

**The adaptive capacities of Canadian correctional officer recruits: Exploring experiences of
and responses to acute and traumatic stress**

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English Abstract

The work of correctional officers (COs) is multifaceted. Within prisons, they are responsible for maintaining the safety of prisoners, intervening to prevent injuries and fatalities, and caring for some of society's most vulnerable people. They navigate their roles amidst numerous occupational stressors which range from quotidian difficulties like staffing shortages, to more acute sources of stress like violence. Across Canada, the psychological well-being of COs is of growing concern. Nonetheless, many COs engage in health sustaining behaviours and demonstrate resilience in the face of many occupational stressors. To date, little research has documented experiences of resilience and coping strategies amongst COs on the job. Even less is known about the capacity to navigate stress and demonstrate resilience after exposure to a potentially psychologically traumatic event (PPTE) that COs in training - correctional officer recruits (CORs) - bring with them as they enter the workforce. Knowledge of pre-existing coping and resilience capacities can be applied to strengthen existing supportive interventions to promote employee well-being once CORs have completed their training and enter the workforce.

Thus, in this dissertation, the physiological, emotional, and cognitive experiences of and adaptations to moments of acute and potentially traumatic stress, labeled overwhelm, in CORs are explored. Starting from the assumption that CORs enter the workforce with prior experience navigating moments of stress and trauma, I seek to understand how they experience these moments and what adaptive capacities they bring to their roles in corrections. In the research, three separate manuscripts examine overwhelm via the following questions: what is the experience, physiologically, emotionally, and behaviourally, of overwhelm for CORs? How do CORs navigate moments of overwhelm? And what are the adaptive capacities of CORs upon entering federal corrections? In the first manuscript, the method of phenomenology is used to

explore the lived experiences of CORs with overwhelm. In the second manuscript, I draw on grounded theory to examine how CORs navigate moments of overwhelm. In the third manuscript, I apply grounded theory to understand how CORs are impacted by exposure to PPTEs and what capacities for resilience and growth exist after those exposures.

In the results, I demonstrate that for CORs, overwhelm is a dysregulatory experience, physiologically, emotionally, and cognitively. Moreover, it is not experienced as a single moment, but, for some, the internal dysregulation continues after the stressor is no longer present. Many CORs describe strategies to navigate both the external stressor and internal experience of stress. Additionally, CORs draw on relational support to navigate acute and potentially traumatic stress and some even use the experience as an opportunity to learn and grow. I elucidate both the types of events that CORs perceived as potentially psychologically traumatic and the spectrum of reactions they described in response to these events. In doing so, I highlight potential pathways for resilience to PPTEs amongst CORs.

Individuals enter the correctional workforce with multiple ways of navigating acutely stressful and potentially traumatic events. The findings are the basis of an operationalization of the core experiential features of acute stress (i.e., overwhelm), an outcome commonly researched amongst COs. Based on my findings, I suggest that individuals need to resolve external stressors and also take steps to process the embodied experience of stress after an exposure occurs, thus reiterating the value of social supports through coworkers, family, and friends, in navigating high stress careers. These findings inform work on the psychological well-being of COs and other professionals in high-stress jobs across the disciplines of social work, sociology, and psychology.

Résumé

Le travail des agents correctionnels (AC) comporte de nombreuses facettes. Dans les prisons, leur rôle est d'assurer la sécurité des détenus, d'intervenir pour prévenir les blessures et les décès et de s'occuper des personnes vulnérables de la société. Ils exercent ces tâches dans un contexte de stress professionnel où des sources de stress moins importantes sont présentes, allant de difficultés quotidiennes (p.ex., manque de personnel) à des sources de stress plus aiguës, comme la violence. Partout au Canada, le bien-être psychologique des AC est de plus en plus préoccupant. Toutefois, plusieurs AC adoptent des comportements favorisant leur bien-être et font preuve de résilience face à ces facteurs de stress professionnels. À ce jour, peu de recherches ont documenté les expériences de résilience et les stratégies d'adaptation des AC sur leur lieu de travail. Nous en savons encore moins sur les capacités de gestion de stress et de résilience des AC en formation (ACF) face à un événement potentiellement traumatisant lorsqu'ils entrent sur le marché du travail. Mieux comprendre les capacités d'adaptation et de résilience préexistantes peut renforcer le soutien et promouvoir le bien-être des employés lorsque les ACF débutent leur emploi.

Ainsi, dans cette thèse, l'état des ACF lié aux expériences physiologiques, émotionnelles et cognitives et aux adaptations aux moments de stress aigu et potentiellement traumatisants, appelé « accablement », a été exploré. En considérant que les ACF entrent sur le marché du travail en ayant déjà vécu des expériences stressantes et même traumatisantes, je cherche à comprendre la façon dont ils vivent ces moments et les capacités d'adaptation qu'ils utilisent lorsqu'ils travaillent dans les services correctionnels. Trois manuscrits distincts examinent l'accablement en posant les questions suivantes: Quelle est l'expérience d'accablement sur les plans physiologique, émotionnel et comportemental pour les ACF? ; Comment les ACF gèrent-

ils les moments d'accablement? ; Et quelles sont les capacités d'adaptation des ACF lors de leur entrée dans le système correctionnel fédéral? Dans le premier manuscrit, la phénoménologie est utilisée pour explorer les expériences d'accablement des ACF. Dans le deuxième, je m'appuie sur la théorie ancrée pour examiner comment les ACF gèrent les moments d'accablement. Finalement, dans le troisième manuscrit, j'applique la théorie ancrée pour comprendre la façon dont les ACF sont affectés par l'exposition à des événements potentiellement traumatisants et pour identifier les capacités de résilience et de croissance présentes après ces expositions.

Dans la section « Résultats », je démontre que pour les ACF, l'accablement est une expérience de dysrégulation sur les plans physiologique, émotionnel et cognitif. Pour certains, l'accablement n'est pas vécu comme un moment unique et précis dans le temps et la dysrégulation interne se poursuit après la disparition du facteur de stress. De nombreux ACF décrivent les stratégies utilisées pour gérer les stressors externes, mais aussi les expériences internes de stress. Par ailleurs, les ACF ont recours au soutien relationnel pour faire face aux expériences de stress aigu étant potentiellement traumatisantes et certains utilisent même ces expériences pour apprendre et grandir. J'identifie les événements que les ACF perçoivent comme potentiellement traumatisants ainsi que les réactions qu'ils décrivent en réponse à ces événements. Ce faisant, je mets en lumière les voies potentielles de résilience quant aux événements pouvant être traumatisants chez les ACF. En conclusion, il serait bénéfique pour les individus d'apprendre à gérer les stressors externes ainsi que les expériences internes de stress suite à un événement stressant ou potentiellement traumatisant. Ces résultats soulignent l'importance du soutien social apporté par les proches dans les métiers plus stressants.

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Over the past five years, I have both studied overwhelm and had my experiences with it as I pursued a Ph.D. I found I could often relate to the experiences described by the participants in my study. From the uncertainty about how everything would turn out to the persistence to see it through, the process of completing this dissertation has been both challenging and rewarding. Ultimately, it was the support from people surrounding me that ensured not only the completion of this dissertation, but also that my well-being was preserved in the process.

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List of Abbreviations

Correctional officer (CO)
Correctional officer recruit (COR)
Correctional Service Canada (CSC)
Correctional training program (CTP)
General anxiety disorder (GAD)
Major depressive disorder (MDD)
Potentially psychologically traumatic event (PPTE)
Posttraumatic stress disorder (PTSD)
Public safety personnel (PSP)

Chapter 1. Introduction

Across Canada, correctional officers (COs) are sharing their experiences of working behind prison walls. Their stories repeatedly depict workplaces replete with stressors, including violence and abuse, and psychological suffering (Froese, 2022). In addition to personal stories shared in popular media, researchers have found that many COs are exposed to multiple occupational stressors and potentially psychologically traumatic events (PPTs) and experience impaired psychological well-being (Carleton et al., 2020; Fusco et al., 2021; Ricciardelli et al., 2022). For example, in Canada, COs report a prevalence of mental health disorders higher than other public safety personnel (PSP), including firefighters and police (Carleton et al., 2018). The challenges of working as a CO are increasingly well documented along with the associated impaired psychological well-being (James & Todak, 2018; Konyk et al., 2021; Ricciardelli et al., 2023; Ricciardelli & Power, 2020). Establishing the potential mental health consequences of working as a CO can be critical for mobilizing better workplace conditions and mental health support. However, this research does not include a comprehensive understanding of coping and resilience amongst COs. To date, researchers have been less likely to explore how COs cope with and adapt to stressors in the carceral environment. Exploring how COs engage in actions to sustain their psychological health and promote resilience can help reveal how individuals navigate and adapt to stressful and at times PPTs. Correctional researchers have not yet examined the lived experiences with stress and exposure to PPTs that new employees, correctional officer recruits (CORs), are bringing to their careers. Thus, I set out to identify the stress and PPTs experiences of CORs, exploring both what they have experienced and how they have experienced stress.

Specifically, I examine pre-employment experiences of acute and potentially psychologically traumatic stress amongst Canadian CORs. The goal of this research is to explore the lived experiences of overwhelm and exposure to PPTEs that CORs are bringing to their new profession. This research identifies what constitutes the essence of experiencing overwhelm, as well as how CORs manage to cope in the moment or struggle to respond effectively.

Additionally, the examination of COR reactions to PPTE exposures reveals self-reports of resilience and posttraumatic growth, leading to the identification of individual level processes that may serve to support these responses.

In this chapter, I introduce the three manuscripts in this dissertation. I proceed as follows. First, I describe the role of a CO, highlighting the complexity and nuance that is involved yet often overlooked in this work. I then provide an overview of the research on stressors within the correctional environment and discuss the associated research on the psychological well-being of COs. In doing so I situate my dissertation within the scholarship on CO psychological well-being and identify how I am informed by previous research and contribute to areas that have yet to be explored. I focus on CO psychological well-being research due to the dearth of research examining the psychological well-being of individuals pre-employment (i.e., CORs). I then provide an overview of key concepts that are used in each manuscript. I draw on concepts from stress physiology, coping, emotion regulation, resilience, and posttraumatic growth research across the dissertation to contextualize and explain my findings. Next, I describe my data collection for the dissertation and review the two methodologies that were used for analysis of the qualitative interviews. I then outline each manuscript and briefly present the findings. Finally, I conclude with a discussion of how the social work lens has informed my research and the contributions I hope this dissertation makes to social work research.

1.1 Correctional Officers: Their role, work environment, and why we should care about their psychological well-being

In Canada, COs are employed within provincial and federal correctional facilities. The focus of my dissertation is on individuals before they begin their employment (i.e., CORs) with Correctional Service Canada (CSC) at a federal correctional institution. Scant research has been conducted with individuals before they embark on their career in corrections.

CORs will join a CSC workforce of over 6,000 COs responsible for the management of over 14,000 individuals being held as prisoners in a Canadian federal institution (CSC, 2018). To work within these correctional institutions means employees will likely be exposed to various occupational stressors, including witnessing, responding to, or personally experiencing violence (McKendy et al., 2021). They are joining a workforce that has been vocal about the impact of their work environment on their psychological well-being both by lobbying for changes to workers' compensation policy (MacIvor, 2017) and continuing to speak to the media about suffering from work related posttraumatic stress disorder (PTSD; Froese, 2022; Silliker, 2018). CORs are entering an occupational landscape in which, over the course of their careers, they will need strategies to navigate a multitude of occupational stressors and the internalized stress experience.

Before beginning employment as a CO within a federal facility, individuals must successfully complete CSC's mandatory three-stage Correctional Training Program (CTP; Government of Canada, 2019; Ricciardelli et al., 2021). The first stage is comprised of online learning modules which require four weeks to complete (Government of Canada, 2019; Ricciardelli et al., 2021). After successful completion of stage one and based on the needs of CSC, individuals are selected to progress into stage two, in which they must complete online

assignments over the course of two to four weeks (Government of Canada, 2019; Ricciardelli et al., 2021). In the final stage of training, individuals attend a 14-week training at one of the training centres across Canada (i.e., the National Training Academy in Kingston; Government of Canada, 2019; Ricciardelli et al., 2021). During the CTP, CORs attend sessions on “law and policy, use of firearms, chemical and inflammatory agents, fire safety, self-defense and arrest and control techniques, use of batons as a defensive technique, [and] suicide prevention” (Government of Canada, 2019). CORs are provided feedback throughout the in-person training and can be released from the program at any point throughout the 14-week program (Government of Canada, 2019).

1.1.1 The Correctional Officer Role

Behind the barbed wire and locked doors—watched by surveillance cameras but hidden from public view—work the keepers, the watchers, the eyes of America’s prison industrial complex. “Correctional officers,” a euphemistic misnomer, because as one officer retorted, “we ain’t correctin’ nothing,” serve on the front line of prisons, alternately playing the roles of babysitter, flight attendant, counselor, and disciplinarian. Manifest in this work are a variety of emotional issues (Tracy, 2004, p. 510).

As the first responders within Canada’s prisons and jails (Ricciardelli, 2019a), COs often perform core occupational duties while also navigating stressors and the internal stress experience. The realities of working as a CO are more complex than allowed by popular depictions of the role. Most of the public will never enter a Canadian correctional facility, thereby leaving employees to perform their diverse and nuanced occupational responsibilities hidden from the public eye (Ferdik & Smith, 2017; Pratt, 2013). Due to the hidden nature of their work, misconceptions and negative stereotypes of COs persist leaving COs “feeling underappreciated, disrespected, and even portrayed as ‘drunken cowboys’ rather than first responders practicing care, custody, and control when performing correctional work” (Ricciardelli et al, 2020, p. 13).

On the surface, COs “monitor, supervise and interact” with prisoners and are responsible, 24 hours a day and seven days a week, for maintaining “safety and security” within federal prisons (Government of Canada, 2022). Academic researchers have helped illuminate the diverse and often overlooked occupational responsibilities of COs (e.g., Johnston & Ricciardelli, 2022; McKendy et al., 2021; Ricciardelli et al., 2020). For example, by responding to drug overdoses, suicide attempts, and self-injurious behaviours amongst prisoners, COs play a key role in efforts to preserve life within a correctional institution (McKendy et al., 2021; Ricciardelli et al., 2020). In addition to maintaining institutional safety and security, COs engage in prisoner care and efforts at rehabilitation and have been vocal about the need for increased supports for prisoners living with mental illness in the prison system (Johnston & Ricciardelli, 2022). In the Canadian federal system, more than 75% of women prisoners have a lifetime or current mental disorder (Brown et al., 2018) and over 70% of male prisoners meet the criteria for at least one mental health disorder (Beaudette et al., 2015). Thus, COs play a critical role working with prisoners living with mental illness in an environment that does not foster recovery and they frequently lack any formal training as to how to support these individuals (Darani et al., 2021). Ultimately, within correctional institutions, COs are not only responsible for the security of society’s most vulnerable and marginalized populations, but many also show care for those in their custody (Ricciardelli et al., 2020). Notwithstanding the important distinctions and issues of power between COs and prisoners, there is evidence that caring relationships form between prisoners and COs (Ricciardelli, 2019b). As COs navigate how to provide safety and care to many prisoners with complex needs, they often do so without sufficient training and resources, which can contribute to stress experienced on the job (McKendy et al., 2021).

1.1.2 The Correctional Work Environment: Stressors and Potential for Violence

Researchers exploring job stress and psychological well-being amongst COs have identified numerous job stressors within the correctional environment. Potential stressors in prisons and jails are diverse and can have a differential impact on each individual CO. However, some of the more commonly studied stressors include role problems (e.g., role conflict, role ambiguity and role overload), work-family conflict, poor supervision, a harmful work culture, fear of victimization, and exposure to PPTEs (Arnold, 2017; McKendy & Ricciardelli, 2022; Kunst et al., 2009; Lambert & Hogan, 2018; Ricciardelli & Power, 2020). These broad stressor categories encompass a multitude of more specific issues in the workplace. For example, ambiguous or inconsistent policies and procedures can create challenges for COs with how they perform their occupational responsibilities (i.e., role ambiguity) and staffing shortages can contribute to an excessive workload (i.e., role overload; Armstrong & Griffin, 2004; Castle & Martin, 2006; Dowden & Tellier, 2004; Lambert et al., 2007).

Exposure to PPTEs represents a significant workplace stressor that encompasses a wide range of experiences. Over the course of their careers, COs will likely experience, witness and/or learn about a PPTE, particularly violence, within the workplace (McKendy et al., 2021; Ricciardelli et al., 2018). The Union of Canadian Correctional Officers (UCCO-SACC-CSN, 2016) claims that 98% of COs will be exposed to a PPTE at some point during their career. Some of the PPTEs that have been reported by COs are responding to and/or witnessing life-threatening events (i.e., overdoses, suicide attempts) and acts of violence perpetrated against a prisoner, a colleague or onto oneself (McKendy et al., 2021; Wright et al., 2006). The source of violence can come from both prisoners and colleagues however few studies have examined the impact of collegial violence in corrections (Bourbonnais et al., 2007; Kunst et al., 2009). In their sample of Québec COs, Bourbonnais et al. (2007) found that the psychological harassment and

intimidation from other staff members contributed to increased levels of psychological distress. The multitude of stressors, including PPTEs, documented within the correctional workplace suggest that CORs are entering a workplace in which they will be adapting to a variety of stressors.

Determining which occupational stressors most significantly impact CO well-being is a complex task as the impact of individual stressors differs based on which other stressors are included in the analysis (Lambert et al., 2015). Rather than determine which stressors are most impactful on CO psychological well-being, researchers have more commonly sought to understand whether a specific stressor is significantly associated with an adverse psychological outcome. For example, role problems have been found to significantly contribute to job stress, burnout, and PTSD amongst COs (Armstrong & Griffin, 2004; Castle & Martin, 2006; James & Todak, 2018; Lambert et al., 2009; Lambert et al., 2015; Lambert et al., 2017; Misis et al. 2013). In two of the more comprehensive quantitative studies on stressors within the Canadian correctional environment, researchers found that certain occupational stressors (i.e., staff shortages, leadership style) are more salient to CO mental health than exposure to PPTEs (Carleton et al., 2020; Konyk et al., 2021). Recent qualitative research with Canadian COs has also identified the importance of occupational stressors, in addition to PPTEs, on the mental health of COs (Ricciardelli & Power, 2020). Thus, while my research focuses on the individual's experience of stress and capacity to adapt and navigate in moments of acute stress and trauma, I acknowledge that the organization also bears responsibility in striving to reduce workplace stressors wherever feasible. Elucidating the individual lived experience of stress and the adaptive capacities of CORs is a critical component to understanding how new employees may cope with workplace stressors and informing the development of effective workplace support programs.

However, previous research revealing the multitude of stressors in corrections suggests that there are numerous areas in which the organization can intervene so responsibility for well-being is not downloaded to the individual employee.

In addition to occupational stressors and PPTs, correctional scholars have found that the emotional labour involved with correctional work, specifically the need to suppress certain emotions, can negatively impact the psychological well-being of COs (Crawley, 2013; Ricciardelli & Power, 2020). Overall, researchers examining correctional job stress have been instrumental in revealing the multitude of stressors that a CO will have to navigate throughout their careers. I navigate the ambiguity of which stressors are most salient for COs by shifting the focus away from the myriad of potential causal factors towards a specific focus on the in-the-moment navigation of exposure to a stressor. Exploring the common experiences of being overwhelmed amongst CORs allows me to widen the lens from a focus on the external stressor to an understanding of the internal experience of stress. In doing so, I show how CORs are internally affected by exposure to a stressor and how some subsequently engage in strategies that target the embodied experience of stress.

1.1.3 Correctional Officer Well-Being

Correctional researchers commonly examine job stress, burnout, PTSD or Major Depressive Disorder (MDD) as indicators of impaired psychological well-being amongst COs. Quantitative research efforts in this domain have examined the association between certain occupational stressors and a psychological outcome variable (i.e., job stress or PTSD; James & Todak, 2018; Lambert et al., 2017; Liu et al., 2017; Misis et al., 2013; Ricciardelli et al., 2023) or established prevalence of certain mental health disorders amongst employees (Carleton et al., 2018, 2020). Qualitative research has revealed how COs perceive factors in the prison

environment as negatively impacting their psychological well-being (Genest et al., 2021; Ricciardelli & Power, 2020), barriers to seeking mental health support amongst COs (Ricciardelli et al., 2020; Wills et al., 2021), and the emotional demands of correctional work (Crawley, 2004; Humblet, 2020; Tracy, 2004). For example, COs have described a tension “between what is required of them professionally versus what is asked of them emotionally” (Ricciardelli & Power, 2020, p. 93) suggesting possible psychological strain associated with the management or suppression of emotions within their CO role.

Early research efforts on correctional employee psychological well-being primarily focused on job stress as the outcome measure (Cullen et al., 1985). Job stress continues to receive a significant amount of scholarly attention from correctional researchers (Butler et al., 2019) and is frequently used to signify a CO’s negative psychological response to workplace stressors (Lambert & Hogan, 2018). Lambert et al. (2016), define job stress as the “psychological strain leading to job-related hardness, tension, anxiety, frustration, and worry arising from work” (p. 23). There are certain limitations with the conceptualization and measurement of job stress in the correctional literature. While many studies rely on Cullen et al.’s (1985) six-item index scale to assess “how anxious or pressured officers felt while on duty” (p. 519) there is no single measurement for CO job stress uniformly included across studies. Thus, correctional researchers examining job stress are not necessarily working from the same operational definition and the details of the phenomenon of job stress are not clear. This creates challenges in conceptualizing a clear psychological profile of those who claim to be experiencing job stress and contributes to ambiguity and indeterminate implications of the concept of job stress. Additionally, there are no clear guidelines as to how to determine cut-off scores for high levels of job stress thus the prevalence of job stress amongst COs is rarely published and issues with comparability across

studies persist. Researchers examining job stress have elucidated the numerous occupational stressors that can contribute to negative affect states amongst COs (Cullen et al., 1985).

However, the core experiential features of job stress remain elusive contributing to a lack of understanding as to how COs experience and respond to moments of acute stress. I seek to address this gap in the research by exploring the lived experience of stress amongst CORs as they begin their careers with CSC.

