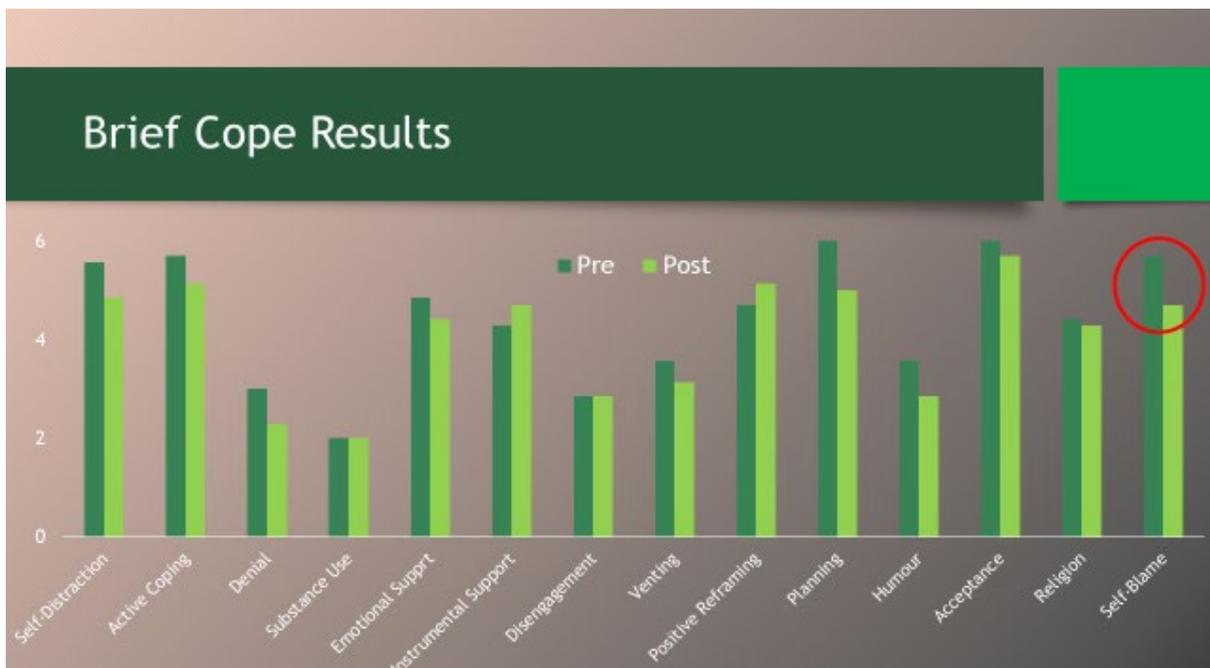
11.

## Brief Cope Questionnaire

- Measure of coping responses during the previous 1 week
- Example items include:
  - I've been criticising myself
  - I've been giving up the attempt to cope
  - I've been getting emotional support from others
  - I've been learning to live with it
  - I've been making fun of the situation

1	2	3	4
I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot

12.

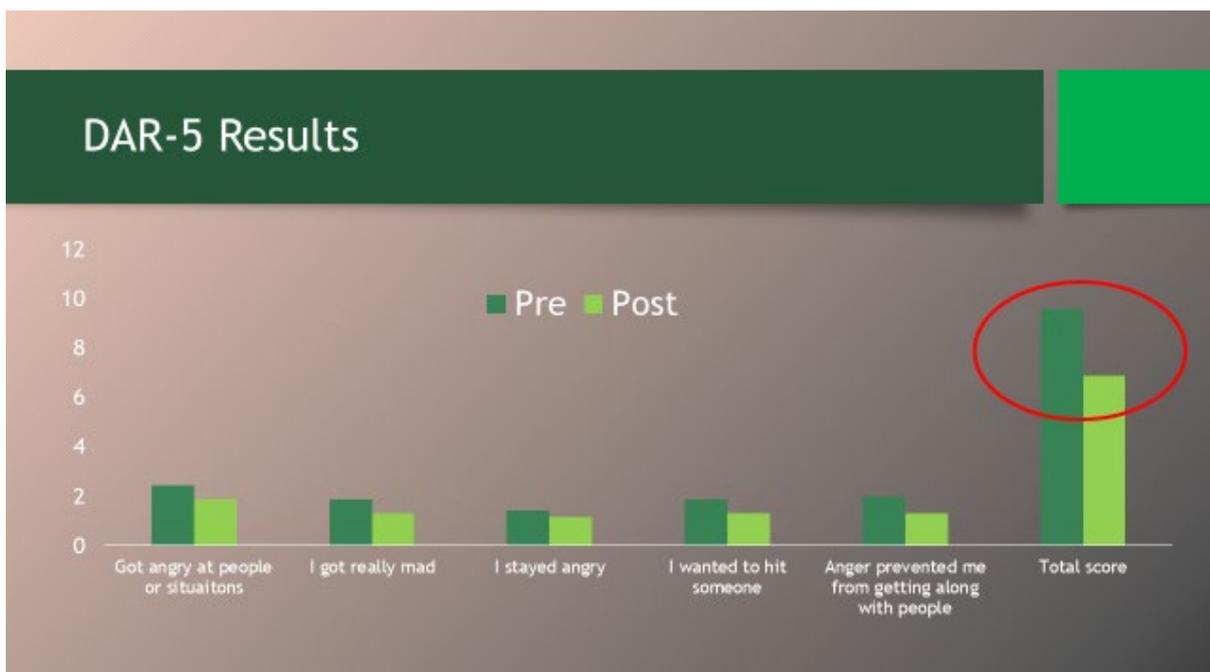


13.

### Dimensions of Anger Reactions Scale (DAR 5)

	None or almost none of the time	A little of the time	Some of the time	Most of the time	All or almost all of the time
1. I found myself getting angry at people or situations.	1	2	3	4	5
2. When I got angry, I got really mad.	1	2	3	4	5
3. When I got angry, I stayed angry.	1	2	3	4	5
4. When I got angry at someone I wanted to hit them.	1	2	3	4	5
5. My anger prevented me from getting along with people as well as I'd have liked to.	1	2	3	4	5

14.



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