Researchers examining mental health disorders amongst COs are more likely to report the prevalence of employees with PTSD or MDD. These findings are useful in building our understanding of the extent to which the correctional workforce is experiencing mental health struggles. For example, in a sample of Canadian correctional workers within the federal system, over half screened positive for a mental health disorder (i.e., PTSD, MDD, generalized anxiety disorder, social anxiety disorder, panic disorder, and alcohol abuse; Carleton et al., 2018). The prevalence of PTSD, MDD and anxiety disorders is commonly found to be higher amongst COs than national averages and for PTSD the prevalence can be “over three times the relevant national lifetime prevalence” (Regehr et al., 2019, p. 8). Notably, the cross-sectional nature of the research on CO well-being limits the ability of researchers to draw clear causal connections between the correctional environment and associated mental health disorders.

There is also a dearth of research examining pre-employment experiences of mental health amongst COs. A recent Canadian study with CORs revealed a significant gap between the prevalence of mental health disorders amongst CORs and other published reports of currently employed COs (Easterbrook et al., 2022). In the results, only 4.9% of CORs screened positive for a mental health disorder compared to 54.6% of COs with occupational tenure at CSC (Carleton et al., 2018). This discrepancy of mental health disorder prevalence between CORs and

COs suggests a need for a better understanding of CORs' baseline coping and emotion regulation skills that will be utilized to navigate the experience of exposure to occupational stressors.

Crucially, many CORs starting employment will not go on to develop a mental health disorder despite the occupational risks currently embedded within the prison environment. Resilience amongst COs has received less attention from correctional researchers than the development of adverse psychological reactions. One of the only studies to examine resilience in COs highlighted the importance of hope, optimism, and social support in reducing employee burnout (Klinoff et al., 2018). In analysing how CORs navigate and adapt to moments of acute stress and PPTEs, I identify coping strategies and capacity for resilience amongst CORs thereby contributing to the nascent research on CO resilience.

Establishing that many COs are struggling with their mental health is not the same as understanding why this problem exists or how COs experience job stress. Despite documentation pointing to a heightened risk of impaired psychological well-being as a CO, our understanding of work-related stress and PTSD remains limited (Ricciardelli & Power, 2020). Many studies rely on quantitative surveys that predefine the psychological experience and do not explore the lived experience of stress or how individuals navigate these moments of acute stress (Brough & Williams, 2007; Castle & Martin, 2006; Lambert et al., 2019). Little is known of CORs' previous experiences with navigating states of overwhelm and whether they are entering into this profession with skills that are adaptive to a carceral workplace. Thus, I build on earlier correctional well-being scholarship by using in-depth individual interviews to collect rich descriptions of the physical sensations, feelings, and thoughts of CORs during high-stress states as well as their adaptive capacity to experiences of acute stress and PPTEs based on the model introduced by Maurer (2020). Qualitatively exploring experiences with overwhelm and PPTEs is

a first step towards understanding the potential strategies CORs may be drawing on to manage stressors within their new occupational environment as well as developing a clearer understanding of the essence of these acutely stressful experiences.

1.2 Overview of Key Concepts

1.2.1 Distinguishing between Stressors and Stress

Across my dissertation, I merge empirical research on CO psychological well-being with key concepts from stress and trauma research. I purposefully differentiate between the external stressor and the internalized stress experience. A stressor is an external situation or experience which disturbs the body's allostatic balance, while the stress response system is the body's internal efforts to restore itself to balance (Sapolsky, 2004). More recently, the embodied theory of stress (ETS) suggests that "situations are categorized as stressful, and consciously labeled as such, based on the unconscious, automatic integration of data from the body, the external environment, and previous experience" (Francis, 2018, p. 401). Thus, by probing for internal (i.e., embodied) experiences of stress, common elements of "data from the body" amongst CORs are revealed, thereby shifting focus from what types of stressors may contribute to experiences of stress to highlighting key components of the stress experience itself, which can serve to indicate to CORs they are overwhelmed. The focus on the internal stress experience is supported by the premise "that experiences categorized as stressful are accompanied by unique patterns of physiological activity" (Francis, 2018, p. 401). As mentioned earlier, there have been extensive research efforts to measure and identify various stressors that occur within the correctional environment and less attention has been given to understanding the embodied experience of stress amongst employees. Thus, my research questions probed for how CORs experience and respond to acute and/or potentially psychologically traumatic stressors rather than an evaluation

of the types of external stressors that are perceived as contributing to the internal stress experience.

Stress regulation strategies (i.e., adaptations) do not come without potential costs or risks to individual well-being. McEwen and Stellar (1993) introduced the concept of allostatic load to highlight the costs or effects (e.g., illness and disease) associated with constant adaptation to external stressors. Allostatic load refers to the effects associated with “wear and tear” resultant from making continual adaptations to ongoing external stressors (McEwen & Wingfield, 2003). The multitude of potential stressors embedded within the correctional workplace suggest that throughout their occupational tenure, COs will likely have to draw on previous stress adaptation strategies. However, doing so also risks possible effects on individual well-being. Thus, I elucidate the internal efforts of CORs to return to homeostasis when they experience overwhelm or a PPTE thereby laying the groundwork for understanding the potential stress regulation strategies of those working within corrections.

1.2.2 The Stress Experience: The Window of Tolerance, Overwhelm, and Exposure to Potentially Psychologically Traumatic Events

Siegel first introduced the concept of the “window of tolerance” in 1999 to describe the space in which “various intensities of emotional arousal can be processed without disrupting the functioning of the system. For some people, high degrees of intensity feel comfortable and allow them to think, behave, and feel with balance and effectiveness” (Siegel, 2020, p. 341). Thus, individuals can be exposed to various potential stressors or PPTEs without experiencing associated disruptions to their thinking or behaviours; they remain within their window of tolerance. I am interested in the times when exposure to potential stressors or PPTEs push CORs outside their window of tolerance. The multitude of potential stressors within the correctional

environment as well as the prevalence of mental health disorders amongst COs suggests that CORs are embarking on a career in which they will likely encounter experiences that push them outside their window of tolerance. Moving outside the window of tolerance can be experienced as either activation of the sympathetic (i.e., hyper-arousal) or the parasympathetic nervous system (i.e., hypo-arousal):

outside the window of tolerance excessive sympathetic branch activity can lead to increased energy-consuming processes, manifested as increases in heart rate and respiration and as a “pounding” sensation in the head. At the other extreme, excessive parasympathetic branch activity leads to increased energy-conserving processes, manifested as decreases in heart rate and respiration and as a sense of “numbness” and “shutting down” within the mind (Siegel, 2020, p. 344).

Potential consequences of moving outside one’s window of tolerance include impaired cognitive functioning to the point that an individual may struggle to engage in self-reflection and rational thought (Siegel, 2020). When outside one’s window of tolerance an individual may be less likely to form a response rooted in flexibility and may be more likely to react intensely and impulsively, they “mindlessly react instead of mindfully respond” (Siegel, 2020, p. 348). In this study, I identify the core features of this dysregulation for CORs and their strategies for navigating back to their window of tolerance.

In the first and second manuscripts, I employ the more colloquial concept of overwhelm as a proxy for being outside one’s window of tolerance. The increasing awareness that individuals are struggling in states of overwhelm is evidenced by van Dernoot Lipsky’s (2018) popular efforts to provide people with strategies to manage this state. van Dernoot Lipsky’s (2018) description of overwhelm overlaps with Siegel’s (2020) window of tolerance concept:

When, however, outside circumstances dominate our internal ability to metabolize all that we are exposed to, we can become saturated. Physiologically. In our nervous system. Saturated. To move forward, maintaining balance, we must constantly be aware of how much we’re contending with- externally- and, on any given day (or hour), what our internal capacity is to metabolize so that we are saturated as infrequently as possible (p. 16)

Thus, when experiencing overwhelm, individuals will engage in efforts to return to homeostasis (i.e., their window of tolerance) and also need to engage in efforts to process or metabolize internal stress.

Notably, there is a conceptual shift in the final manuscript of my dissertation. I move from examining the experience and navigation of overwhelm to an analysis of CORs' experiences of previous PPTE exposures. Overwhelm is not a wholly mutually exclusive concept from experiences associated with exposure to a PPTE. In both cases, it is through participant subjectivity that an experience of overwhelm or a PPTE experience is identified. However, while it is possible that an individual may experience overwhelm because of exposure to a PPTE it is not definite. Thus, I shift focus from how CORs experience and navigate overwhelm in the moment to an analysis of how CORs describe the impact of exposure to a PPTE.

1.2.3 Moving through Stress Experiences and Recovery

Cutting across many conceptualizations of stress is the idea that humans engage in processes of adaptation or coping when faced with a stressor. Early on, stress researchers suggested that the human body has an innate capacity to adapt to external stressors in order to restore balance (i.e., homeostasis; Cannon, 1932). Foundationally, Sterling and Eyer (1988) introduced the concept of allostasis to explain the body's capacity to change to maintain individual stability. The interview protocol used in the first two manuscripts is designed to explore the lived experiences of CORs navigating or engaging in efforts to return to homeostasis during overwhelm. Employing two methodological approaches, I qualitatively examine COR pre-employment experiences of stress and their navigation and adaptive capacities.

In the first manuscript I ask the question: What is the experience, physiologically, emotionally, and cognitively, of overwhelm amongst CORs? I employ phenomenological

analysis to answer what and how CORs experience overwhelm (Neubaurer et al., 2019). I employ the concepts of metabolization (van Dernoot Lipsky, 2018) and completing the stress cycle (Nagoski & Nagoski, 2019) to help explain my findings that some CORs describe a two-phase experience of overwhelm, one in which they are confronted with the external stressor and a second period of recovery in which they are aware of their internal stress experience. When individuals do not or cannot process and resolve the internal experience of stress, they risk residual stress accumulating within the body's nervous system (Levine, 1997). The importance of having strategies to attend to and transform the internal stress experience, which can build up inside an individual over time or with multiple stressor exposure, is addressed in both concepts (Nagoski & Nagoski, 2019; van Dernoot Lipsky, 2018).

In the second manuscript, I ask: How do CORs navigate moments of overwhelm? In doing so I elucidate pre-employment stress regulation strategies employed by those entering the correctional workforce. I apply a coping (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984) and emotion regulation framework (Bonanno & Burton, 2013; Gross, 1999; Gross et al., 2019) to contextualize the stress navigation strategies of CORs. Coping strategies are commonly separated into two categories: problem-focused and emotion-focused coping (Lazarus & Folkman, 1984). Problem-focused coping strategies are those that target the external stressor whereas emotion-focused coping strategies are the efforts directed inwards to regulate emotional reactions. In addition, I draw on the concept of emotion regulation (Bonanno & Burton, 2013; Gross, 1999; Gross et al., 2019) as a framework for understanding CORs' descriptions of navigating their internal stress experience through self-regulation. More specifically defined than emotion-focused coping, emotion regulation is "the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these

emotions” (Gross, 1998, p. 275). Finally, I draw on the concept of regulatory flexibility (Bonanno et al., 2004; Bonanno & Burton, 2013; Cheng, 2001) when discussing the navigation strategies of CORs to avoid essentializing navigation strategies as good or bad. Moving away from describing coping and emotion regulation strategies as inherently “good or bad” is an effort to understand individual stress responses within the context in which they develop and recognizes that a strategy which proves beneficial in one environment may be less so in another context (Bonanno & Burton, 2013).

In the third manuscript, I explore CORs’ narratives of resilience and posttraumatic growth after exposures to PPTEs. The research question that shapes this manuscript is: What are the adaptive capacities of CORs upon entering federal corrections? I draw on resilience and posttraumatic growth research to help explain my findings that, despite at least one exposure to a PPTE, most CORs did not report experiences of sustained psychological suffering. Following exposure to a PPTE, an individual can experience impaired functioning to the point of developing psychopathology, but the most likely response is resilience (Bonanno, 2004; Bonanno et al., 2011). Despite mounting evidence revealing that “most people respond to even the most extreme stressors with minimal disruptions in overall functioning” (Bonanno et al., 2011, p. 515) COR and CO resilience remains largely unexamined. Shifting the analytic gaze away from a deficit model, that focuses primarily on the development of mental health disorders, allows me to discuss the potential resilience enhancing behaviours of CORs, which may be helpful in adapting to their new workplace (Ellis, 2018). Defining resilience has been an area of much debate (Denckla et al., 2020). Conceptualizations have evolved from a focus on individual traits (Kumpfer, 1999) to a more recent interest in the capacity of individuals to effectively adapt and navigate resources during stress experiences (Cicchetti & Rogosch, 2012; Denckla et al.,

2020; Masten, 2014; Ungar, 2008). Consideration of whether the environment provides supportive resources is critically important to conceptualizations of resilience that include individual capacity for resource navigation (Ungar, 2015). The importance of the environment and the role of the institution in promoting recovery from overwhelm and resilience amongst employees is discussed across all three manuscripts in a concerted effort to avoid downloading all responsibility for psychological well-being to the individual.

Posttraumatic growth is a distinct construct from resilience. Growth occurs following some degree of psychological distress related to a PPTE (Tedeschi & Calhoun, 2004). Individuals who experience posttraumatic growth after a PPTE may speak of lessons learned, shifts in personal values, improved relationships, enhanced confidence in one's capacity to cope with adverse life events or greater compassion for others (Calhoun & Tedeschi, 2001; Tedeschi & Calhoun, 2004). Both concepts, resilience and posttraumatic growth, emerged during the analysis of COR descriptions of their experiences with PPTEs.

1.3 Methods

The data collection and participant samples for my dissertation are nested within the Canadian Correctional Workers': Well-being, Organizations, Roles and Knowledge study (CCWORK; Ricciardelli et al., 2021). The CCWORK study is a mixed-methods, longitudinal study that examines the health and psychological well-being of COs within Canada's federal correctional institutions. Recruitment for the study begins during the CTP and is supported by CSC. In the first stage of data collection, participants are invited to complete two online self-report surveys (one during the second stage of the CTP and one after the third phase of the CTP, before graduation), a baseline semi-structured qualitative interview, and a clinical mental health assessment (for detailed descriptions of the three components to the study see Ricciardelli et al.,

2021). The baseline qualitative interviews that this dissertation draws on are conducted during the in-person portion of CTP (Ricciardelli et al., 2021). The follow-up online survey, qualitative interview, and clinical assessment are offered annually to participants enrolled in the CCWORK study. An overarching goal of the CCWORK study is to examine changes to CO mental health over time (i.e., from CTP across years of employment), which is assessed through self-report surveys and clinical interviews.

The data for my dissertation is comprised of participants (i.e., CORs) who completed the baseline qualitative semi-structured interview. The baseline qualitative interview typically lasts between 45-120 minutes and asks participants about:

employment experiences and career transition points; perceptions of CTP training; perceptions of prison, prisoners and correctional work, including their gendered nature; occupational-related concerns and challenges; work–life balance (e.g., time off work); exposure to potentially psychologically traumatic events and other significant life events; and perceptions of stress on the body (Ricciardelli et al., 2021, p. 5).

I did not analyze entire participant interviews for my dissertation. Instead, the data I used for the three manuscripts came from two sections of the interview. The CCWORK study’s interview guide includes questions about occupational stressors and concerns about burnout however it does not target an in-depth exploration of the embodied experience of acute stress (i.e., overwhelm). Thus, with the permission of the study’s principle investigator, Dr. Rosemary Ricciardelli, I incorporated additional questions into the interviews to explore the physiological, behavioural, and emotional experience of overwhelm amongst CORs (Maurer, 2020; Appendix A). The structure of my interview guide targeting overwhelm was adapted from Maurer’s (2020) interview protocol which “sought to elicit rich descriptions of hyper-/hypo-arousal states and youth’s affect regulation strategies” (p. 198). The first two manuscripts, which focus on the experience and navigation of overwhelm, drew data from the additional questions I introduced into the CCWORK interview guide. My additional questions were asked of participants

completing the baseline interview between January 2021 and March 2021 thereby providing a sample of 28 participants that were asked about an experience of overwhelm.

Due to the large scope of the CCWORK study I was not able to interview all participants ($N = 500+$) myself. Instead, I conducted baseline interviews along with a team of trained CCWORK research assistants. The use of multiple interviewers, as well as the lengthy nature of the semi-structured interview, led to variability in how consistently participants were asked the questions about overwhelm. For example, not all participants were asked to describe their physiological, emotional, and cognitive experience of overwhelm. Thus, seven participants were excluded from analysis in manuscript one, the phenomenology of overwhelm, as they were not asked about all three components of the overwhelm experience, creating a final participant sample of 21 CORs. In the second manuscript, 27 CORs form the sample, as interviewers asked the questions related to how CORs navigated experiences of overwhelm more consistently (e.g., “What helped you to not feel overwhelmed anymore?” “What actions did you take or were there strategies you engaged in to no longer feel like it was too much?).

The third manuscript draws data from the section of the semi-structured interview in which participants are asked about prior exposures to PPTs and how they perceived the event(s) as impacting them (e.g., Are there any experiences that you think really have affected you as a person? Have you ever been exposed to a potentially traumatic event? How do you determine/know that such experiences have affected you? Do you still feel such impacts?). The sample for the third manuscript is comprised of 100 participants that completed the baseline interview between August 2018 and March 2020. To summarize, all three samples in my dissertation are comprised of CORs that completed the baseline interview during their CTP however manuscript one and two are comprised of participants that responded to my additional

questions about overwhelm and manuscript three is a subset of participants in the study that responded to questions about pre-employment exposures to PPTEs.

I employed two qualitative methodologies, phenomenology and grounded theory, in my dissertation. Drawing on both phenomenology and grounded theory approaches allows me to show both how CORs experience overwhelm and how they navigate and adapt to overwhelm and exposures to PPTEs. In the first manuscript, I used a phenomenological approach (Creswell & Poth, 2018; Moustaka, 1994; van Manen, 2014) throughout data analysis. Despite significant amounts of research on CO job stress, phenomenology has not yet been employed to understand COR or CO experiences of stress. Thus, little is known of the lived experience of stress (i.e., the phenomenology of overwhelm) for those entering correctional work. Instead, the concept of stress in correctional research has often been broadly defined, contributing to ambiguous and indeterminate implications of the concept of job stress. By collecting rich descriptions of the physical sensations, emotions, and cognitions of CORs during overwhelm I begin to elucidate the core features, or the essence, of overwhelm. Within a phenomenological framework, my research describes what CORs experience when they are overwhelmed and how they experience overwhelm, physiologically, emotionally, and cognitively (Neubaurer et al., 2019).

In the second and third manuscripts, I drew on grounded theory for the data analysis. In the second manuscript I employed grounded theory (Corbin & Strauss, 2014; Creswell & Poth, 2018) to explore how CORs navigate overwhelm to arrive at a theoretical explanation of how CORs adapt in states of overwhelm. In the third manuscript, I used a semi-grounded, constructed theoretical approach (Charmaz, 2006; Glaser & Strauss, 1967) to explore how participants perceived their experiences with PPTEs. The goal of both manuscripts was to explore the experiences of CORs with being overwhelmed or exposed to PPTEs to understand

their adaptive capacities. In both manuscripts, I used an inductive approach to data analysis, identifying themes through multiple readings of the data and then explaining and contextualizing my findings with existing theoretical knowledge. Ultimately, drawing on grounded theory principles throughout informed the articulation of a substantive-level explanation of how CORs respond when pushed outside their window of tolerance. Across the two manuscripts, the use of a grounded theory approach supported the exploration of how CORs navigate and adapt to experiences of overwhelm and exposures to PPTs.

1.4 Overview of the Three Manuscripts

My dissertation is comprised of three manuscripts examining previous experiences with stress and psychological trauma amongst CORs. At its core, my research addresses a simple but critical question: how do individuals entering high stress work environments experience and respond to moments of acute stress? To answer this question, I use CORs' descriptions of experiencing and navigating overwhelm and exposures to PPTs. Qualitatively exploring the concept of being overwhelmed and experiences with PPTs allowed me to probe for pre-employment navigation strategies employed by CORs in moments of acute stress.

1.4.1 Manuscript One: Exploring Overwhelm amongst Correctional Officer Recruits

In the first manuscript, I employ a phenomenological approach to analysing 21 CORs descriptions of overwhelm. In this manuscript I focus on participant responses to interview questions that target their physiological, emotional, and cognitive responses to a self-identified moment of acute stress (i.e., overwhelm) thereby exploring the embodied experience of stress. I applied concepts from stress physiology and neuroscience (i.e., the window of tolerance) to explain COR descriptions of hyper- and hypo-arousal when overwhelmed. Overall, CORs described overwhelm as physiological, emotional, and cognitive dysregulation that would occur

when confronted with a stressor and during a period of recovery. I draw on the concepts of stress metabolization (van Dernoot Lipsky, 2018) and completion of the stress cycle (Nagoski & Nagoski, 2019) to contextualize participant descriptions of the internal stress experience during the recovery period from overwhelm. In the manuscript I explore the implication of my findings for correctional stress management and wellness programs.

1.4.2 Manuscript Two: Correctional Officer Recruits Navigation of Overwhelm

In the second manuscript, I analyze 27 CORs' descriptions of navigating overwhelm from a grounded theory lens. In doing so, I reveal coping strategies for navigating moments of acute stress employed by those entering the correctional workforce. I draw on seminal coping research by Lazarus and Folkman (1984) as well as more recent scholarship on emotion regulation (Bonanno & Burton, 2013; Gross, 1999; Gross et al., 2019) to frame COR coping strategies as externally focused (i.e., stressor resolution) and internally focused (i.e., emotion regulation). Notably, I find that CORs employed multiple navigation strategies within a single experience of overwhelm. I present a framework for how CORs navigate overwhelm, which highlights two navigational pathways. In the first pathway, CORs describe employing coping strategies until the stressor is resolved. In the second pathway, CORs describe engaging in coping strategies to resolve the external stressor and the internal stress experience. I discuss the potential adaptability of certain coping strategies within the carceral environment and how my findings can inform how coping strategies are supported amongst COs, specifically by creating conditions for regulatory flexibility and fostering strong relationships both within and outside the workplace.

1.4.3 Manuscript Three: Correctional Officer Resilience and Growth

In the third and final manuscript I shift my analytic focus from pre-employment experiences of acute stress to exposures to PPTEs. Using a semi-grounded, constructivist approach, I analysed 100 participant responses to qualitative interview questions about experiences that were self-perceived as potentially traumatic. Most participants (n = 86) identified exposure to one or more PPTEs. In the results, I provide an overview of the kind of events that are self-perceived as traumatic amongst CORs as well as the spectrum of reactions described by participants. I review scholarship on resilience and posttraumatic growth to help understand participant descriptions of adaptation after exposure(s) to a PPTE. I identify three processes, distancing, relationality, and vulnerability, that may foster resilience in COs.

This manuscript is co-authored with Dr. Rosemary Ricciardelli and was published in the journal *Traumatology* (Konyk & Ricciardelli, 2022). I received permission from Dr. Ricciardelli and copyright permission (Appendix C) to use this manuscript as part of my doctoral dissertation. As lead author I analyzed the qualitative data and wrote and revised the manuscript. Dr. Ricciardelli provided essential feedback throughout the process, from data analysis to conceptualization of the paper up to final revisions, and edited the many iterations of the manuscript.

1.5 A Social Work Perspective

Without diminishing the significant trials faced by inmates, including racism, class bias, and sexual abuse (Davis, 1998), in this piece I turn my gaze on the keepers of the disappeared, a population that faces its own significant challenges and is, perhaps, as “disciplined” by the prison industrial complex as its inmates (Tracy, 2004).

As a clinical social worker in a Toronto jail, I witnessed COs struggle with their mental health and repeatedly heard COs express frustration that no one was paying attention to their psychological well-being. My primary role was to provide mental health assessments for prisoners, however I came to provide informal support and psychoeducation to COs and was part

of a team that delivered a mental health training to correctional staff in Ontario. Working with COs, I heard firsthand how they were struggling with their own mental health challenges and observed behaviours that appeared to result from being overwhelmed. The stories and examples of struggle and perseverance inspired my research and continue to compel me to understand the experience of overwhelm from the lived experience of those entering the correctional workforce.

Social workers also occupy professional roles in these institutions of confinement and risk potential exposure to similar occupational stressors and exposures to PPTEs. I hope that my research will promote a deeper understanding of how individuals exposed to chronic stressors navigate heightened emotions and how this impacts their job performance. Practically, a better understanding of how COs struggle in moments of acute stress can be used to develop intervention strategies that might benefit all those working in these institutions, including social workers. This is increasingly important as COs advocate for adequate mental health support in order to continue in their profession. On the other side, COs that report managing acute stress situations well will help paint a picture of positive coping strategies and resilience within this profession.

Social work, as a discipline, lends specific value to this research project. At a time when law enforcement (both uniformed individuals and the system) is under increasing public and academic scrutiny (Hudson, 2020; Maynard, 2017; Paynter et al., 2020), I think it is imperative not to lose sight of the individual amidst the critiques levied against carceral systems. COs, like many social work professionals, both hold power over people and are shaped by the very carceral environment in which they work. Efforts to villainize or victimize individuals within problematic systems miss the complexity of what it means to work and survive within certain professions. Coming from a social work background, I am uniquely positioned to understand how societal

forces shape individuals and vice versa. In doing so, I hope to show the nuances associated with being a CO while also recognizing the toxicity of the broader system, which ultimately needs reform (Dettlaff et al., 2020; Hudson, 2020; Maynard, 2017; Paynter et al., 2020).

Chapter 2: Manuscript 1- Exploring Overwhelm amongst Correctional Officer Recruits: Experiences of Dysregulation and Recovery

Abstract

For many correctional officers (COs), working in a prison will include exposure to multiple job stressors and potentially psychologically traumatic events (PPTs), which can contribute to employee experiences of job stress over time. Researchers examining CO job stress have yet to investigate pre-employment experiences with acute stress. Additionally, job stress has been broadly conceptualized and measured in correctional research and as such the core features and implications of this acute experience are not well understood. Thus, in the current study, I use phenomenology to explore how correctional officer recruits (CORs; those individuals beginning their careers as COs) experience states of overwhelm (i.e., acute stress) thereby revealing the essential features of this experience. I review concepts from neuroscience, stress physiology, and correctional employee psychological well-being research. Specifically, the window of tolerance and stress response cycle are concepts I apply to understand and contextualize COR descriptions of overwhelm. The results reveal that overwhelm is physiologically, emotionally, and cognitively dysregulating and that this dysregulation is not experienced as a singular moment. In addition to the dysregulation experienced while the stressor is present, many CORs spoke of a recovery phase during which they made efforts to metabolize their internal stress experience, and the emotional or relational consequences of having been in a state of overwhelm. In the face of dysregulation, many CORs describe a capacity to and the importance of resolving the stressor. I discuss the implications of these findings for CORs as they enter the correctional workforce.

2.1 Introduction

Correctional officers (COs) perform a physically and emotionally demanding job in a high stress environment hidden from the public eye (Ricciardelli, 2019b). During their careers,

COs are exposed to a variety of complex, chronic, and often psychologically traumatic occupational stressors and frequently report prevalence of mental health disorders higher than the public (Carleton et al., 2018; Ricciardelli et al., 2022). Research that has documented the variety of stressors within correctional work and established the heightened risk of impaired psychological well-being amongst COs is essential to breaking down the walls behind which COs spend their careers. However, these studies commonly rely on existing quantitative measures that predefine the psychological experience without exploring the phenomenology, the lived experience, of how stress is experienced in the context of correctional work. The subjective nature of stress makes the concept ideal for phenomenological analysis in order to understand the essential elements of this experience within certain groups.

In the current study, the subjective experience of acute stress is operationalized with the concept of overwhelm. Overwhelm is the physiological, emotional, and cognitive saturation that can occur when “outside circumstances dominate our internal ability to metabolize all that we are exposed to” (van Dernoot Lipsky, 2018, p. 16). Correctional officer recruits (CORs), those individuals training to start employment as a CO in a Canadian federal correctional institution, enter Correctional Service Canada (CSC) with previous self-reported exposure to potentially psychologically traumatic events (PPTs) that occurred in their personal life or in previous occupational roles (Konyk & Ricciardelli, 2022). Yet, little is known of how CORs’ experience states of overwhelm and what constitutes the essence of feeling overwhelmed. Thus, in this study, correctional well-being scholarship and concepts from stress research are integrated to explore how CORs experience moments of overwhelm.

2.2 Correctional Officer Stressors and Stress

Individuals embarking on a career as a CO are going to face numerous occupational stressors. Common stressors for COs include role conflict, risk of violence, work-family conflict, exposure to PPTEs, relational problems amongst colleagues, lack of support from management and disagreement over policies and procedures (Arnold, 2017; Bourbonnais et al., 2007; Kunst et al., 2009; Lambert & Hogan, 2018; Ricciardelli & Carleton, 2022). Scholars have also explored the psychological toll associated with the emotional labour and caregiving performed, though often underrecognized, as a CO (Crawley, 2004, 2013; Johnston & Ricciardelli, 2022; Ricciardelli & Carleton, 2022). Oftentimes, COs are responsible for managing their own emotional expression and the emotions of prisoners thereby finding themselves restricted regarding which emotions may be appropriate to express (Crawley, 2004). An individual's ability to modulate their physiological, emotional, and cognitive stimulation and manage subsequent behavioural reactions is also known as affect regulation capacity (Maurer, 2020).

In addition to occupational stressors, COs are likely to be exposed to PPTEs which may entail responding to, witnessing, or learning about harm (i.e., physical or verbal assaults, assaults resulting in death, self-injury, suicide) to prisoners and colleagues (Fusco et al., 2021; McKendy et al., 2021; Ricciardelli & Power, 2020). Over the course of one's career as a CO, exposure to not just one but multiple PPTEs is likely if not inevitable (Carleton et al., 2019; Denhof & Spinaris, 2016; Konda et al., 2013; Ricciardelli et al., 2022; Ricciardelli & Power, 2020; Spinaris et al., 2012). The unique nature of PPTE exposure in a penitentiary means COs may know the individual harmed or involved in the PPTE (i.e., a colleague or prisoner with whom they have worked) and will likely have to return to the site of the PPTE, often immediately, as many COs report little to no time off after a PPTE (Fusco et al., 2021; McKendy et al., 2021). The limited

research that has included daily occupational stressors and exposure to PPTEs in the same analysis has found that certain occupational stressors (i.e., staff shortages, leadership style) may be more salient to CO mental health than exposure to PPTEs (Carleton et al., 2020; Konyk et al., 2021). Evidence of the various stressors that can permeate the correctional environment suggests that, over the course of their careers, COs will be exposed to a variety of occupational stressors and PPTEs that could contribute to experiences of overwhelm.

Incoming CORs are not only entering an occupational environment replete with stressors and PPTEs but are also joining a correctional workforce in which concerning high percentages of employees have reported impaired psychological well-being. In correctional staff research, posttraumatic stress disorder (PTSD), major depressive disorder (MDD), burnout, and job stress are commonly used as indicators of compromised employee psychological well-being. In a survey with Canadian Public Safety Personnel (PSP), 29.1% of Canadian federal COs screened positive for PTSD and 54.6% of surveyed COs screened positive for a mental health disorder, a prevalence higher than other PSP groups such as police or firefighters (Carleton et al., 2018). In addition to increased mental health challenges, COs have reported struggling with suicidal thoughts and behaviours (Genest et al., 2021; Denhoff & Spinaris, 2016; Fusco et al., 2021). One Canadian survey reported that 40.3% of surveyed COs struggled with suicidal thoughts (Fusco et al., 2021) while data from the United States estimated that five percent of correctional staff were dangerously at risk for death by suicide (Denhoff & Spinaris, 2016). Job stress has received a significant amount of scholarly attention as both a well-being outcome and as a contributor to burnout or PTSD (Bezerra et al., 2016; Boudoukha et al., 2013; Griffin et al., 2012; James & Todak, 2018; Keinan & Malach-Pines, 2007; Lambert et al., 2015; Lambert & Hogan, 2018) however the variations in how job stress is operationalized and measured contributes to

ambiguity and indeterminate implications of this concept. For example, COs are often described as experiencing “high” amounts of job stress with various resultant consequences, including job dissatisfaction, job turnover and burnout (Johnson et al., 2005; Lambert & Hogan, 2018).

However, the broad conceptualization of job stress does not elucidate the core features of such intense experiences amongst employees and lacks a clearer understanding of how COs experience those moments of acute stress- their experience of overwhelm.

2.3 Conceptualizations of Stress and Stress Responses

2.3.1 The Stress Experience: Overwhelm and the Window of Tolerance

The breadth and ambiguity surrounding the experience of job stress is not unique to correctional employee research. Kagan (2016) argued that the term stress has become almost theoretically meaningless given its vast and ambiguous uses. Early stress research focused primarily on identifying physiological adaptations to a stressor, eventually evolving to include the psychological and cognitive processes involved in the stress response (Robinson, 2018). For example, Lazarus and Folkman (1984) were instrumental in establishing the role of cognitions in assessing and responding to a potential stressor as well as the interaction between the individual and the environment in shaping the stress response. Additionally, scholars have shown that stress is not experienced in a singular moment, rather stress involves three phases: anticipation, confrontation with the stressor, and recovery (Flores-Kanter et al., 2021). The widespread use of stress without conceptual clarity can fail to recognize the complexity of stress as a physiological, cognitive, and psychological multi-phase phenomenon thereby creating challenges for making meaningful comparisons across experiences.

The theoretical foundation for asking CORs about their experience of overwhelm is referred to as the window of tolerance. The window of tolerance, initially conceptualized by

Siegel (2020), represents the space in which an individual can process a range of emotional arousal states without experiencing dysregulation to their functioning. Dysregulation can entail disruptions to thinking, behaviour or functioning and be experienced as the “abrupt ruptures of emotion through the window of tolerance, such as episodes of rage or sadness, from which it is difficult to recover” (Siegel, 2020, p. 367). Conversely, when operating within their window of tolerance, individuals may feel calm and capable of adapting to stressors. The width of one’s window of tolerance, their capacity to self-regulate and adapt to intense emotional arousal, is unique to each individual and can widen or shrink “depending upon the state of mind at a given time, the particular emotional valence, and the social context in which the emotion is being generated” (Siegel, 2020, p. 343). Additionally, past experiences of psychological trauma can narrow an individual’s window of tolerance and contribute to difficulties tolerating certain emotions without becoming overwhelmed (Corrigan et al., 2011; Siegel, 2020).

Once pushed outside the window of tolerance an individual is likely to experience dysregulation and enter either a hyper- or hypo-arousal state (Siegel, 2020). The activation of the sympathetic nervous system during a hyper-aroused state leads an individual to experience excessive energy activation and sensations such as increased heart rate and breathing. Alternatively, in a hypo-aroused state the activation of the parasympathetic nervous system contributes to withdrawal or shutting down behaviours and sensations such as a decreased heart rate and breathe. Importantly, there are various strategies, specific to hyper- and hypo-arousal states, that can help an individual regulate their emotions and return to their window of tolerance (Siegel, 2020). In other words, through various interventions, individuals can work to widen their window of tolerance. The multitude of potential stressors within the correctional environment

suggests that CORs are embarking on a career in which there will be many occupational moments that could push them outside their window of tolerance.

2.3.2 Stress Processes: Moving through Stress and Recovery

Cutting across many conceptualizations of stress is how humans engage in processes of adaptation or coping when faced with a stressor. For example, allostasis describes the body's capacity to adapt to maintain individual stability and return to balance (i.e., homeostasis; Sterling & Eyer, 1988). Adaptations are part of an individual's stress response however consequences (i.e., chronic stress or allostatic overload) are theorized to occur when an individual's stress response system gets "stuck" in a maladaptive state (McEwen, 1998, 2007; Payne et al., 2015). In other words, when humans cannot or do not discharge stress from their body, they can become stuck in a high- or low-arousal state (Levine, 1997). For example, social norms that promote "carrying on" after an overwhelming experience can prevent the autonomic nervous system from returning to its normal functioning as the body is not able to "flow through trauma to complete instinctive responses" (Levine, 1997, p. 32). Encouragingly, this dysfunctional state need not be indefinite and with intervention can return to healthy functioning (Levine 1997; Payne et al., 2015).

Despite the body's capacity to regulate and adapt to stress, the body can also experience challenges with regulation and adaptation (i.e., dysregulation), leaving residual stress trapped within the body's nervous system (Levine, 1997). Consequently, it is imperative that individuals navigate the external stressor *and* ensure that they are attuned to their internal physiological processes and needs. In other words, by engaging in processes that promote recovery from the stress experience individuals will begin to experience a decrease in "the disorganizing effects of a particular episode of emotional arousal" (Siegel, 2020, p. 349). Metabolizing overwhelm (van

Dernoot Lipsky, 2018) or completing the stress cycle (Nagoski & Nagoski, 2019) are two terms that have emerged to highlight the importance of also dealing with the stress experience and not solely focusing on resolution of the stressor. Metabolization of overwhelm has been used by van Dernoot Lipsky (2018) to describe the importance of engaging in strategies to “internally transform whatever is arising within us. Otherwise, it will erode us, or we cause external harm, or both” (p. 4). An emphasis on the internal transformation of stress highlights a distinction between strategies that are focused on resolving the external stressor and those that engage with the stress that accumulates within the body.

Critically, systemic barriers exist that can impede individuals from metabolizing their stress or completing the stress cycle (Nagoski & Nagoski, 2019; van Dernoot Lipsky, 2018). First, completing the stress cycle when the external stressor continues to persist is challenging (Nagoski & Nagoski, 2019). In other words, chronic stressors and stressors that pose a risk to safety, physical or otherwise, can prevent individuals from completing the stress cycle. Second, social norms can impede an individual’s ability to process stress, which makes processing an event difficult, particularly when the individual is told they do not have the right to feel a certain way in the first place (Nagoski & Nagoski, 2019). Additionally, individuals who hold a sense of self that is incompatible with experiencing overwhelm may find attempts to metabolize overwhelm undermined in an effort to protect their identity or self-image (van Dernoot Lipsky, 2018). If faced with barriers to resolving the stressor or the stress, an individual may engage in survival strategies such as walking away, however while these strategies may create distance between the individual and the stressor they do not resolve the stress accumulated within the body thereby postponing the body’s need to complete the cycle (Nagoski & Nagoski, 2019, p. 11). Due to the chronicity of certain occupational stressors within the correctional environment

and perceptions of stigma related to mental health and the masculinities (i.e., toughness, pressures to remain stoic) perpetuated within correctional spaces (Ricciardelli & Power, 2020; Wills et al., 2021) many COs may find themselves in circumstances in which they struggle to complete the stress cycle.

The predominant research focus on COs, once employed within an institution, suggests that carceral spaces are a perilous occupational environment in which employees face a heightened risk of impaired psychological well-being. The external stressors that COs may need to resolve are well-documented but less understood is the embodied experience of exposure to workplace stressors. Additionally missing from this research is a clearer picture of CO mental health upon entry into their profession and how those beginning their correctional careers experience overwhelm (i.e., being pushed outside their window of tolerance). Exploring pre-employment experiences of overwhelm is a first step in understanding the awareness CORs have of being pushed outside their window of tolerance. Thus, a study illuminating how CORs move through or struggle to move through the stress cycle can help our understanding of how to mitigate the effects of chronic exposure to occupational stressors and PPTes within the correctional environment.

2.4 Current Study

Researchers examining CO stress and psychological well-being have consistently demonstrated that the prison work environment is one where employees risk exposure to PPTes and numerous occupational stressors. Cross-sectional snapshots of COs reveal high prevalence of stress and mental health disorders amongst employees that are causally associated with various occupational stressors (Bezerra et al., 2016; Boudoukha et al., 2011; Carleton et al., 2020a; Carleton et al., 2018; Ferdik & Smith, 2017; James & Todak, 2018; Neveu, 2007). This research,

while essential to establishing the potential psychological consequences of correctional employment, has focused primarily on the impacts of exposure to PPTEs and job stressors as opposed to understanding the experience of stress in employees, both before and during employment. Concepts such as the window of tolerance suggest that, when overwhelmed, individuals will experience either hyper- or hypo-dysregulation. Therefore, in this study, I qualitatively examine the subjective experience of overwhelm amongst CORs. In doing so, I elucidate the unique features of overwhelm for a group entering an environment with the potential for exposure to numerous stressors that contribute to potentially dysregulating, high stress experiences. Examining CORs' awareness and subjective relationship to overwhelm from a phenomenological perspective is a novel step towards understanding the essential elements of this shared experience.

2.5 Methods

The data for the current analysis is part of a broader longitudinal study on the mental health and well-being of COs with CSC (see Ricciardelli et al., 2021 for the full study protocol). The study is introduced during the correctional training program (CTP), a mandatory online and in-person training regimen required to become a federal CO with CSC. Participation in the study is voluntary. One component of the study is a semi-structured interview that asks participants about their mental health, perceptions of correctional work, their role in the correctional environment, life outside of work (i.e., family, significant relationships) and significant past experiences. Participants complete the interview once during training (i.e., the baseline interview) and then are invited to participate annually in follow-up interviews. Full consent is obtained prior to the interview commencing. Participants for the current study were interviewed from January 2021 to March 2021.

During the baseline interview, participants were asked about a past experience when they felt overwhelmed (i.e., a time when their glass felt full and an extra drop caused everything to overflow). They were asked to describe the physiological, emotional, and cognitive sensations that occurred during their experience of overwhelm, as well as how they navigated out of this state. The development of my interview questions was informed by Maurer's (2020) interview guide which targeted the physiological, emotional, and cognitive experience of "losing it" amongst family violence-exposed youth.

Due to COVID-19 restrictions, all interviews were conducted over the telephone while CORs were at the CTP. Interviews were voice recorded and transcribed verbatim. I have edited participant quotes to remove speech fillers (i.e., ums and likes) but was careful that edits did not change the meaning of the participant's words. Research ethics approval was received from both Memorial University (location of the study's Principle Investigator) and McGill University (location of the doctoral student completing their dissertation; Appendix B).

2.5.1 Sample

The sample I use for data analysis is a subset of the participants in the longitudinal study who were asked to identify an experience of overwhelm. In total, 28 participants were asked to about an experience of overwhelm. However, due to the semi-structured and lengthy nature of the interview (i.e., interviews can last between 45-90 minutes) interviewers did not always ask participants to describe their physiological, emotional, and cognitive experience of overwhelm. Additionally, two participants were excluded because they denied experiencing overwhelm and did not proceed with the related questions (i.e., "*I really don't have a physical response to stress*" [P12]). As a phenomenological analysis requires descriptions of the "essence" of an experience, I included only the interviews that asked participants about the three components of

overwhelm which resulted in a sample of 21 for the current analysis. In this sample, eight self-identified as female and 13 self-identified as male (see Table 1). Over half of the participants identified as White ($n = 14$) and the remaining sample was comprised of individuals that self-identified as Indigenous/Aboriginal, Métis, Arabic, Filipino, Black and White and Métis and White. In total, 14 participants reported graduating from college or university and four of the five participants with a high school education reported some college or university attendance. Six participants reported previous employment in a correctional environment.

Table 1
Participant Demographics

Variable	N = 21
Gender	
Female	8
Male	13
Age	
19-24	6
25-34	9
35-54	5
Education	
High School	5
Trade/Vocational training	2
College	6
University	8

2.5.2 Data Analysis

Interviews from the 21 participants were analyzed using a phenomenological approach to understand COR descriptions of overwhelm. A phenomenological approach facilitates the analysis of a complex and subjective experience like being overwhelmed by capturing rich, descriptive accounts from the perspective of those who have experienced the phenomenon (Polit & Beck, 2013). Phenomenological analysis has been employed to understand the common experiences of stress and well-being in other high stress professions (Adams et al., 2015; Forslund et al., 2004) but has not yet been employed to understand the experiences of overwhelm

amongst CORs or COs. By searching for the common elements of participant experiences I begin to weave together the core essences of the subjective experience of overwhelm.

The stages of data analysis were structured according to the steps laid out by Creswell and Poth (2018), which are informed by Moustaka's (1994) seminal work on phenomenological methods. All data analysis was conducted in Excel and a conceptual map of themes was created in Microsoft Word. The first stage of data analysis involved multiple readings of participant descriptions of overwhelm to help begin to understand how participants experienced the phenomenon. Second, I pulled out "significant statements" (Creswell & Poth, 2018) for each participant that described how they experienced the three components of overwhelm, (i.e., physical, emotional, and cognitive) and how they navigated the moment. Moustaka (1994) named this process, the listing of all expressions associated with the experience, as horizontalization. Then, in a column next to the verbatim quotes, I began to create "clusters of meaning" (Creswell & Poth, 2018), my initial analysis and interpretation of the data. From here I began to create themes and revisited all participant narratives to identify evidence of the themes. In the final stage, I began to group similar and overlapping themes together to arrive at the final themes that form the essence of overwhelm from the perspectives of CORs. To assist in this final stage, I created a conceptual map that allowed me to cluster similar themes together under a formulated meaning (Anderson & Spencer, 2002). In reporting the results, I use participant quotes to show that overwhelm is described as a dysregulating (physiologically, emotionally, and cognitively) two-phase (facing the stressor and recovery) experience.

2.6 Results

Some participants initially denied feeling overwhelmed or stressed the infrequency in which they find themselves experiencing overwhelm but were able to identify an experience and

respond to the interview questions. One participant noted that *“it’s about a good seven to eight years that I’ve felt that way”* (P1) and then went on to provide a recent example from the CTP. While not asked to explicitly recount the external situation surrounding their overwhelm, most participants shared a vast array of experiences, some occurring within the workplace and others related to personal matters. Across experiences, participants described overwhelm as a physiologically, emotionally, and cognitively dysregulating experience. The dysregulation of overwhelm was described by participants as occurring primarily during the period in which they were responding to the stressor. However, for some participants, the experience of dysregulation extended to or was not noticed until after the stressor was resolved. CORs also identified a capacity for perseverance through overwhelm and described a subsequent period of recovery in which they engaged in efforts to metabolize the stress of overwhelm. Notably, when describing experiences of overwhelm many participants described two moments, first, when they were still immersed with the stressor and, second, a period in which the stressor was resolved or no longer present. The following descriptions of dysregulation occurred while engaged with the external stressor. A summary of the core features of overwhelm (i.e., the themes) and an explanation of each theme can be found in Table 2.

Table 2
Explanation of Themes

Theme	Explanation of Theme
The Dysregulation of Overwhelm	This theme highlights the internal changes participants experienced (i.e., the dysregulatory nature of overwhelm) and identifies the specific features of this dysregulation physiologically, emotionally, and cognitively.
Resolving the Stressor	Despite being asked about the internal, embodied experience of overwhelm many participants spoke about the importance of finding resolution to the external stressor. This theme captures how perseverance through addressing the stressor is inextricable from the overwhelm experience.

Recovery: Metabolization of Overwhelm

Overwhelm was not experienced as a singular moment. In addition to the sensations felt when exposed to a stressor many participants spoke about experiencing dysregulation and engaging in strategies for self-care after the stressor had been resolved. It is during this phase of overwhelm that participants identified the relational impact of overwhelm.

2.6.1 The Dysregulation of Overwhelm

Most participants described dysregulation experiences that suggested a hyper-arousal state. In a hyper-arousal state, an individual can experience an intensified physiological and/or emotional reaction. This intensity may manifest as a quickening heart rate, rapid breathing, or perspiration. However, a few participants described experiences more aligned with a hypo-arousal state. In a hypo-arousal state, individuals have reduced physiological and/or emotional reactions. Hypo-arousal can manifest as decreased activity levels, disconnection from the surrounding environment, fatigue, and slowed heart rate.

2.6.1.1 Physiological Dysregulation. When asked about the physical sensations experienced when overwhelmed most participants were able to identify at least one place in their body that indicated they had moved outside their window of tolerance and were experiencing overwhelm. Many of the physical descriptors of overwhelm suggest participants were in a state of hyper-arousal in relation to their overwhelm. For example, participants identified feeling intensified speed in the heart, mind, and pace of breath. Speaking about changes to their breathing, participants said:

I'd say my heartrate was going up a bit and I was probably breathing a little faster. (P23)

I get really hot. I kind of feel like I have a hard time breathing or just being able to regulate my breath and I get a little bit dizzy. (P20)

In addition to experiencing changes to their heartrate and breathing patterns, a few participants located the physical sensation of overwhelm in their stomach and identified experiencing subsequent gastrointestinal stimulation, for instance:

...when I, you know, experience high stress and then you know, that situation, I get really sick to my stomach which is insane to me but I feel physically ill. (P24)

Not only did participant 24 pinpoint overwhelm in their stomach but they also identified the associated consequence (i.e., becoming physically ill) of being in this state. Tension throughout the body, particularly in the shoulders and neck, was also associated with experiences of overwhelm:

my upper shoulders, those what you call them, whatever goes from your neck to your shoulder blades... like that area that gets tense I start to get a headache going up the back of my neck. (P1)

I sort of get this big tension like on the top of my shoulder like you know closer to the neck it feels really tense there. I may even—I believe—I'm not actively conscious of it but I realize it afterwards that I might be clenching my jaw. (P27)

The above descriptions indicate dysregulation experiences within a hyper-arousal state.

Conversely, the few participants who identified with a hypo-arousal state while confronted with a stressor described feeling “drained,” “empty,” and “trapped.” As such, experiencing overwhelm in a hypo-arousal state could contribute to withdrawal behaviours:

...your batteries just kind of drain and I just don't kind of want to not deal with it anymore. (P16)

In addition to experiencing a lack of motivation to deal with the stressor, sleep was another way to withdraw from the situation. Fatigue was discussed as both an indicator that one was overwhelmed, and increased sleep was identified by one participant as a result of the overwhelm:

Sleeping, like I just wanted to sleep. I was like nah I don't want to eat, I'm just gonna sleep. I don't want to go to the gym, I'm just gonna sleep. I don't want to do anything I enjoy, I'm just gonna sleep. I'm gonna isolate myself, I don't want to hang out with anybody. I'm just gonna sleep. (P19)

For one participant, the consequence of experiencing overwhelm during the CTP led to freezing in the moment and needing to walk away to self-regulate before being able to continue:

...I felt trapped because I froze and I didn't diffuse the situation properly in that moment... I just kind of clammed up and shelled up. (P1)

Thus, withdrawal during overwhelm presented as both a physical removal from dealing with the external situation and an internal withdrawal into oneself (i.e., clamming up). Overall, most participants could identify at least one area of the body that felt dysregulated. Frequently this dysregulation was located within the neck, shoulders, heart, or stomach and the speed of the sensation was described as rapid.

2.6.1.2 Emotional Dysregulation. Anger and frustration were the most frequently identified emotions in relation to experiences of overwhelm. Some participants spoke about externalizing their feelings of frustration or anger:

...but I was definitely frustrated and getting almost mad at nothing just because you get so overwhelmed that you're just kind of getting mad in general. (P23)

A few participants identified how the anger they experienced when overwhelmed had repercussions for their relationships, both professional and personal:

...I guess just stressed and you get angry and you take it out on a person that you see most often and not intentionally... There was even kind of sometimes at work I kind of got into an argument with a guy I was working with. I was just stressed about everything else and like my dog and you go into work and you know, they'd say something stupid that just triggers you and it's like you know what, shut up buddy. It just kind of escalates from there. (P4)

it feels like my judgement is clouded, my brain feels tight and I feel like there's just so many things going on around me and yah like I get frustrated easily, impatient with people, especially to loved ones. (P17)

Reflecting on previous correctional experience, participant 22 highlighted the importance of having solid relationships with colleagues and explained how the absence of strong working

relationships can lead to mounting frustrations with colleagues, which can contribute to the overwhelmed sensation:

Again, it comes back to that point of frustration, it's starting to feel overwhelmed, okay well I have a year and a half in and you're asking me to do your job for you, why? (P22)

The emotional experiences of overwhelm were commonly identified through externalized behaviours or consequences of these emotional reactions (i.e., relational repercussions) however participant 17 also identified an associated embodied experience (i.e., “my brain feels tight”).

2.6.1.3 Cognitive Dysregulation: Uncertainty and Inadequacy. Participants were asked to identify the thoughts they experienced during their overwhelm. Unlike physiological and emotional dysregulation, participants appeared to struggle more with identifying specific cognitions in moments of overwhelm. Participant descriptions of their experience revealed two common thought patterns that occurred during overwhelm: uncertainty and inadequacy.

Uncertainty. Participant descriptions of overwhelm were often imbued with cognitive expressions of uncertainty (i.e., “not knowing” the outcome). Participants described how experiencing uncertainty during overwhelm moved them out of the present moment by contributing to future-focused cognitions in which they would worry or speculate about potential outcomes:

The thoughts that were going through my head were just kind of like what ifs and things like that just like my mind is going a million miles a minute type thing. (P25)

...you're just like you know, not getting any answers and you just feel helpless. (P4)

Participant 25 spoke about how amidst uncertainty they found themselves speculating on the outcome of the situation and noted how they felt their cognitions were occurring at a rapid pace. For participant four, the uncertainty imbued within overwhelm also led to feelings of helplessness. For others, the uncertainty itself, not knowing what to expect, was a crucial component to the experience of overwhelm:

...without knowing what was coming ahead I felt very overwhelmed. (P15)

But like being exposed, like I've been to suicide attempts, an almost completed suicide, we thought, I thought he wasn't going to make it. Like that doesn't seem to bother me but it's when you're dealing with, my partner was the worst thing. I didn't know what to expect when I was going into work like how bad it was going to be. If they're going to shit on me all shift, if they were going to ignore me all shift... It was dealing with my partner more than the inmates. (P19)

Reflecting on overwhelm during their previous correctional experience, participant 19 highlighted how it is not necessarily the critical incidents within an institution that result in employee overwhelm. Instead, the uncertainty related to working with challenging staff can impact employee psychological well-being.

For another participant with previous provincial correctional experience, the uncertainty around the well-being of two assaulted COs prolonged the overwhelm beyond the period of responding to and ending the incident within the institution:

...I was worried, two officers that were assaulted, worried if they were ok... I didn't know how assaulted they were. We were getting like mixed messages, people were saying 'Oh you know so and so was slashed' or 'So and so was this' we didn't really know the two officers that were assaulted to what degree they were injured. (P6)

Cognitions of uncertainty often removed individuals from the present moment to concerns about future outcomes and how the external situation would resolve.

Inadequacy. Some participants described cognitions of self-doubt that again moved the participant beyond the present moment into thought patterns of questioning their own capabilities:

At that point, when I was going through it, I was questioning myself. I'm like am I a joke? Am I bad at my job? Am I in the wrong role? Am I wasting my time? Does everybody think I'm a fucking loser for doing casework? (P19)

...that I wouldn't be able to do it all. (P23)

For both participants, uncertainty about oneself is seen in participants' fear of inadequacy.

participant 20 expressed cognitions that were plagued by uncertainty of self and when directed inwards challenged their own capacity to navigate the situation:

...it directly goes to the negative of like you're not going to be able to do this, what if you fail? You know you're trying too hard, you can't get it, just might as well give up. (P20)

Participant 20 suggested that feelings of inadequacy could culminate in wanting to give up on the situation.

2.6.2 Resolving the Stressor

Some participants emphasized their way through overwhelm was to focus on resolving the external situation and expressed the idea their overwhelm would end when the situation was resolved. For some participants, the experience of overwhelm was shaped by an individual's capacity to keep going and get through the moment. These participant descriptions revealed the importance of resolving the external stressor:

It's just trying to fix the problem or end the situation or whatever sort of in a way that it's going to be done and dealt with. (P2)

A focus on resolving the external situation (stressor) provided hope that the resolution of the stressor will end the experience of overwhelm:

That's the one thing that got me through and then I just couldn't stop just wanting it to end and getting it over and done with. (P9)

Alternatively, when participants felt that they could not resolve the stressor there were subsequent effects:

It just becomes cynical and it's hard to see the positives. (P16)

One of those signs I find when you experience too much stress is you kind of can't even concentrate anymore. You can't even focus on the issue because you don't know how to deal with it. You don't know how to organize it or what to do. So the feeling of maybe helplessness. (P15)

The necessity of bringing resolution to the stressor is highlighted by feelings of helplessness and cynicism when resolution cannot be accomplished.

A few participants described a capacity not just to persevere until the stressor is resolved but an ability to direct focus, at times away from their own internal experience, to resolving the situation. Two participants, experiencing overwhelm in relation to previous correctional experience, described their capacity to maintain focus and use their training to bring resolution to the situation:

We have our use of force branded into our brains, so for me during those times it's kind of that mental checklist and I've gotten better at it more and more over the years. (P22)

...I responded really fast. I ran over there, we got there, and I remember being super focused on what my manager was telling me... I feel like I'm always that way in high-stress situations. I go like, it's not calm, but it's like a I don't know, I don't get really boisterous and angry and screaming and freaking out, I kind of get really, it's almost like a feeling of calm. A feeling of really, really focused. (P6)

Another participant with first responder experience highlighted their capacity to maintain calm and keep their composure in the moment to navigate the external stressor:

I kind of pushed the overwhelming feeling aside and I did what I had to do for my job. (P13)

Engaging in suppression (i.e., “cram it all down”) of the internal stress experience was identified as one strategy to be able to bring resolution to the external stressor:

...I'm pretty good keeping my composure at the time I sort of just kind of cram it all down and deal with the situation at hand and then sort of the aftermath when everything's alright and sort takes an effect on me. (P2)

As participant two notes, while suppression can result in dealing with the external stressor, a secondary experience of stress related to overwhelm results.

2.6.3 Recovery: Metabolization of Overwhelm

Participants were asked to identify how they experienced overwhelm physiologically, emotionally, and cognitively and how they navigated this moment. However, the experience of overwhelm, for most participants, was not described as a contained, singular moment, as is evidenced by participant two's question: "*at the time it was affecting me or at the time of the incident?*" Many participants spoke about sensations and reactions they experienced after the external stressor had been managed. Some participants had intentional strategies they employed to care for themselves after overwhelm while others described an aftermath that seemed to happen to them (the "crash out"). Some spoke about how they noticed physiological and emotional reactions after the external stressor had been managed:

The pressure of that emotion and I just do it through crying I'll never cry in the moment but when the moment is over and it's safe to do so I'll let it out that way. (P1)

During I don't know how I do it I just manage to keep my composure and then afterwards sometimes you know I've had near panic attacks just kind of feeling overwhelmed feeling sad feeling whatever but always well after things are fine and safe and managed and whatnot. (P2)

But the aftermath I was shaken up about it. (P13)

Crying, or losing composure, was a common reaction and way of dealing with the stress caused during overwhelm; it was a way for participants to release the "pressure" or stress from their body. In addition to releasing the overwhelm from one's body, some participants discussed engaging in intentional strategies (e.g., journaling, therapy, breathing) to process or metabolize their overwhelm:

I poured myself the nicest bath... and I just relaxed and rehashed it and just sat there and processed those feelings and I identified where they were coming from and what I really need to work on to be stronger and better. (P1)

...I just took a deep breath and I just I was like okay well this is said and done and just kinda moved on instead of you know dwelling on, you know it's a waste of energy, so you know. (P5)

Two participants with previous correctional experience (P2 and P6) indicated that they experienced and struggled to deal with “*the crash out afterwards*” (P6). Participant two was direct in their struggle to deal with the aftermath of overwhelm, specifically acknowledging it as a “weakness” and saying they wait for it to go away over time but suggested they would be open to learning new strategies to metabolize the experience:

If I could learn some coping mechanism, I’m sure I would do a lot of things differently.
(P2)

As noted earlier, participant two managed to persevere and resolve the stressor associated with the overwhelm experience but struggled in the aftermath when they reported experiencing panic attacks and physiological dysregulation. For others, the aftermath of overwhelm is when they are finally able to acknowledge the fallout of their actions when overwhelmed. For example, it was not until after the stressor had resolved that participant four was able to acknowledge the relational consequences of experiencing overwhelm:

I kinda recognized it but it was more like looking back on it... it was more after—like I was seeing somebody and you know, we talked after and she was like you know, you were being a real asshole. Like you know, I’d just be stressed about work and my dog and I’d take it out on her. (P4)

Alternatively, for one participant, their relationships alerted them of the need to metabolize their overwhelm:

I started isolating myself outside of work, as well, which I was very fortunate that I have such good friends and family. They caught it. They all thought I was going to kill myself. I didn’t realize I was that far gone. (P19)

For participant 19, social support played a crucial role in their recovery when they were not engaging in health sustaining behaviours to metabolize their overwhelm.

One participant explained how not being able to physically release the accumulation of stress within their body (i.e., metabolize their overwhelm) contributed to the tension experienced when overwhelmed at work:

...if I'm at work I'm at work like I don't show that aggression kind of thing maybe again that's when I would feel the overwhelming like body tenses up just cause in hockey if you feel like that you can kind of slam your stick or kick the boards or something and yell at the referee whereas at work I think that's why I tense up sort of thing just cause you have to remain professional. (P26)

Participant 26 identified how the surrounding environment can shape how overwhelm is experienced suggesting that the inability to immediately and physically release stress when at work contributes to mounting physical tension in their body.

Drawing from their previous provincial correctional experience, participant 19 spoke about various interventions that can support the metabolization of overwhelm and the importance of access to these interventions for both COs and prisoners:

I feel like I got so much help, man it was nice. I said it to so many inmates, too, where I'm like, I recognize that there's such a stigma and it's hard enough for most people to ask for help, but especially within the inmate subculture and especially if you're a man, like it's just so frowned upon. But I'm like but at the end of the day who is going to be the person who has your back? It's you. At the end of the day the only person that you can count on for sure is yourself, so you need to do what you need to do to be confident and be comfortable in your skin and have a healthy relationship with yourself. If that means getting therapy, if that means doing CBT programming, if that means going to the gym six days a week for an hour, like you gotta figure out what works for you and you need to do it. And nobody can do that work for you. So I did a basically all those things. (P19)

Participant 19 showed how the ability to metabolize overwhelm cannot solely rely on the individual. While some participants engaged in independent activities (i.e., journaling, breathing) others, like participant 19, connected with their social network and professional mental health services to aid them in their recovery from overwhelm.

2.7 Discussion

The state of psychological well-being amongst CORs beginning their careers with CSC has not yet been explored. CORs are embarking on careers in which they will likely confront multiple PPTs and occupational stressors currently embedded in correctional work; these experiences, individually or through a culminating effect, have the potential to push employees into a state of overwhelm. To better understand how CORs experience overwhelm, I applied concepts from stress physiology and neuroscience (i.e., the window of tolerance) to research on correctional employee well-being. COR descriptions of physiological, emotional, and cognitive dysregulation, either in a hyper- or hypo-arousal state, support previous research on the window of tolerance (Siegel, 2020) and highlight nuances of the experience for individuals beginning correctional work. For most CORs, the physiological dysregulation of overwhelm was associated with a hyper-arousal state however there were a few participants who experienced hypo-arousal. COR reports of excessive energy activation and sensations (i.e., rapid heart rate, increased body temperature) indicated they were likely experiencing activation of the sympathetic nervous system during a hyper-aroused state (Siegel, 2020). Whereas the few participants describing withdrawal or shutting down behaviours (i.e., not wanting to deal with the situation, increased sleep) were likely in a hypo-aroused state and experiencing activation of the parasympathetic nervous system (Siegel, 2020). There are various strategies, specific to hyper- and hypo-arousal states, that can help an individual return to their window of tolerance (Siegel, 2020).

In addition to the physiological experience of overwhelm, CORs described the emotional and cognitive experience of being outside their window of tolerance. It is possible to experience a range of emotions when pushed outside one's window of tolerance but notably most CORs identified anger and frustration as the emotions experienced when overwhelmed. Additionally, while CORs could not always recall their exact thoughts from a moment of overwhelm they did

describe future-focused thought patterns of uncertainty and inadequacy during those moments. Participants' cognitive appraisals of uncertainty, both about the outcome of the situation and their own capacity to respond, highlight the role of cognitive appraisal in situations of overwhelm (Lazarus & Folkman, 1984). More recently, researchers have observed a relationship between an intolerance for uncertainty and the development of mental health disorders (Carleton, 2016; Korol et al., 2021; Ricciardelli et al., 2021). Possibly, over the course of their careers, COs could become more tolerant or adaptive to uncertainty, given their unpredictable work environment and trainings targeted to help them adapt to working in an environment with uncertain threats (Angehrn et al., 2020).

Prior to beginning work within a federal institution, COR descriptions of overwhelm revealed the dysregulatory nature of overwhelm yet many participants described being able to persevere through the moment by maintaining a focus on resolving the external situation. Experimental research has demonstrated that in situations of acute psychosocial stress individuals exhibit a capacity to focus on their goals and resolve conflict, but this can come at the cost of reduced cognitive flexibility (Plessow et al., 2011). The ability to persevere through overwhelm and remain focused on resolving the stressor may prove adaptive to those acute moments in a correctional environment where COs respond to violence or harm. In addition to acute moments of crisis, there will likely be chronic stressors in the correctional environment that are more challenging to resolve immediately or cannot be resolved without systemic or organizational changes (i.e., occupational stressors such as staffing shortages, changes in policy, inconsistent leadership style [Konyk et al., 2021]). A few participants identified the individual consequences of not being able to resolve the external stressor (i.e., feelings of cynicism and helplessness). While CORs may be prepared to navigate their stress response during critical

incidents, they may need access to space (i.e., private away from prisoners), time, and voluntary supportive resources to support the body's allostatic process and engage in actions that complete their stress cycle. Access to supportive resources may mitigate the risk of stress getting "stuck" in the body. This may be especially crucial in environments where chronic stressors require systemic changes to be addressed and are not immediately or easily resolved by the individual.

A few participants spoke about how overwhelm spilled over to their personal or professional relationships; the spillover of overwhelm into relationships can have unique consequences in the correctional environment. COs' ability to self-regulate, remain within their window of tolerance, while interacting with prisoners can play an important role in reducing incidences of violence, especially those directed at COs, and in turn influence a CO's own psychological well-being (Martinez-Iñigo, 2021; Sorensen et al., 2011). Many COs purposefully attend to the affect regulation needs of prisoners (Niven et al., 2007) and need to remain aware of how their own behaviours can impact a prisoner as well as effectively respond to prisoners in a dysregulated emotional state (i.e., after they have received bad news; Nylander et al., 2011). If COs are pushed outside their window of tolerance due to occupational or personal stressors, they may find it more challenging to remain attuned to the emotional needs of prisoners. van Dernoot Lipsky (2018) also called attention to the accountability individuals have for their actions when overwhelmed and the communal consequences (i.e., causing unintentional harm to others) that can result when overwhelmed too often. Given the potential relational impact of overwhelm, and the crucial role CO regulation can play in either stabilizing or destabilizing the correctional environment, it is likely that CORs and COs would benefit from trainings and access to therapeutic interventions that support self-regulation and skills that expand the window of

tolerance to support individuals trying to remain engaged with their environment without becoming overwhelmed (Ogden, 2009; Price & Hooven, 2018).

Based on COR descriptions of overwhelm as a dysregulatory two-phase process, correctional stress-reducing or wellness programs should offer strategies to help COs identify and manage their stress in the moment *and* the recovery period (i.e., completing the stress cycle). Based on the range of experiences represented in the results, programs that teach CORs and COs to identify their warning signs of overwhelm (i.e., acute stress) could discuss sensations associated with both hyper- and hypo-arousal states to ensure that experiences across the spectrum of overwhelm are recognized. Additionally, given the dysregulation experienced physiologically, emotionally, and cognitively, these programs may want to support participants to identify their stress signals across the different states. For example, the power of thoughts of inadequacy or uncertainty can contribute to additional challenges when trying to navigate moments of overwhelm. Interventions such as Mindful Awareness in Body-Oriented Therapy aim to enhance individual awareness of the inner body sensations (i.e., interoception; Price & Hooven, 2018). In doing so, individuals enhance their interoceptive awareness skills which can “facilitate optimal emotional responding and the individual’s ability to process and interpret feelings, or to plan ahead and strategize at the onset of small cues before becoming overwhelmed or entering an unmanageable situation” (Price & Hooven, 2018, p. 10). Increasing the awareness of one’s emotions (consciousness) has been found to improve the likelihood an individual will be able to adapt to challenging situations and regulate their emotions to remain in their window of tolerance (Siegel, 2020).

2.8 Limitations

Understanding pre-employment experiences of overwhelm is a first step in understanding the awareness CORs have of being pushed outside their window of tolerance into an experience of overwhelm. The application of phenomenological analysis revealed the essential elements of this shared experience. However, due to the considerable size of the overarching study in which this study was nested, I could not conduct all the research interviews myself. Due to the semi-structured nature of the interviews, there were challenges in data consistency as not all participants who were asked about overwhelm were asked all the relevant questions. Missing information may be due in part to interviewer variability rather than a lack of awareness of the experience on behalf of the participant. Thus, the current representation of overwhelm amongst CORs may not completely represent the complexity of the overwhelm experience. Additionally, COR descriptions of overwhelm were retrospective; self-reported and retrospective data can limit reliability. Further research is needed amongst CORs to evaluate whether there are additional features that comprise the essential experience of overwhelm. In the current study, I could only theorize how CORs' experiences of overwhelm may be adaptive (or not) to their new occupational environment. Future research, such as conducting similar research with currently employed COs, will help elucidate whether the experience of overwhelm remains consistent when working as a federal CO or if there are important adaptations within the experience throughout one's career. Future research could examine whether cognitions of uncertainty, inadequacy and helplessness are also present in CO experiences of occupational overwhelm.

2.9 Conclusion

In this study, I sought to understand how CORs have experienced overwhelm and been impacted by this experience prior to beginning their careers as federal COs. The results revealed

that overwhelm was not experienced as one singularly distinct moment. Participants described physiological, emotional, and cognitive dysregulation amidst a stressful experience with many describing a recovery phase to overwhelm in which they made efforts to metabolize internal stress or were confronted with a fallout (i.e., relational consequences, “crashing out”) of overwhelm. Despite dysregulation experienced amidst a stressor, many CORs described efforts of perseverance in which they focused on resolving the stressor and a few participants described feelings of helplessness and withdrawal behaviours in relation to overwhelm.

The current results suggest CORs may benefit from programs, in training and throughout their career, that help employees widen their window of tolerance and provide strategies to move back within one’s window of tolerance once outside of it (i.e., strategies to enhance affect regulation). Additionally, programs that both normalize the experience of overwhelm and highlight the importance of metabolizing overwhelm through intentional, evidence-based strategies may begin to challenge the toxic masculine norms pervasive within many correctional institutions (i.e., individuals should tough it out and keep moving on at all costs; Ricciardelli & Power, 2020). Finally, resources supporting one’s capacity to process overwhelm may help mitigate the relational impact of overwhelm both personally and professionally.

For CORs who emphasized the importance of resolving the external stressor, this may prove challenging in an environment with exposure to chronic, difficult to resolve stressors (Nagoksi & Nagoski, 2019). Teaching CORs and correctional management about the potential for stress accumulation within the body due to exposure to chronic occupational stressors may be an important step towards normalizing the need for access to stress cycle completion interventions even when not exposed to a PPTE on the job. Based on the study results, the metabolization of overwhelm highlights that some CORs have strategies for completing their

stress cycles once the stressor is resolved whereas others describe an aftermath of overwhelm marked by panic or crashing out. This range of recovery experiences suggests that CORs may benefit from workshops that recognize strategies they already use and additional support to build a toolbox of stress cycle completion activities so as to help reinforce the importance of metabolizing experiences of overwhelm.

Thus far, many of these suggestions have focused on an individual employee's capacity for adaptation and growth. It is imperative to remember that overwhelm is a system's issue and therefore the organization plays an essential role in not only providing effective stress management programming to employees but also systemic interventions to reduce toxic and chronic stressor exposure at work. Additionally, any adaptations to programming aimed at CORs or COs need also to remember the cultural context in which these interventions will be applied. Therefore, parallel work needs to be done to address skepticism and institutional and cultural barriers to applying self-regulation skills and stress cycle completion interventions.

Transition from Manuscript One to Manuscript Two

In the first manuscript, I applied phenomenological analysis to correctional officer recruits' (CORs) qualitative descriptions of acute stress (i.e., overwhelm). My analysis revealed elements of dysregulation physiologically, emotionally, and cognitively. This dysregulatory experience was not necessarily contained to a single moment. Rather, CORs spoke about experiencing dysregulation when confronted with a stressor and during a period of recovery. Notably, many CORs described a capacity to persevere through the dysregulatory internal experience to resolve the external stressor. Rooted in this baseline picture of how CORs experience acute stress, I suggest that employees may benefit from programs that help them widen their window of tolerance, metabolize stress, and normalize the experience of overwhelm. Additionally, employees may find it beneficial to learn how to self-identify personal indicators of their own physiological, emotional, and cognitive dysregulation. Drawing on phenomenology to explore the embodied experience of acute stress allowed me to identify common features of this subjective experience. However, the manuscript does not answer what CORs do in response to this dysregulatory experience. Thus, understanding how CORs persevere and navigate through overwhelm is the focus of the second manuscript.

In the following manuscript, I shifted methodological approaches to answer the question: how CORs respond to moments of overwhelm? Applying a grounded theory approach to analysis, I revealed two potential pathways for CORs during overwhelm. In the first pathway CORs described overwhelm as ending along with the resolution of the stressor. In the second pathway, CORs described continuing to draw on navigation strategies after the resolution of the stressor to process the associated internal experience. Within these two pathways, most CORs described drawing on one or more navigation strategies. Importantly, CORs described strategies

that were externally focused (i.e., resolving the stressor) and internally focused (i.e., self-regulation). These two strategies mirror core features of the experience of overwhelm as described in the first manuscript (i.e., internal dysregulation and a focus on resolving the external stressor). Thus, CORs' descriptions of how they navigate overwhelm map onto what they report experiencing. Additionally, CORs' descriptions of two potential pathways for navigating overwhelm reflect the two-phase experience of overwhelm described in the first manuscript (i.e., during the stressor and "after" or the recovery period).

Chapter 3: Manuscript 2- Correctional Officer Recruits' Navigation of Overwhelm: Internal and External Strategies

Abstract

Correctional officers (COs) must find ways to regulate their own emotions and behaviour to promote the safety of those in confinement while also exposed to numerous job stressors. Little is known of how correctional officer recruits (CORs), those beginning their careers as federal COs, navigate states of overwhelm (i.e., moments of acute stress) and whether their responses to overwhelm could be adaptive to the carceral environment. In this study, I analyze 27 CORs' qualitative descriptions of navigating overwhelm to understand the coping strategies employed by those entering the correctional workforce. My analysis reveals that CORs engage in both externally focused (i.e., stressor resolution) and internally focused (i.e., emotion regulation) coping strategies to navigate overwhelm. Additionally, CORs seek out relational support and identify how overwhelm can be an opportunity to grow and learn new coping strategies. I discuss how CORs' reports of employing both problem-focused and emotion-focused coping strategies can shape how the organization supports CORs and COs in maintaining and developing new coping skills for overwhelm, specifically by creating conditions for regulatory flexibility and fostering strong relationships.

3.1 Introduction

The capacity to think clearly and manage one's reactions in moments of high stress is essential to performing certain occupational roles effectively and safely. No job may exemplify this more than that of a correctional officer (CO), an occupation which requires careful and managed reactions that balance the often-paradoxical demands of custody and care (Humblet, 2020; Johnston & Ricciardelli, 2022; Ricciardelli et al., 2020). COs and prisoners both

experience high stress carceral settings such that “conditions of confinement are also conditions of employment- and vice versa” (Ricciardelli, 2019b, p. ix).

Within the correctional environment, prisoners are subject to a CO’s ability to regulate their own emotions and behaviour to promote the safety of those in confinement. COs regulate their internal and external states while also exposed to numerous job stressors such as: role problems, fear of victimization, work-family conflict, poor supervision, and a harmful work culture (Arnold, 2017; Lambert & Hogan, 2018; Ricciardelli & Power, 2020). Exposure to correctional job stressors has been found to contribute, among some COs, to maladaptive coping, increased levels of anger or abuse, and impaired capacity to provide effective treatment to prisoners (Ferdik & Smith, 2017). Thus, challenges with continued stress regulation in the face of various occupational stressors risks consequences for COs and prisoners.

Little is known about how individuals training to become COs, correctional officer recruits (CORs), navigate states of overwhelm. By focusing on CORs, before they become federal COs, I uncover the pre-employment coping strategies of those embarking on a career as a federal CO. Establishing baseline coping strategies is necessary to understand how or whether coping strategies change once working as a CO. Additionally, understanding how CORs navigate overwhelm can elucidate sources of stress for incoming employees and inform how an organization (i.e., Correctional Service Canada [CSC]) can effectively support employees when experiencing overwhelm to ideally improve employee well-being. In this research, the subjective experience of acute stress is operationalized with the term overwhelm. How an individual responds, both internally and externally, to the external stressor and their internal experience of acute stress (overwhelm) is described as navigation. In this study, I analyze 27 CORs’ qualitative

descriptions of navigating overwhelm to interpret the stress strategies employed by those entering the correctional workforce.

3.2 Context

3.2.1 Correctional Officer Job Stressors

A growing body of scholarship reveals the occupational environment for COs is replete with organizational and operational stressors as well as exposures to PPTEs (Konyk et al., 2021). Over the course of their careers, a CO will potentially respond to, witness, or learn about harm to a prisoner and/or colleague and even risk direct exposure to harm themselves (McKendy et al., 2020). In addition to exposures to PPTEs, COs must contend with numerous organizational and operational stressors, such as staff shortages, forced overtime, poor organizational communication, fluctuating policies, and challenges balancing work and personal life (Carleton et al., 2020a; Konyk et al., 2021; McKendy & Ricciardelli, 2022). These stressors can culminate to create what is perceived as a “toxic workplace” by many COs (Union of Canadian Correctional Officers, 2022). Correctional researchers have found that exposure to acute and chronic occupational stressors can contribute to impaired employee mental health (i.e., burnout, posttraumatic stress disorder [PTSD], and Major Depressive Disorder [MDD]; Bourbonnais et al., 2007; Carleton et al., 2021; Fusco et al., 2021; Jaegers et al., 2019; Konyk et al., 2021; Obidoo et al., 2011). Drawing on survey data, researchers report the prevalence for mental health disorders, including PTSD and MDD, are frequently higher amongst COs than national averages or other public safety personnel (i.e., firefighters and police; Carleton et al., 2018; Carleton et al., 2020; Regehr et al., 2019). These research efforts have been essential to shining a light on the mental health struggles of many COs and suggest that COs will need to draw on various

strategies to manage occupational stressors and the potential consequences (i.e., experiencing overwhelm) of working in a stressful, and at times violent, environment.

3.2.2 Responding to Stressors

3.2.2.1 A Self-Regulation Framework: Coping and Emotion Regulation. Research on how individuals respond or adapt to stressors and stress has evolved to include theories about the role of coping (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984) and strategies for emotion regulation (Bonanno & Burton, 2013; Gross, 1999; Gross et al., 2019). Lazarus and Folkman (1984) conceptualized stress to be a dynamic and active process between the individual and the environment in which an individual cognitively appraises a transaction as stressful and “fights back” to restore itself to equilibrium when confronted with external demands. The authors theorized coping to be the effortful “process through which the individual manages the demands of the person-environment relationship that are appraised as stressful” (p. 19).

Lazarus and Folkman (1984) identified two primary categories of coping, which continue to permeate research today: problem-focused and emotion-focused coping. Problem focused coping strategies target addressing or changing the stressor while emotion-focused coping strategies are “directed at regulating emotional response to the problem” (Lazarus & Folkman, 1984, p. 150). Emotion-focused coping strategies include those that lessen the emotional distress (i.e., avoidance, distancing, taking the positive), those that increase the emotional distress, and cognitive reappraisal (i.e., putting things into perspective or changing the meaning). During cognitive appraisal, individuals evaluate the meaning of a situation within one of three categories: harm, threat and/or challenge (Lazarus & Folkman, 1984). Ultimately, the emotion-focused coping construct “laid the groundwork for the study of emotion regulation” (Gross, 1999, p. 555).

Much like the term stress has come under scrutiny for its broad use, with some scholars suggesting it has become conceptually meaningless (Kagan, 2016), so too has coping been critiqued for its inclusion of “the full range of behaviour emitted by an individual in taxing circumstances” (Gross, 1999, p. 555). There is overlap between coping and emotion regulation theories. However, emotion regulation has generally been considered a more specific construct while coping includes a broader range of behaviours across an extended time period (Gross, 1999; Parkinson & Totterdell, 1999). Emotion regulation is “the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (Gross, 1998, p. 275). Important to both coping and emotion regulation theories are an individual’s capacity for self-regulation and flexibility when responding to an adverse event or challenge (Bonanno & Burton, 2013).

Early on, Lazarus and Folkman (1984) argued that no coping strategy is inherently good or bad and evaluations should not be predicated on a positive outcome but considered as adaptation in context. Furthermore, coping processes were argued to be dynamic and modifiable in relation to the changing environments or reappraisals of situations. In an effort to move away from essentializing self-regulation strategies as good or bad, scholars have introduced the idea of regulatory flexibility as a critical element to evaluating coping and emotion regulation strategies (Bonanno et al., 2004; Bonanno & Burton, 2013; Cheng, 2001). The concept of regulatory flexibility, which suggests any attempts at adaptation and self-regulation be understood in relation to the environmental context in which they occur, recognizes certain self-regulation strategies can be adaptive to one environment and less adaptive or beneficial in another context (Bonanno & Burton, 2013). Thus, the key concern, within a regulatory flexibility framework, is no longer about whether a strategy is inherently “good or bad” but whether an individual can

choose a regulatory option that fits the given context (Levy-Gigi et al., 2016). For COs, the importance of regulatory flexibility may present itself as employees find themselves using self-regulation strategies (i.e., alertness to potential threats or disturbances) adaptive to the demands of prison or certain situations in prison, yet less adaptive in other situations when outside of work at home or in their community.

3.2.3 Correctional Officer Coping, Social Support, and Emotional Labour

Despite cautions to avoid against essentialist categorizations of coping or emotion regulation strategies (Lazarus & Folkman, 1984; Sheppes, 2020), many researchers, including those in correctional research, continue to assess whether one kind of coping or self-regulation strategy is more beneficial than another. Studies that examine coping amongst COs have found certain coping strategies may exacerbate or mitigate symptoms of burnout and PTSD and influence COs' intentions to leave the profession (Gould et al., 2013; Harney & Lerman, 2021; Hughes-Taylor & Swartz, 2021). For example, seeking emotional support, reporting positive growth and engaging in planning were coping strategies found to protect against burnout, PTSD and turnover amongst COs (Gould et al., 2013; Harney & Lerman, 2021; Hughes-Taylor & Swartz, 2021). Whereas alcohol abuse and denial were found to exacerbate reports of burnout, PTSD and turnover amongst COs (Gould et al., 2013; Hughes-Taylor & Swartz, 2021).

When interviewing Canadian public safety personnel (PSP), researchers found that many COs and other PSP did not engage in only one kind of coping strategy. Rather, they simultaneously engaged in a variety of adaptive coping strategies such as self-education on mental health, engagement with mental health resources (e.g., psychotherapy, medication), and efforts at self-improvement to cope with work stress (Anderson et al., 2022). In other words, many PSP participants appeared to engage in stress appraisals that evaluated the situation as a

challenge, which allowed them to perceive the “potential for gain or growth inherent in an encounter” (Lazarus & Folkman, 1984, p. 33). The capacity to learn from stress experiences (i.e., seeking education about mental health disorders, engaging in self-reflection) was one of the adaptive coping strategies employed by PSP who reported enhanced well-being.

Coping strategies amongst correctional employees are not static; rather they can be influenced by the surrounding environment and available resources, for better and worse. For example, Shepherd et al. (2019) found the emotional demands within the correctional environment (i.e., CO burnout) indirectly contributed to increased alcohol use behaviours. Research amongst other law enforcement professionals has demonstrated how coping strategies are dynamic and evolve during training and throughout one’s career. For example, police officer recruits reported relying on fewer coping strategies, specifically prioritizing problem-focused coping, over the course of police academy training (Patterson, 2016). Focusing solely on which coping strategies are significantly associated with perceived negative outcomes (i.e., mental health disorders) risks overlooking the potential role of regulatory flexibility for COs and how they may employ diverse strategies simultaneously.

An important coping strategy when experiencing stress is to draw on social support (Lazarus & Folkman, 1984). Early research on coping tended to focus on the individual’s response to external stressors however, an individual’s social network can influence how a person responds to stressors (Folkman & Moskowitz, 2004) by offering emotional support to boost the individual’s confidence to respond to a situation and providing an opportunity to vent or connect (Lambert et al., 2010). Within correctional research, social support is commonly found in four domains: coworkers, supervisors, management, and family (Forsyth et al., 2022; Lambert et al., 2021).

Despite the instrumental support family and friends can provide, some COs have described withdrawing from their social networks and perceive themselves as less likely to reach out for support amongst their family and friends (Higgins et al., 2021; McKendy & Ricciardelli, 2022). In one Canadian study, COs described negative changes in self that they perceived as resulting from their job (i.e., increased irritability, difficulty “shifting gears” from work to home life, and a struggle to “turn off the guard”) and a subsequent loss of social identity and connectedness (McKendy & Ricciardelli, 2022). In place of family and friends, COs may begin to “drift” towards colleagues for support (Higgins et al., 2021). Additionally, personal or familial social support has not been found to significantly affect psychological distress and burnout amongst COs (Harvey, 2014; Lambert et al. 2010). Instead, support from colleagues and supervisors has emerged in quantitative research as a stronger predictor of psychological well-being (Brough & Williams, 2007; Harvey, 2014; Lambert et al., 2010). Yet, exactly what kind of support within the correctional environment is most effective remains elusive as we do not have a systematic understanding of the specific support needs of COs within the correctional workplace (Forsyth et al., 2022).

In addition to seeking social support, which is more often informal and accessed through a person’s occupational or personal social networks, some COs may also reach out to mental health professionals to cope with the internal stress experience associated with exposure to occupational stressors (Anderson et al., 2022). Within Canada, employee assistance programs and critical incident stress management are the two most common, reactive mental health services available to COs (Cassiano et al., 2022). While some research shows support for debriefing after a critical incident (Ruck et al., 2013), other scholars have called into question the effectiveness of individual level support programs for reducing stress or psychopathology

(Anderson et al., 2020; Evers et al., 2020; Jessiman-Perreault et al., 2021). Crucially, even when programs are available, there are barriers to accessing support for many COs (e.g., lack of awareness or perceived support for use, lack of facilitation by a trained mental health professional, pressures to remain stoic or deny psychological suffering; Cassiano et al., 2022; Ricciardelli & Power, 2020; Ricciardelli et al., 2021). Research on barriers for COs accessing mental health supports reveals how perceptions of stigma related to mental health and masculinity (i.e., toughness, “sucking it up”) perpetuated within correctional spaces prevents COs from accessing needed mental health supports (Wills et al., 2021).

Related to coping, correctional scholars have examined how COs experience and navigate the emotional demands of correctional work (Crawley, 2004; Humblet, 2020; Tracy, 2004). Instead of applying an emotion regulation framework, scholars have applied Hochschild’s (2012) concept of emotional labour to explore how COs adapt to the emotional demands of the correctional environment. With similarities to the concept of emotion regulation, emotional labour has been described as the “performance” of emotions, specific to employment, in which employees must manage the expression of their emotions to fit with the organizational norms or expectations (Hochschild, 2012). Specifically, employees may engage in two kinds of strategies to manage their emotions: surface acting and deep acting (Hochschild, 2012). When surface acting, employees will express emotions that are not genuine, or aligned with their inner emotional experience, in service of fulfilling their occupational responsibilities (Hochschild, 2012). Alternatively, when deep acting, employees strive to genuinely feel the socially expected emotion within the occupational context (Hochschild, 2012).

Within the correctional environment, COs are responsible for managing the emotions of prisoners. Furthermore, COs experience restrictions regarding which emotions they may express

(i.e., potentially engaging in increased emotional regulation) and where in the institution they can express them (Crawley, 2004). For example, when in spaces where COs interact with prisoners, they may be required to suppress the expression of certain emotions such as frustration, which COs may be able to express in more private spaces with colleagues with whom they can blow off steam (Humblet, 2020). As a result, COs engage in emotional detachment, physical distancing, depersonalization, and humour as emotional labour strategies (Crawley, 2004; Humblet, 2020; Nylander et al., 2011; Tracy, 2004).

Notably, the shifting demographics of the prison population (e.g., growing aging population and individuals living with mental health disorders and substance use challenges) increases the tensions between CO duties of custody and care and makes emotional labour more complex in an environment that can require constant suppression of certain emotions (Halsey & Deegan, 2017; Humblet, 2020). For example, “officers strive to appear respectful when they feel disgust or anger, maintain wariness/suspicion even when they feel comfortable, and act calm when they are in tragic- or fear-inducing situations” (Tracy, 2004, p. 513). In sum, the emotional labour research demonstrates that the management or regulation of emotions is a critical component of work as a CO.

3.3 Current Study

CORs are beginning their career with CSC as first responders (Ricciardelli, 2019a) within an occupational environment that is often replete with multiple occupational stressors, including exposures to PPTs. Yet, the coping strategies of COs have received less attention than other areas of correctional well-being scholarship and, to the best of my knowledge, no published research has explored coping amongst CORs. Thus, this study contributes to a gap in research with CORs by exploring how CORs navigate experiences of overwhelm. There is a need to

better understand CORs' baseline coping and emotion regulation skills as these may be utilized to navigate future stress experiences when exposed to occupational stressors. Qualitatively examining COR navigation strategies when experiencing overwhelm is a first step in understanding the coping and emotion regulation skills of COs at the start of their careers.

3.4 Methods

The CORs interviewed for this study are part of a mixed-methods, longitudinal study that examines the mental health and well-being of COs in Canada (see Ricciardelli et al., 2021 for the full study protocol). These CORs have not yet begun employment within a federal correctional facility. Rather, at the time of the interviews, they were in the process of completing the mandatory 14-week in-person correctional training program (CTP). A component of the overarching longitudinal study is a semi-structured qualitative interview in which CORs are asked about various aspects of correctional work (i.e., challenges and stressors), their personal life (i.e., responsibilities outside of work, meaningful relationships), and potentially psychologically traumatic experiences or changes to their mental health. Participants in the longitudinal study are asked to participate in a baseline interview during CSC's CTP and then invited to participate in subsequent annual interviews while working at their designated federal institution. CORs who participated in the baseline qualitative interview between January 2021 and March 2021 were asked additional questions related to a recent experience of overwhelm (i.e., "those times when your glass already feels full and then there's that one extra drop that causes everything to overflow"), forming the sample for the current study. The interview questions targeting the experience of overwhelm were adapted from Maurer's (2020) interview guide, which was developed to elicit youth descriptions of "losing it" and their affect regulation strategies in these moments. Some participants identified an experience of overwhelm that

occurred leading up to or during the CTP however this was not a parameter of the question and participants were free to choose an experience from their personal life or their previous work environment. Due to the large scope of the project, interviews I include in this analysis were conducted by several other research assistants, collaborators, and myself.

All participation in the study is voluntary and full consent was obtained before the interview began. Due to COVID-19 restrictions, all interviews included in the current study occurred with CORs over the telephone while they were attending their CTP in-person. Conducting interviews over telephone has the added potential benefit of allowing CORs to physically conduct the interview in a space that they feel will provide a large degree of confidentiality, an issue of utmost importance and especially when discussing potentially sensitive issues. The audio interviews were voice recorded and transcribed verbatim by a team of research assistants for data analysis. When necessary, I have edited some quotes used in this study for grammar, however I did not edit to the point of altering the meaning. I received ethics approval from McGill University (where I am a doctoral student; Appendix B) in addition to the ethics approval granted by Memorial University of Newfoundland, the location of the study's Principal Investigator.

3.4.1 Participant Sample

Between January 2021 and March 2021, 28 participants completing the baseline interview during CTP were asked to identify an experience of overwhelm. One participant was excluded from the analysis because they denied any recent experiences of overwhelm and were subsequently not taken through the related questions. The remaining 27 participants provided some description as to how they navigated out of the overwhelm experience (i.e., "What helped you to not feel overwhelmed anymore?" "What actions did you take or were there strategies you

engaged in to no longer feel like it was too much?”). In this sample, eight participants self-identified as female and 18 self-identified as male (see Table 1). Most participants identified as White and the remaining sample was comprised of individuals that self-identified as Indigenous/Aboriginal, Métis, Arabic, Filipino, Black and White, Métis and White, South Asian, or Indo-Canadian. Over half the participants reported graduation from college or university. Seven participants reported previous employment in a correctional environment and an additional six participants had previous public safety or security experience.

Table 1
Participant Demographics

Variable	N = 27
Gender (<i>n</i> =26)	
Female	8
Male	18
Age (<i>n</i> =26)	
19-24	6
25-34	12
35-54	8
Education (<i>n</i> =26)	
High School	8
Trade/Vocational training	2
College	7
University	9

3.4.2 Data Analysis

I used grounded theory to analyze 27 CORs’ descriptions of navigating an experience of overwhelm. Grounded theory supports the exploration of CORs’ navigation strategies when experiencing overwhelm as it is commonly used to explain actions or processes (Creswell & Poth, 2018). Grounded theory has been employed to understand how other high stress professions cope with work stress and burnout (Akbar et al., 2017; Jackson et al., 2018) and in research with COs (Goulette et al., 2020; Ricciardelli & Power, 2020; Ricciardelli et al., 2020).

However, to my knowledge, this methodological approach has not yet been employed to understand the strategies CORs use to navigate overwhelm prior to beginning employment in a federal correctional institution.

Within a constructivist grounded theory framework, I searched for “patterns and connections” (Charmaz, 2006, p. 126) in participant responses to arrive at a resultant interpretive theory, or explanation, of how CORs navigate overwhelm. Rooted in a grounded theory approach, I engaged in comparative analysis throughout data collection and into initial and advanced coding to identify the “salient and core features” (Boychuk Duhscher & Morgan, 2004, p. 611) of navigating overwhelm. In the first stage of data analysis, I read complete participant accounts of experiencing overwhelm and then narrowed my focus to sections of the interview in which CORs spoke of their “processes, actions, or interactions” (Creswell & Poth, 2018, p. 193) when experiencing overwhelm (i.e., “What helped you to not feel overwhelmed anymore?”).

During the first stage of coding, I read the selected sections of participant interviews line-by-line and identified a variety of codes to represent the data (i.e., open coding). After open coding I then reread my codes and the associated quotes and began to amalgamate multiple codes into one theme (i.e., focused coding; Charmaz, 2006). I was guided by the grounded theory concept of theoretical sensitivity in my data analysis which allowed me to remain attuned to existing theories on coping and emotional regulation “while ensuring that they d[id] not dictate the terms of the analysis and interpretation” (Padgett, 2017, p. 269). In other words, I did not approach the data looking for navigation strategies within problem-focused and emotion-focused categories.

Once I arrived at the four primary themes (external navigation, internal navigation, drawing on social support, learning opportunities) and two sub-themes (distancing and breathing) of navigating overwhelm, I began to formulate a higher-order abstraction of the navigation strategies employed by CORs during overwhelm (Padgett, 2017). To conceptualize the relationships between the themes and how they were employed throughout overwhelm I returned to the interview data, rereading for evidence of the four themes and when they were employed along the continuum of overwhelm (i.e., while the stressor was still active or once the stressor was resolved). In reporting the results, I “blend analytic statements with supporting description and illustration” (Charmaz, 2006, p. 152).

3.5 Results

I focus the analysis on COR strategies for navigating the experience of overwhelm. Almost all participant narratives revealed drawing on more than one navigation strategy during experiences of overwhelm. A few participants did not identify any specific coping strategies (i.e., *“honestly I just move on with my life”* [P14]); rather they expressed more of a passive navigation approach, characterized by an awareness that the moment will eventually find resolution and they just need to ride it out until it ends.

Participants were not asked to disclose the details of the situational factors that activated overwhelm thus some participants did not provide details about the stressor. However, some participants volunteered this information while discussing their experience. Many participants with previous correctional or public safety experience spoke about overwhelming situations at work such as responding to incidents of violence or death. The participants that referenced an experience of overwhelm from their provincial correctional experience emphasized their capacity to navigate the situation before engaging in any internally focused stress navigation strategies

(i.e., “after it’s all done I can be upset about it” [P6]). Seven participants identified an overwhelming experience that occurred either during the CTP or the lead up to coming to the CTP. These participants spoke about the challenges of leaving family behind to come to the CTP or struggling with the amount of content to learn during the training. Other participants shared stories of overwhelm marked by interpersonal conflict or trying to manage multiple responsibilities or tasks.

For CORs, the two most common strategies to navigate overwhelm were externally and internally focused navigation strategies with many CORs employing both strategies throughout their experience. During the interview, participants were asked to describe how they experienced overwhelm physiologically, emotionally, and cognitively. Overall, participants described experiencing physiological, emotional, and cognitive dysregulation during two phases of overwhelm. In the first phase, participants were faced with an external stressor and many attempted to find resolutions in the face of dysregulation and the second phase was a period of recovery from the dysregulation, once the stressor is no longer present (see chapter two for a detailed phenomenological description of the embodied experience of overwhelm). The internal experiencing of overwhelm was elicited during the interview in response to questions about physical, emotional, and/or cognitive sensations whereas the navigation processes analyzed here arose from participant responses to the question “what helped you to not feel overwhelmed anymore?”

3.5.1 Externally Focused Navigation

Many participants spoke about navigating overwhelm by concentrating on resolving or managing the external stressor at hand (i.e., “usually I’m just trying to resolve whatever is in front of me” [P2]; “Just dealing with the issue at hand and then after it’s all done I can be upset

about it” [P6]). By prioritizing finding a resolution to the external situation these participants revealed a capacity to engage in problem-focused coping. Some participants emphasized the importance of persevering through the moment at any cost: *“I never removed myself, that was the one thing I did was I just I didn’t sleep as much. I didn’t shower. I just kept going and going and going”* (P9). Thus, for participant nine, perseverance was key in finding resolution to the stressor. In addition to perseverance, a common strategy for navigating overwhelm was to break the external stressor into smaller pieces:

I just keep going cause it will all work itself out... focus on one thing at a time and as you go less and less things will need to be done and you’ll get there. (P12)

So it was a matter of just like organizing my time and making a plan to get through it and then just kind of chipping away at it and then it really seemed to help me get through it. (P15)

I break it down. Okay, this isn’t a problem, it’s an opportunity to find a solution... How can this be changed? How can I fix this? If I can’t fix it, what can I do to, to make this as good as I can or to survive this? How can I come away from this... how can I come away better in whatever way. Whether that be mentally, physically, emotionally, financially. Whatever it might be. But just breaking it down. Taking the big things and putting them into their actual constituent parts, their different components. (P3)

For the above participants, identifying smaller tasks or “making a plan” allowed them to engage in problem-focused coping and find resolution to the stressor, which ultimately was perceived as helpful in bringing an end to their overwhelm. Even when maintaining focus on the external stressor, there was a need identified to be able to “step back” to assess the situation and determine next steps: *“sometimes just taking a step back, sometimes you might need to reorganize things. I did a lot of like making lists and prioritizing things”* (P16). Thus, having space, physically or mentally, supported participants to externally navigate the situation.

Finally, two participants with previous provincial correctional experience spoke about how training in the provincial system and their colleagues helped them navigate moments of

overwhelm. Specifically, participant 22 detailed the mental checklist that helped them navigate a moment of overwhelm within corrections:

we have our use of force branded into our brains, so for me during those times it's kind of that mental checklist and I've gotten better at it more and more over the years... I got very much used to going through that mental checklist, checking who's in my surroundings, who's behind, what's going on, how many staff do I have here, how many more staff do I need, where is the course of this conversation going... (P22)

Participant 22's comments highlight the potential benefits of occupational training in navigating a stressor associated with overwhelm. Overall, these participants spoke about making lists, prioritizing, reorganizing, and creating action items as specific strategies to navigate an overwhelming stressor.

3.5.2 Internal Navigation

Many participants described navigating the internal experience associated with overwhelm, thereby revealing various emotion-focused coping and self-regulation strategies. Participant narratives revealed two primary self-regulation strategies that occurred either during the stressor or after: distancing and breathing. Most participants spoke about engaging in distancing and breathing to be able to continue to navigate the external stressor, while a few participants spoke about also employing distancing and breathing once the external stressor had been resolved as a means to process the internal stress experience.

3.5.2.1 Distancing. Participants described distancing, either physically or mentally, as a navigation strategy that allowed them to manage their response in moments when the stressor was ongoing. For some this strategy involved creating a physical distance between themselves and the stressor and interrupted the overwhelm in the moment so they could respond:

I went and grabbed a drink of water. I kind of literally like shook my body out and I tried to do some positive affirmations and talk to myself. (P20)

...if I get overwhelmed unfortunately I have to be by myself in order to sort of perform my own pulse check and bring me back down to a level where now I can be sort of you know I need my space to just kind of calm myself down... (P27)

For the above participants, physically removing oneself from a stressor allowed them the opportunity to engage in additional strategies (i.e., positive self-talk, pulse check) to “tackle the problem again” (P20). Instead of physically distancing, some participants described a more metaphorical or cognitive form of distancing:

... I usually just try to step back for a sec and take a deep breath and relax... knowing that when your emotions are very into something you don't think rationally so you're going to be more inclined to stick to what you want or what you expect as an outcome. So when you can separate yourself from that emotion it's a lot more easy to make a rational decision. (P8)

I find that taking a moment of silence and just pulling myself away from everything, from life. (P17)

So by just staying calm, realizing my own emotional reaction, my own physical reaction and being able to put that aside and just actually going through it with the person. There typically is, if you respond, you come at me in anger, my body's immediately there and it's just being able to see that and pull it back to be able to control myself, set it aside and get to where I need to be. (P3)

The self-perceived benefits of being able to distance oneself physically, emotionally, or cognitively, in moments of overwhelm, were described as having the opportunity to “calm down” and react from a place of “reason” as opposed to being more emotionally driven. Additionally, participant eight and three’s comments suggest they may have been engaging in surface level acting as they attempted to regulate their genuine inner emotional experience in service of being able to “control” their reaction. Specifically, participant three speaks about how they engaged in a purposeful effort not to express anger despite that being their initial emotional reaction.

For others, distancing was described as occurring after the external stressor had resolved and was portrayed as a strategy that allowed them to care for themselves after the event:

I have a journal, so I just kind of put my feelings down on paper, my thoughts down. You know, just cause sometimes, like often my thoughts just become jumbled. It's just kind of like there's too much going on and maybe even to think about something clearly. So writing it down and just being able to look at it kind of calms me sometimes. (P24)

I remember that night, I just took a step outside and it obviously was January 1st so it was pretty cold so I remember the cold air hitting my face felt like incredible because I got like kind of heated like physically heated when I was all mad but honestly just kind of like isolated... (P26)

In describing an incident at work, participant 26 reported that “I still did what I had to do” to resolve the situation but once the situation had resolved they benefited from being able to physically remove themselves from the environment to be alone and cool down.

Participants also described a capacity for engaging in reflection and self-talk as a way to decenter themselves or find perspective and create distance from the event:

Once I realized that that's the kind of person he is I didn't take it as personally. (P11)

I would reassure myself that what I was doing was the best that I can do it's not like I can bring someone back to life just because I want to. (P13)

In contrast to the above participants, a few participants noted that the inability to distance themselves from the stressor negatively contributed to their overwhelm: “*I wasn't really putting it all in perspective*” (P23). While most participants described a form of distancing that appeared brief and allowed them to either continue navigating the moment or care for themselves afterwards, one participant spoke about the need to remove themselves from work to navigate and recover from the multiple areas of overwhelm in their life; “*Well I took a casual seven months off of work*” (P19).

3.5.2.2 Breathing. Numerous participants spoke about the value of taking intentional breaths when overwhelmed (i.e., “*just telling myself take a deep breath or take a breath, and really just—yeah that helped and it's funny because breathing is so simple yet those key words*

‘take a breath’ really helps” [P17]). For some, creating distance between oneself and their emotions and breath work were inextricably connected:

... I just went out there for a few minutes and then just kind of took a few deep breaths and then I was okay. (P11)

I did some deep breathing. I asked to be removed from the situation for a little bit so I could calm down. (P18)

...just try to take a breath and separate, I know it sounds weird but like separate myself from my body knowing that me being in that situation is going to make me feel that type of way. (P8)

The perceived benefits of breathing during a moment of overwhelm meant that participants could disentangle from the moment and intentionally chose their path forward:

I take some deep breaths and I immediately try to calm myself, put myself into my Zen, my centre, my quiet so that I’m actually able to set that aside and listen to what’s going on. (P3)

...I find that if I just breathe and think about the situation a little more clearly that I can kind of come up with a solution to help me to kind figure it out. (P10)

...and if I find myself getting overwhelmed, I just took a deep breath and then I focus and I was able to get through it. (P11)

For the above participants, engaging in intentional breath work was perceived as giving them the opportunity to self-regulate and continue navigating the external stressor.

3.5.3 Drawing on Relational Support: Personal & Colleagues & Professional

In addition to internal and external navigation strategies, an equal number of participants spoke about the value of relational support, both personal and professional, in navigating moments of overwhelm. For some participants, relational support offered an interruption to the overwhelm so they could continue to navigate the moment; *“I talked to one of my coworkers and then you know just a couple of deep breathes and pulled myself together I guess in a sense cause I try not to let that ruin my day”* (P11). Drawing on their previous provincial correctional

experience, participant 22 highlighted the importance of coworkers' support in navigating high intensity moments within the institution:

My partners, definitely always having my partners as back up. When I get on the horn on the radio and say hey, I need, or if I get onto the phone like hey, I need a couple of more officers down here and that call is answered quickly in a timely manner that's fantastic. Now I'm, my blood pressure is going down a little bit more. (P22)

For participant 22, working in an environment in which one can rely on colleagues to show up during a moment of potential overwhelm can go a long way to mitigate the physiological response to a stressor. Participant 22 went on to suggest that training and working as part of a team can be protective against burnout.

In addition to support found in the moment and amongst colleagues, a few participants spoke about seeking professional psychological support once removed from the external stressor:

I'll work it out the rest of the way with her [my therapist]. She'll give me some great guidance and feedback and things that I can do to help myself further than what I've already been doing. (P1)

I just did a lot of therapy and program—like I did a CBT bounce back program. I went for trauma counseling at a clinic in Winnipeg. I did over the phone counseling with a psychiatrist. (P19)

The above participants' comments demonstrate a continued need for relational support regardless of how or whether the external stressor has been resolved.

Many participants described reaching out to their personal network for both emotional and practical support in responding to overwhelm:

Talking to my family after, when I got home, about how I felt in that situation and how I dealt with it (P13)

I call them [family] for everything and we chat it out for a while and then I'll call my best friend and chat it out with him like that's my technique is find someone I trust and sit down and talk. (P21)

...then too with COVID it was like I started calling people. Can you get me this? Can you pick up that? And then not feeling that you know—you can actually get it done. And you

feel better about yourself too. (P15)

The above participants' comments reveal that relational support can be sought out while the stressor is ongoing or once resolved. Relational support, whether intentionally sought out (i.e., "*I had to ask my mom to help*" [P23]) or engaged in because the support was built into the participant's environment (i.e., "*and then someone came over and actually kind of started to make me laugh*" [P20]) offered participants an opportunity to vent, reflect, express themselves and receive emotional or practical support. Finally, one participant suggested that their inability to reach out for relational support may have negatively contributed to their overwhelm and was viewed as an area for improvement; "*maybe delegated a bit more of the responsibility to somebody else and that just, that's one of my issues is asking for help is something I don't do as well*" (P9).

3.5.4 Learning Opportunities

Many participants spoke about the learning that can accompany moments of overwhelm (i.e., "*I pick myself up, brush myself off, it's a learning experience. What can I take from this, what was great about it, what can I do to make myself better for next time?*" [P1]). For some participants, moments of overwhelm were perceived as an opportunity to learn and improve themselves:

I just relaxed and rehashed it and just sat there and processed those feelings and I identified where they were coming from and what I really need to work on to be stronger and better. (P1)

Try to deal and try to come up with new ways of behaving with each other and also engaging with each other... (P7)

...If I can't fix it, what can I do to make this as good as I can or to survive this? How can I come away from this, whether it's just you know, how can I just come away with it at all or how can I come away better in whatever way, whether that be mentally, physically, emotionally, financially? (P3)

The above narratives revealed that for some participants, reflecting and learning from moments of overwhelm was part of fully resolving the experience. Specifically, participants were focused on learning aimed at improving oneself and strengthening relationships.

For others, they did not necessarily speak about taking lessons away from specific moments of overwhelm but their narratives revealed a capacity to learn new strategies as their navigation has changed over time:

that's from years and years and years of conflict and crap and working through these things. (P3)

I learned better ways to cope, and I think I significantly increased my self-awareness. (P19)

...I think I've changed over the years. Before I probably would have reacted angrily, said something to someone, if I was sad, I would close off, but now I find that if I just breathe and think about the situation a little more clearly that I can kind of come up with a solution to help me to kind figure it out. (P10)

I mean I think if I handled that—like I think I handled it quite well compared to what I would have done like 20 years or 10 years ago. (P4)

More specifically, participant four shared that they used to smoke cigarettes and chew tobacco in moments of stress but recently turned to exercise as a coping strategy. Furthermore, they expressed feeling “proud” that they had been able to approach overwhelm differently than they had in the past. Overall, these participants demonstrate the potential for coping strategies to evolve over time.

A few other participants identified a need to learn new coping strategies which could help them navigate experiences of overwhelm differently:

...if I could learn some coping mechanism, I'm sure I would do a lot of things differently. (P2)

...communication is something I'd like to work on to help those kind of overwhelming situations. (P16)

Participant 21 identified how, in the absence of learning new coping strategies, they “had to” rely on their past navigation strategies: *“I had to deal with it that way cause it’s the only way I knew how to deal with it, bit repetitive, the same conversations, but it worked.”* Similarly emphasizing how past strategies can inform present navigation strategies in moments of overwhelm, participant two explained that *“it’s the way I’ve always dealt with stress.”* Participant descriptions of learning new strategies over time or expressing a willingness to learn new strategies points to the possibility of developing new coping and emotion regulation strategies as a CO that are adaptive to the correctional environment.

3.5.5 A Theory for Navigating Overwhelm

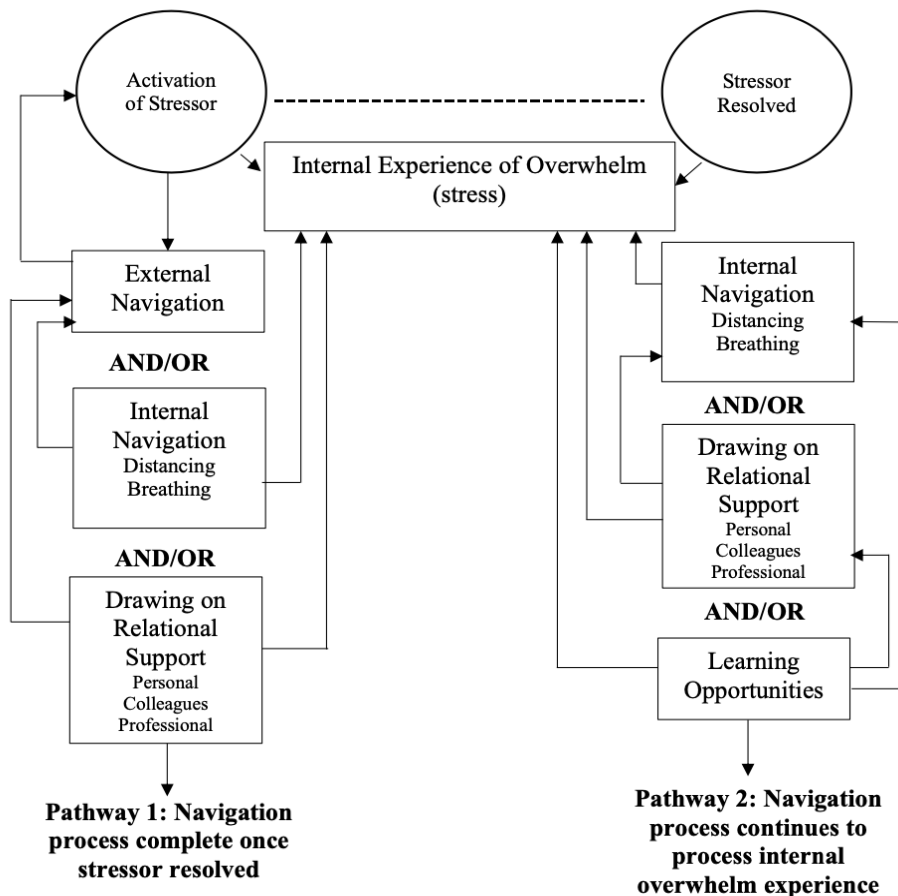
CORs who employed externally focused navigation strategies emphasized the importance of resolving the external stressor that activated the feeling of overwhelm. Whereas CORs who described internally focused navigation strategies such as distancing and breathing emphasized the value of self-regulation directed at the internal experience of overwhelm. Many participants also spoke about how drawing on relational support helped them navigate overwhelm. Finally, participants spoke about the lessons that can come from navigating overwhelm or noted how these moments helped them identify how they would like to learn new ways to navigate future overwhelm.

Critically, participants did not employ a single navigation strategy. Instead, most participants described drawing on at least two strategies to navigate overwhelm. Navigation strategies were employed by participants during two phases of overwhelm: when the stressor was still ongoing and, for some, after the external stressor had been managed to navigate the internal overwhelm experience. Some participants who continued to draw on navigation strategies once the stressor had been resolved described this as the “after” period (i.e., *“I’ll never cry in the*

moment but when the moment is over and it's safe to do so I'll let it out that way" [P1]; "But the aftermath I was shaken up about it but just having the support from my colleagues kind of made me feel... like I actually did the best that I could" [P13]).

Figure 1 displays the strategies that CORs described using to navigate both the external stressor and the internal experience of overwhelm. As shown by the arrows, certain navigation strategies facilitated subsequent navigation strategies. For example, drawing on relational support was often described as offering practical assistance to manage the external stressor, emotional encouragement to support self-regulation, or an opportunity to reflect and learn lessons for navigating future experiences.

Figure 1
Strategies to Navigate Overwhelm



3.6 Discussion

CORs are beginning careers in an environment in which they will likely be exposed to numerous occupational stressors and PPTs. Consequently, throughout their careers, COs may utilize pre-existing coping strategies as well as develop new strategies that are adaptive to the correctional environment to perform their occupational responsibilities amidst various stressors. Employment within high stress and at times violent correctional spaces puts COs at risk for “the development of costly but potentially adaptive strategies” (Ellis & del Giudice, 2019, p. 112). Correctional researchers continue to elucidate the multitude of risk factors contributing to psychological distress and CO coping strategies. My research furthers knowledge in this area by examining how CORs navigate experiences of overwhelm prior to beginning their careers. In doing so I elucidated pre-existing coping and emotional regulation strategies amongst those entering a profession for whom the capacity to navigate emotions and behaviour can be essential to maintaining individual and organizational safety.

My findings suggest, when experiencing overwhelm, CORs engage in strategies to navigate both the external stressor (i.e., problem-focused coping) as well as the internal stress experience (i.e., emotion-focused coping and emotion regulation strategies). Almost all CORs described employing more than one navigation strategy within a single experience of overwhelm. The use of multiple navigation strategies within one experience of overwhelm replicates previous research findings showing that PSP, including COs, were “simultaneously using diverse coping strategies to manage their exposures to occupational stressors” (Anderson et al., 2022, p. 12). Overall, the results suggest a fluid relationship between problem-focused and emotion-focused coping or emotional regulation as CORs did not describe using only one navigation strategy. Within a single experience of overwhelm, many CORs were employing

multiple coping and emotional regulation strategies to both resolve the stressor and respond to the associated emotional experience.

My finding that CORs are drawing on multiple strategies to navigate an experience of overwhelm supports a conceptual shift within CO coping research away from examining which coping strategies are associated with better or worse psychological outcomes (i.e., acontextually evaluating self-regulation strategies as good or bad; Sheppes, 2020) to understanding the regulatory flexibility of COs. Accounts of COs struggling to keep behaviours adaptive to the correctional environment within the prison walls point to potentially unique challenges with regulatory flexibility once employed. For example, Tracy (2004) found that certain adaptations to working within a prison are difficult to keep in the prison walls as “[p]aranoia travels with officers outside of the barbed wire–topped prison fences into the doors of fast-food restaurants, discount stores, sports arenas, and bedrooms. Emotional constructions designed to meet organizational goals bleed into private life” (p. 513).

Prior to beginning employment as a federal CO, CORs demonstrate a capacity for utilizing more than one coping strategy within a single stressful moment that occurred in their personal life or in previous occupational contexts. What remains to be understood is whether they can employ diverse strategies specifically adaptive to the demands of various external stressors and environmental contexts. The vast array of occupational stressors and PPTs that a CO may experience throughout their careers suggests that a “one size fits all” stress response approach will not be health sustaining and instead COs will likely benefit from an array of coping and emotion regulation strategies.

Despite the diversity of strategies used to navigate overwhelm, possibly, not all strategies will be feasible within carceral spaces. More than half the CORs in this sample expressed that

they engaged in emotion-focused coping or emotion regulation strategies as part of navigating the internal stress experience associated with overwhelm. Prison work can entail emotional labour and COs may find themselves in situations where they are required to perform or regulate their emotions as part of their job. In my sample of CORs, the most common emotion regulation strategies were breathing and distancing. A potential challenge to engaging in forms of distancing within the correctional environment has been addressed in earlier research on emotional labour amongst COs. For example, Nylander et al. (2011) identified the importance of a private or “backstage” area for COs, removed from prisoners, to be able to process emotions or recover from an emotional experience. Unfortunately, most COs do not have access to such an area thereby creating potential obstacles to recovery after stressful experiences while at work which in turn risks further negatively impacting a CO’s psychological well-being (Nylander et al., 2011). The emergence of distancing as a primary emotion regulation strategy amongst CORs and the potential challenges of being able to engage in this strategy within the prison environment highlights a need to support CORs in developing new emotion regulation strategies as well as fostering private spaces for COs wherever possible.

Many CORs spoke about the importance of drawing on diverse forms of social support as a means to navigate the experience of overwhelm. In my results, CORs turned to friends, family, coworkers, or mental health professionals for practical assistance towards resolving the external stressor and emotional support either during overwhelm or afterwards, during their recovery from overwhelm. Once employed, COs may be less likely to pull on family and friends for social support and more likely to draw on their support systems within the workplace (i.e., colleagues and supervisors; Higgins et al., 2021). Again, CORs may experience difficulties applying

previous coping strategies, such as drawing on friends and family in times of overwhelm, within their new occupational environment.

In addition to the potential increased reluctance to drawing on family and friends for support (Higgins et al., 2021), there are various barriers to accessing formal mental health services as a CO (Cassiano et al., 2022; Ricciardelli & Power, 2020; Ricciardelli et al., 2021; Wills et al., 2021). Thus, it may be beneficial for correctional environments to invest in efforts to enhance informal social support and supervision throughout the institution. This could include workshops on supporting colleagues in distress, developing peer mentorship programs, and ensuring employees have time and access to private spaces during their shift to engage in informal support. Finally, a few CORs' descriptions of drawing on relational support, particularly therapy, revealed a secondary benefit of learning new coping strategies for the future. The integration of onsite mental health professionals, available to employees, may help COs continue to develop health sustaining coping strategies and break down some of the barriers in accessing mental health support.

Many CORs reported their responses to overwhelm have evolved over time and expressed a desire to learn new coping and emotion regulation strategies, thereby highlighting the potential for COs to learn strategies adaptive to their new occupational environment. Efforts to support CORs in learning new coping and emotion regulation strategies should avoid promoting one type of self-regulatory technique (i.e., the “good” ones) over another. Instead, it may be beneficial to discuss how some navigation strategies may be adaptive within the correctional environment but may be less beneficial outside the prison walls thereby helping CORs understand the idea of regulatory flexibility as well as exploring strategies to build flexibility. For example, in research with other PSP, it was found that regulatory flexibility

played a role in determining PTSD outcomes after repeated PPTE exposures (Levy-Gigi et al., 2016). Firefighters with higher regulatory flexibility, (i.e., “the ability to flexibly regulate emotions in accordance with changes in contextual demands” [Levy-Gigi et al., 2016, p. 36]) developed fewer PTSD symptoms.

In earlier coping research with COs, Triplett et al. (1996) found that certain coping strategies were more effective for certain stressors, an early indicator in correctional stress research of the importance of understanding stress responses in context. Notably, the authors identified that there were specific stressors within the correctional environment that were not diminished by CO coping strategies. Thus, while research and discussions of CO coping frequently appear at an individual level, it is critical that the context, in which a heightened need for coping arises, is not ignored. Societal and organizational efforts to minimize exposure to unnecessary stressors and PPTEs, wherever possible, need to accompany any discussions about individual level efforts to develop greater regulatory flexibility and new coping strategies.

3.7 Limitations

CORs’ descriptions of navigating an experience of overwhelm provide a baseline picture of the coping and emotion regulation strategies used before beginning work within a federal correctional institution. CORs are embarking on their new professions with a capacity to draw on diverse strategies within a single moment of overwhelm. It remains to be determined whether these navigation strategies will be adaptive to the correctional environment. Further research is needed to explore whether the diverse strategies that CORs use to navigate overwhelm are health sustaining and sustainable within the correctional environment or not. I did not set out to evaluate regulatory flexibility in CORs and the use of multiple strategies within a single

experience of overwhelm is not conclusive evidence of the capacity for regulatory flexibility amongst CORs.

Due to the large scope and structure in which my study was nested, I was not able to conduct all the interviews myself and was unable to return to the field for follow-up interviews to validate my explanation of navigating overwhelm as this was not part of the study protocol (Creswell & Poth, 2018). Thus, rather than conduct multiple interviews with each participant, I sought saturation of experience and maximum heterogeneity (Creswell & Poth, 2018) through interviewing a greater number of participants. I noticed saturation during coding but additional interviews with the same participants could not be conducted to validate or confirm my findings and explanation of navigating overwhelm or add additional components to my theory.

Furthermore, when creating the interview guide, I did not specifically target problem- and emotion-focused coping strategies, nor did I explicitly ask CORs how they navigated the external stressor and their internal stress experience. Instead, these themes emerged through inductive coding and the absence of certain strategies amongst participant descriptions of navigating overwhelm is not a denial of engaging in additional strategies. Rather, the theory of navigation presented here is preliminary and indicates new directions for future research to examine how CORs and COs respond to experiences of overwhelm, both externally and internally.

3.8 Conclusion

CORs navigate overwhelm by drawing on externally focused and internally focused navigation strategies. When navigating overwhelm CORs may engage in strategies that respond to or attempt to resolve the stressor and/or their own internal stress experience. The ability to distance oneself from a stressor or situation was critical for some CORs in navigating overwhelm. Drawing on relational support facilitated CORs with either the external or internal

navigation processes. Finally, some CORs described how they were able to learn from the experience of overwhelm while others noted that, over time, their strategies for navigating overwhelm have evolved. Ultimately, for many CORs, navigating overwhelm is a process in which they employ more than one navigation strategy in an effort to respond to the external stressor and their own internal stress experience.

My findings suggest moving away from occupational trainings and recommendations that promote one form of coping over another. Instead, CORs and COs may benefit more from learning about regulatory flexibility and developing a broader toolbox of coping and emotion regulation strategies for moments of overwhelm. Furthermore, the capacity demonstrated by CORs to learn new navigation strategies over time suggests that CORs may benefit from engaging in reflexive exercises (e.g., How have I coped previously? What worked and what didn't?) as a means to foster health sustaining coping and emotion regulation strategies in their new occupational environment. Further research is needed to understand whether an ability to employ diverse strategies within a single moment translates to drawing on diverse strategies that are responsive to differing environmental demands (i.e., regulatory flexibility; Aldao et al., 2015; Bonanno & Burton, 2013). Future research could also evaluate the regulatory flexibility of COs, particularly as they move between work in the prison and their personal spaces. Finally, the importance of social relationships for many CORs in navigating overwhelm places renewed emphasis on fostering strong professional relationships within the workplace through mentorship programs, workplace socials, and private areas for COs.

My findings focus on how individuals navigate moments of acute stress. However, it is important not to ignore the environmental context in which increased demands for coping with stressors and the stress experience arise. Understanding how CORs navigate overwhelm is one

part of an effort to better support COs working within challenging carceral spaces. Efforts to support or enhance the coping and emotion regulation capacities of CORs and COs must be careful not to center the blame and responsibility for well-being onto the shoulders of the individual. Changes to the system that contributes to overwhelm are essential partners to promoting the development of environmentally adaptive coping and regulation capacities.

Transition from Manuscript Two to Manuscript Three

In the second manuscript, I identified coping strategies CORs report using to navigate through overwhelm. In doing so, I revealed that new employees engage in strategies that address both the external stressor and their internal, embodied stress experience. Furthermore, I identified the role of social support in navigating overwhelm and how some CORs used being pushed outside their window of tolerance as a moment to learn. The coping and emotion regulation strategies elucidated in this manuscript are specific to in the moment navigation of acute stress. While some CORs independently identified engaging in coping strategies once the stressor was resolved they were not asked to reflect on whether or how the experience still impacts them. Thus, in the third manuscript, I move away from in the moment navigation to focus on how CORs coped with the impact of exposures to potentially psychologically traumatic events (PPTs).

In the following manuscript I explored what experiences CORs self-identified as PPTs and how they were impacted by these exposures. In doing so I answer my final research question: What are the adaptive capacities of CORs upon entering federal corrections? Drawing on a different sample of CORs allowed me to analyze 100 CORs descriptions of previous exposure(s) to PPTs. CORs were not directly asked how they dealt with the PPT itself, but many responses to questions about the impact of the event included reflections about how they coped with or experienced growth from their experience. Thus, through inductive coding, I found that most CORs described continued functioning and psychological well-being after exposure to one or more PPTs. In conjunction with the findings in my second manuscript, I find that CORs describe a capacity to draw on various strategies to navigate exposures to both acute and potentially traumatic stressors with minimal self-perceived sustained negative impacts on their

well-being after the event. Overall, CORs identified strategies they employed both when outside their window of tolerance and in the aftermath of these exposures.

Chapter 4: Manuscript 3- Tough Lessons: Pathways towards Correctional Officer Resilience and Growth

Abstract

Research examining the well-being of correctional officers (COs) has primarily focused on their exposure to potentially psychologically traumatic events (PPTE) and the presence of mental health disorders once employed. Absent is an understanding of the mental health of COs and their exposures to PPTEs before entering the federal CO occupation. In the current article, we qualitatively examine how themes of resilience and posttraumatic growth emerge in correctional officer recruit (COR) narratives of overcoming their past experiences with PPTE exposures. Drawing from interview data, we analyzed the descriptions of PPTEs from 100 CORs, focusing on experiences of coping with PPTEs and shedding light on their descriptions of resiliency and posttraumatic growth. Of our 100 participants, 86 reported prior exposure to a PPTE. Analyses of semi-structured interviews reveal engagement in processes such as distancing, relationality, and vulnerability. We discuss how such processes may serve as strategies for resilience that can help COs, who work in carceral environments, cope with PPTEs and maintain or regain well-being.

4.1 Introduction

A growing body of scholarship seeks to break down the walls behind which correctional officers (COs) work to improve our understanding of the nature of correctional work and its relationship to heightened rates of stress, burnout, and mental health disorders, including Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD), and General Anxiety Disorder (GAD), amongst employees (Bezerra et al., 2016; Boudoukha et al., 2011; Carleton et al., 2020a; Carleton et al., 2018; Ferdik & Smith, 2017; James & Todak, 2018; Neveu, 2007). These research efforts have been essential in revealing the repetitive nature of stress exposure

and the risk of impaired psychological well-being for many COs (Carleton et al., 2019; Denhof & Spinaris, 2016). For example, cross-sectional survey data revealed that 54.6 percent of Canadian correctional workers, including employees working in the community, administration, and institutions, screened positive for at least one mental disorder (e.g., PTSD, MDD, substance use disorders) (Carleton et al., 2018). Looking at COs working in Ontario, 59% percent screened positive for at least one mental disorder (Carleton et al., 2020b). Yet, by focusing primarily on negative outcomes, these studies have overlooked how COs cope and adapt after potentially psychologically traumatic events (PPTEs). In other words, COs also demonstrate what is argued to be resilience when exposed to stress or PPTEs in the carceral environment. As such, we must understand and acknowledge both the potential psychological consequences of working in correctional spaces and the capacity for resilience amongst these correctional employees, thereby providing a road map for strength-based initiatives to foster employee well-being. Our article adds to research on the psychological well-being of correctional employees by presenting correctional officer recruits' (COR) qualitative reports of resilience and posttraumatic growth in the face of PPTEs before commencing employment in a Canadian federal institution. To the best of our knowledge, ours is the first study (which is part of a longitudinal study) that examines pre-employment exposure to PPTEs amongst CORs.

In the current article, we draw on qualitative interviews (n=100) with CORs conducted during the in-person component of the Correctional Service Canada (CSC) 14-week Correctional Training Program (CTP). These interviews provide insight into the PPTE exposures that shape CORs at occupational entry. Of our 100 participants, 86 reported prior exposure to a PPTE. While our participants identified some negative impacts of exposures to PPTEs, they also identified how they coped with or grew from their PPTE exposure. As such, we ask, what themes

of resilience and posttraumatic growth emerge in CORs' narratives of their past PPTEs? The more significant question we start to answer is how frequent PPTE exposures among CORs are and how might historical exposure prepare officers for correctional work, particularly those who describe having skills and tools to manage adverse outcomes of exposure. To this end, we begin to identify resilience enhancing processes; these may serve as strategies for resilience that can help COs in stressful work environments cope with PPTEs and maintain psychological well-being.

We proceed as follows: first, we situate our study within the broader research on CO well-being by reviewing research on CO exposure to PPTEs and the associated outcomes as well as research on coping amongst COs. We then conceptualize two additional outcomes related to PPTEs, resilience and posttraumatic growth, that have been overlooked in this population and outline a conceptual framework for understanding reports of resiliency and posttraumatic growth described by CORs. Second, we describe our research methods and case selection rationale before we present our results. Third, we discuss our findings and outline the different types (or pathways) of resilience or growth in the face of PPTE. Finally, we conclude by postulating how posttraumatic growth and resiliency may prepare persons for correctional work in ways previously unrecognized. Despite the high prevalence of mental disorders amongst correctional workers, we observe qualitative reports of resiliency and posttraumatic growth in our sample of CORs.

4.2 Potentially Psychologically Traumatic Events and Correctional Work

Population-based studies consistently demonstrate that exposure to PPTEs is common. For example, 75.9% of the Canadian population reported exposure to one or more PPTEs in their lifetime, with most survey respondents reporting exposure to multiple PPTEs (Van Ameringen et

al., 2008). More recently, researchers found that exposure rates to at least one PPTE were 89.7% and 90% in the United States (Kilpatrick et al., 2013; Ogle et al., 2013) and 70.4% internationally (Kessler et al., 2017). Operationally, the CO job involves responding to incidents involving colleagues or prisoners in difficult situations, making PPTE exposure the norm rather than the exception (Oliphant, 2016). In a survey of Canadian public safety personnel (PSP), correctional workers reported exposure to diverse PPTEs, the most common of which were physical assault, sudden violent death, and sudden accidental death (Carleton et al., 2019). Moreover, amongst these correctional workers, 40.6% reported exposure to severe human suffering more than 11 times, and 37.3% reported exposure to physical assault more than 11 times (Carleton et al., 2019), further signifying an occupation that is at risk of multiple PPTE exposures.

In a sample of Michigan COs, 68.7% reported moderate to extreme levels of exposure to violence, injury, or death (Denhof & Spinaris, 2016). COs face numerous occupational stressors above and beyond their exposure to PPTEs. Notably, within the correctional environment, occupational stressors may be more influential in contributing to employee mental disorders than PPTEs thereby suggesting a multitude of areas for intervention to improve CO mental health (Carleton et al., 2020a; Konyk et al., 2021).

There is a dearth of research on the psychological well-being of COs and rates of exposure to PPTEs before entering the profession. Research has suggested that individuals with previous PPTE exposures are attracted to police work (Buchanan et al., 2001; Huddleston et al., 2006). Also, police recruits with previous PPTE exposures are more likely to experience psychological distress during training and are more vulnerable during subsequent PPTE exposures during the first 12 months of employment (Inslicht et al., 2010). Research with mental

health professionals has found evidence that PPTes experienced in early childhood can influence decisions to pursue a caregiving profession (Frank & Paris, 1987; Rompf & Royse, 1994) and ultimately may impact a professional's ability to practice effectively (Copeland et al., 2021). Exposure to PPTes, such as adverse childhood experiences before employment, could potentially influence the decision to pursue a career in correctional services or prematurely leave the profession. However, research exploring motivations for pursuing correctional work has not yet explored whether exposure to prior PPTes drives the decision to pursue work as a CO (Higgins & Swartz, 2020).

4.3 A Spectrum of Reactions

4.3.1 Correctional Officer Well-Being

The effects of exposure to highly stressful life events or PPTes depend on a combination of individual (e.g., genetic, personality) and environmental factors. Reactions include impaired functioning, mental health, recovery, resilience, and growth (Bonanno 2004; Bonanno et al., 2011). The current research on COs' experiences with PPTes focuses on the overwhelming prevalence of mental disorders associated with exposure to PPTes and workplace stressors. In three samples—one of Canadian federal correctional workers, one of US correctional security personnel, and one of US jail officers - respectively, 29.1%, 34%, and 53.4% screened positive for PTSD (Carleton et al., 2018; Spinaris et al., 2012; Jaegers et al., 2019). In a systematic review of PTSD, anxiety disorder, and major depressive disorder (MDD) amongst COs, Regehr et al. (2019) found prevalence for all three disorders to be consistently higher amongst COs than national population averages. In a study amongst Canadian PSP, including COs, significant relationships were found between PPTes and PTSD, MDD, and General and Social Anxiety disorders (Carleton et al., 2018; Carleton et al., 2019; Carleton et al., 2020a), thereby

demonstrating that the potential mental health consequences of exposure to PPTEs are not limited to PTSD.

Exposure, either directly or indirectly, to a PPTE is a required component for diagnosing PTSD but, importantly, not a guarantee that an individual will develop PTSD (Friedman, 2013; North et al., 2009). The potential consequences of exposure to PPTEs extend beyond diagnostic measures. Individuals may experience psychological distress and social or occupational impairment even if they do not meet a mental disorder diagnosis (Lewis-Schroeder et al., 2018). Research with PSP has identified several consequences associated with PPTEs at work. Such consequences include avoidance (e.g., absenteeism from work or leaving the profession), substance use, irritability, heightened anger responses, hypervigilance, sleep disruptions, and tension in relationships with family and coworkers (Lewis-Schroeder et al., 2018). In a sample of US correctional workers, 100% of which reported at least one violence, injury, or death exposure, workers with PTSD were more likely to experience negative emotional states (e.g., anger, numbness, fear, helplessness, shame), comorbid health conditions (e.g., memory impairment, depression, sleep difficulty and digestive problems), increased substance use and missed days of work (Spinaris et al., 2012). In sum, PPTEs may contribute to employment, social, family, physical, and emotional health problems for a CO. In turn, COs may experience more barriers to doing their jobs effectively, engaging in their family lives, and integrating into broader society.

4.3.2 Correctional Officer Coping

Research examining rates and potential causes of psychological distress and mental disorders amongst COs has been growing in recent years whereas research focusing on coping strategies amongst COs remains largely nascent. Research examining how COs cope with work

stress has found certain coping strategies to be either positively or negatively associated with CO psychological well-being (Hughes-Taylor & Swartz, 2021; Trounson et al., 2019). For example, interpersonal and problem-solving coping strategies were negatively associated with burnout, PTSD symptom severity, and overall psychological well-being (Gould et al., 2013; Harney & Lerman, 2021; Trounson et al., 2019). Whereas, avoidant coping strategies, such as alcohol use, were positively associated with burnout, PTSD symptom severity, and overall psychological well-being (Harney & Lerman, 2021; Shepherd et al., 2019; Trounson et al., 2019). In their sample of 245 American COs, Hughes-Taylor and Swartz (2021) found that planning (problem-focused coping) and positive growth (emotion-focused coping) were both associated with lower levels of PTSD symptoms whereas denial (emotion-focused coping) was associated with higher levels of PTSD symptoms.

Employing a qualitative approach to elucidate coping strategies amongst Canadian PSP, including COs, Anderson et al. (2022) found that PSP engaged in a diversity of adaptive coping strategies including educating oneself about mental health challenges, self-reflecting to make changes to one's behaviours (i.e., alcohol consumption, seeking time alone), and engaging in evidence-based treatment, such as psychotherapy. These studies reveal the potential for adaptive coping as a CO and the potential protective effect coping can have on adverse mental health outcomes. Yet absent from these studies is an examination of how individuals cope prior to entering correctional services and whether these coping strategies are adaptive to the unique stressors found in the correctional environment.

4.3.3 Resilience and Posttraumatic Growth

Research on CO psychological well-being has been less likely to focus on demonstrations of CO resilience and adaptation in the face of occupational stressors and PPTEs. Relying primarily on a deficit model (i.e., focusing on mental health disorders) to understand the effects

of exposure to PPTEs overlooks the special abilities or behaviors people adopt to do well or manage stressful environments (Ellis, 2018). The potential for impairment or injury post PPTE exposure is only half the story; the other half is the potential for resilience or adaptation (Ellis, 2018).

Arriving at a singular and agreed-upon definition of resilience continues to be an area of ongoing debate and research (Denckla et al., 2020). Early descriptions of resilience often focused on individual invulnerability or resistance to persistent adverse psychological outcomes, often measuring the concept as a static trait (Kumpfer, 1999). More recently, resilience researchers have conceptualized resilience as a *dynamic process*, where individuals demonstrate a capacity to effectively adapt and navigate resources during times of significant stress and adversity (Cicchetti & Rogosch, 2012; Denckla et al., 2020; Masten 2014; Ungar 2008). Furthermore, it is not solely an individual's capacity to navigate supportive resources that influence resilience response patterns but also whether the socioecological environment provides supportive resources (Ungar, 2015).

A multisystemic, socioecological perspective of resilience has shifted the paradigm from exploring individual traits associated with resilience to complex interactions between the individual (e.g., cognition, emotions, behaviors) and the surrounding social and ecological systems (Ungar 2021; Ungar & Theron, 2020). We cannot attribute resilience to a single gene or trait; resilience also can result from the interactions of multiple “promotive and protective factors and processes” (Ungar & Theron, 2020, p. 441) at both the individual and environmental levels.

In addition to the absence of sustained negative outcomes, some individuals may experience improved psychological health or functioning post-exposure to PPTE (Bush & Roubinov, 2021). This process of posttraumatic growth reflects an individual's ability to

experience positive psychological change that surpasses their pre-exposure adaptation (i.e., identify benefits, lessons, or gains) in the face of PPTEs (Calhoun & Tedeschi, 2001; Tedeschi & Calhoun, 2004). Posttraumatic growth can be described as a transformation following a PPTE (Joseph, 2011). Through transformation, an individual “may remain emotionally affected, but their sense of self, views on life, priorities, goals for the future, and their behaviors have been reconfigured in positive ways in the light of their experience” (Joseph, 2011, p. 68). The presence of posttraumatic growth does not occur in the absence of psychological suffering or distress after a PPTE (Tedeschi & Calhoun, 2004). Core domains of change associated with posttraumatic growth include an increased appreciation for life, sometimes accompanied by a shift in what one values as important, improved relationships (e.g., closer and more meaningful), enhanced compassion for others, increased sense of one’s own strength to cope and overcome, and greater engagement with spirituality or existential questions (Tedeschi & Calhoun, 2004).

To the best of our knowledge, no studies examining posttraumatic growth amongst COs have been published to date, but there is a growing body of scholarship looking at posttraumatic growth amongst prisoners. Similar to experiences of COs, prisoners reported exposure to PPTEs at a prevalence higher than the general population (Pettus-Davis, 2014). Amidst the distress of imprisonment, qualitative research revealed the important role relationships, particularly with prison staff, can play in posttraumatic growth amongst prisoners (Hearn et al., 2021; van Ginneken, 2016; Vanhooren et al., 2018). For example, Vanhooren et al. (2018) found that seeking emotional support and being listened to by others are two coping strategies associated with posttraumatic growth amongst Belgian prisoners. Echoing the importance of relationships in relation to posttraumatic growth, Hearn et al. (2021) found that prisoners who perceived prison staff to be empathic, accepting, and genuine reported higher levels of posttraumatic growth.

These early research efforts with prisoners demonstrate that in the face of exposure to PPTEs, including the oftentimes traumatic nature of imprisonment, some prisoners are able to meaningfully cope and learn, experiencing growth amidst their mental distress.

Examinations of resilience amongst correctional employees is a nascent field whereas research on resilience amongst police is growing. In one of the rare empirical studies to examine resilience amongst COs, Klinoff et al. (2018) found that individual strengths (i.e., hope, optimism, and social support), mediated by resilience, were negatively associated with burnout. The “stress shield” police resilience model (Paton et al., 2008) provides an example of multisystemic resilience as applied to first responders—a category that includes COs in Canada (Ricciardelli, July 2019). Officer resilience is rooted in their capacity to “draw upon their own individual, collective, and institutional resources and competencies to cope with, adapt to and develop from the demands, challenges, and changes encountered during and after a critical incident, mass emergency, or disaster” (Paton et al., 2008, p. 96). Ghazinour and Rostami (2021) build off this definition, suggesting that

resilience constitutes both *psychological* and *physiological* flexibility in the face of adversity (i.e., a conscious awareness of the best course of action and the best moment to take action), self-awareness, and control over one’s physiological stress responses to threat and recovery from exposure beyond one’s own control (p. 184).

The logical extension of a multisystemic approach to resilience is that any resilience programs should seek to enhance the individual, familial, organizational, and societal levels (Ghazinour and Rostami, 2021). In the results, we explore how participant narratives provide evidence of both psychological distress, resilience, and posttraumatic growth. Specifically, how participants described an ability to learn from the experience, cultivate compassion for others, self-identify as stronger, and find meaning.

4.4 Method

To become a federal CO, individuals must complete the correctional training program (CTP), first delivered online and then in-person. With the support of CSC, the study was introduced during the CTP; CORs were sent an email with an invitation letter to participate, and during the in-person training, CSC instructors spoke with CORs about the study. In addition, the primary investigator visited the training academy to explain the study and organize interviews for those interested. We conducted semi-structured in-person interviews with 100 CORs to learn about their perceptions of correctional work, mental health, past experiences, and motivations to enter the field (i.e., the baseline interview). We obtained informed consent prior to beginning the interview (see Ricciardelli et al., 2021 for the full study protocol). The interviews included in the current study were all conducted in-person at the National Training Academy, in Kingston, or at an affiliate location, in a private space, voice recorded and transcribed verbatim. Quotes used in this study have been edited to remove speech fillers or improve readability without altering the overall message of the comment. Interviews ranged in length from 45 minutes to upward of multiple hours, depending on the talkativeness of the interviewees and their past experiences (i.e., employment and exposure to PPTes). This study was conducted with approval from the Research Ethics Board of the Memorial University of Newfoundland (File No. 20,190,481).

We coded and analyzed data through a semi-grounded, constructed theoretical approach (Charmaz, 2006; Glaser & Strauss, 1967). Incorporating Charmaz's (2006) constructivist lens into our data collection and analysis allows us to acknowledge that "we are part of the world we study and the data we collect. We *construct* our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices" (Charmaz, 2006, p. 10). While theoretical knowledge was not entirely suspended throughout coding and analysis, we focused on letting the themes emerge from the data and then considered how our

existing theoretical knowledge supported the themes arising across the data. For example, we began coding aware that certain life events can have psychologically harmful impacts on individuals (i.e., the researchers were familiar with PTSD and trauma theory). However, we did not begin our analyses searching for themes of resiliency or posttraumatic growth; these themes emerged in contrast to observations of descriptions of PPTE alongside denial or absence of long-term negative psychological impacts.

The data was coded in multiple stages; similar to “a camera with many lenses, first you view a broad sweep of the landscape. Subsequently, you change your lens several times to bring scenes closer and closer into view” (Charmaz, 2006, p. 14). First, we read the section of the interviews that specifically asked about exposure to PPTEs (i.e., Are there any experiences that you think really have affected you as a person? Have you ever been exposed to a potentially traumatic event?). Then interviews were read in their entirety as it was noticed that participants sometimes discussed PPTEs earlier in the interview, particularly when speaking about previous work experience. In the first stages of coding, we focused on coding for the type of PPTE that the participant described, which led us to identify two primary categories for types of PPTEs, those that occurred in the personal sphere and those within the occupational environment. We also coded for whether the participant perceived the event as ‘traumatic’ and self-described reports of psychological reactions toward the PPTE. In this latter stage of coding, we identified participant descriptions of exposure to PPTEs (i.e., witnessing and responding to self-harm or suicide attempts) and denial of any self-perceived ‘traumatic’ reactions or enduring psychological consequences. It was during this stage, and continued analysis, that we began to observe descriptions of resilience and posttraumatic growth. Participants were not asked directly how they coped with their exposure to PPTEs however they were asked if they felt any impact

from the event(s) (i.e., How do you determine/know that such experiences have affected you? Do you still feel such impacts?). Through inductive coding, COR narratives revealed functioning and well-being in the face of PPTEs indicating a potential capacity for engaging in coping, resilience enhancing processes and posttraumatic growth.

4.4.1 Participant Demographics

The sample used for data analysis represents a subset of participants in the longitudinal study. To date, over 400 people have participated in a baseline interview; for the current article, we analyzed 100 participant interviews, which were conducted from August, 2018 to March, 2020. In our sample there are 42 self-identified females and 58 self-identified males. Participants are aged 19-24 (23%), 25-34 (51%), 35-44 (8%) 45-54 (7%) and 55-64 (1%). The majority of our sample self-identified as white (79%), 10% identified as Indigenous/Aboriginal, with 3% of this group identifying as Métis, 2% identified as white/Indigenous and 2% identified as Black. 31 participants reported previous employment in a correctional environment and 11 participants reported previous Armed Forces experience.

4.5 Results

Of the participants in our sample, 14 did not report experiencing exposure to a PPTE when asked, nor did they describe exposure to any identifiable PPTEs elsewhere throughout their interview. The remaining 86 participants, however, identified exposure to one or more PPTEs in their personal lives and/or during their prior work experiences. Many identified exposure to more than one PPTE:

I've went through a lot of different ones, it's funny when you guys listed on your page It's like you know if you had this trauma and I'm like if I listed all of them I'd be like wow (P134).

No, I've fucking witnessed a lot of traumatic things (P151).

Multiple PPTE exposures were not uncommon among CORs. Participants described events that happened directly to them, witnessed, or learned about vicariously. However, of the 86 participants, few identified continued negative psychological impacts of these events. Instead, CORs appear to be starting their careers with CSC with a capacity to exhibit resiliency, recovery, and posttraumatic growth in the face of prior PPTE exposure. This section first presents the various types of PPTEs participants reported, specifically PPTE within the personal environment and the workplace. Incidents happening within the personal environment encompassed relational loss, ruptures and harm, violation or harm to one's body, and witnessing accidents or violence. Within the occupational environment, participants were in the unique position of both witnessing harm and responding to prevent or mitigate harm to others. We then examine participants' reactions to these events, focusing on descriptions of coping with PPTEs, shedding light on qualitative reports of resilience and posttraumatic growth amongst CORs.

4.5.1 Personal Exposures

In total, 42 participants described experiencing a relational rupture, harm or loss. These events included: the death of a family member or friend, divorce, witnessing parental abuse, suffering of one's children (i.e., accidents, illness), and miscarriage. Given the commonplace nature of loss and bereavement and associated reactions, ranging from distress to debilitation, loss events are encompassed within PPTEs (Bonanno et al., 2011). Some participants described sudden losses of family and friends, while others described an accumulation of loss (e.g., losing six people to cancer in a short period). P54 described an intense period of multiple losses of friends and family to heart attacks, cancer, and suicide and noted that it felt "like bang, bang, bang, everything was coming at once." Nine participants described either witnessing or learning about the death by suicide of a family member or friend. Some participants identified the

dissolution of their own intimate relationships as particularly stressful, and a few identified struggling to leave or end abusive relationships. Overall, these events highlight the significance of personal relationships in participants' lives, relationships that can be a source of pain or stress when they rupture or come to an end, either through divorce or death.

Participants spoke about PPTEs that occurred during their childhood. Eight participants described the divorces of their parents when they were children as “tragic,” “horrific,” and “traumatic.” Additional childhood PPTEs included exposure to parental emotional or physical abuse, witnessing parental intimate partner violence, and living with parents struggling with mental illness. For example, P32 described witnessing their father engage in suicidal behaviours; “I’ve seen a lot of traumatic experiences with my real dad. Yeah. My dad is a bi-polar, and when I was younger, he would try to commit suicide a lot.” In total, 17 participants identified events that touched their physical body as PPTEs (e.g., car accident, physical abuse, surviving injury), and 12 participants disclosed experiences of childhood or adolescent sexual abuse. P3, who also reported losing their wife in a housefire, described his father as “a very, very nasty man. He was in prison and everything. Just very nasty. He beat me all the time.” These comments reflect the chronic nature of childhood abuse for some participants.

4.5.2 Occupational Exposures

Thirty-five participants described PPTEs that occurred during their prior occupational responsibilities. Responding to overdoses and attempted or completed death by suicide and other fatalities, were the most common events reported by participants with both previous experience in correctional services and as community-based first responders. Some participants described actively intervening to prevent individuals from dying. P120, with prior provincial correctional experience, noted an experience that remained with them:

he was fighting us and was covered in blood and then you know we wrestled him to the ground and like after a couple minutes of fight he died... and then me and the few other guys and the nurse took turns giving CPR for a half-an-hour until the paramedics got there.

Several participants echoed P120 when describing the psychological toll of performing CPR, including in situations perceived as futile because the individual was deceased. In other cases, participants described PPTE exposure that intensified because they could not immediately intervene in the adverse event due to policies and procedures:

I couldn't even enter their cells. So, I literally just stood there... and I would literally just go to cell to cell to see who was still breathing... Yeah, it was a bad night... I didn't have enough staff, so legally, I couldn't open that door (P49).

Participant 49's words reveal the interplay between PPTEs and organizational stressors; not only did P49 witness the hanging of multiple prisoners but was delayed in actively intervening because of staff shortages. Other participants emphasized that a harmful or "toxic" workplace culture or organizational policies and management's reactions to critical incidents were PPTEs or could exacerbate PPTEs. Still pursuing a career as a federal CO, P155 noted that "prison's not healthy for anybody, it's not healthy or safe" in reference to their previous experiences being bullied while working in correctional services.

Many participants reported witnessing and responding to physical violence, including assaults, fights, stabbings, and resultant exposure to bodily fluids. A smaller group of participants described events, including physical attacks, that happened directly to their body; "I've been shot at, I've been stabbed, I've been in multiple fights, I've been hit in the back of the head by a two by four, I got hit by a car" (P18). With previous correctional experience, P5 described witnessing and responding to an attack between prisoners: "The inmates screaming and holding his face... He came back disfigured. I got over that one, for some strange reason, a lot quicker than I did with the stabbing." P5's comments demonstrate the multiplicity of PPTEs

in certain workplaces. In the face of repetitive or chronic PPTE exposures, some participants echoed that a certain event held more saliency or was “the hardest one” (P10). Overall, many participants reflected that occupational PPTEs were not isolated incidents, to the extent that P90 could not recall the particulars of events because there had been so many; “I can’t remember who it was because we had we have so much of it that happens.” The potential challenges associated with continuing to work on the same unit where one intervened in a previous incident, thus acquiring little distance from reminders of the PPTE, may continue to be a reality for CORs moving from provincial to federal facilities.

4.5.3 A Spectrum of Reactions

We asked participants to reflect on how the PPTEs affected them, if at all (i.e., how do you determine/know that such experiences have affected you? Do you still feel such impacts?). Interviewees’ interpretations of their PPTE exposures varied from denial of any perceived negative or positive impact post-exposure to self-identifying the event as something “extremely traumatic” (P27) that “affected” (P113) and/or “shaped” (P25) them. Some explicitly described feeling desensitized or numb to PPTEs, while others resigned themselves to the perceived inevitability of PPTEs; “it’s sad, but you know” (P31). Other participants described experiencing fear, anger, adrenaline surges, stress, frustration, disturbed sleep, and sadness in relation to their PPTE exposure. A number of participants explained that their memories of PPTEs became more intrusive through reliving or having flashbacks of events (e.g., “for the longest time I couldn’t get like the imagery out of my head. Of him like drenched in blood and the smells and stuff” [P120]). While some participants identified hurt and consequences connected to their PPTE, most participant narratives did not reveal enduring psychological distress that impeded their daily functioning.

4.5.4 Coping, Growing and Learning from PPTEs

4.5.4.1 Coping and Resilience. Overwhelmingly, participant narratives of their PPTE(s) revealed a capacity to maintain functioning and well-being in the face of PPTE(s). This ranged from denial of experiencing any self-perceived significant distress (e.g., “I saw a stabbing but didn’t really bother me that much” [P77] and “didn’t really affect me traumatically” [P91]) to acknowledging some psychological pain but not so much that it overwhelmed their capacity to function (e.g., “I truly relive that sometimes when I think about it, but you know for the most part I’m OK” [P59]). Overall, participants who reported exposure to PPTEs emphasized the subjective nature of these exposures asserting that “I don’t take anything too personally or to heart so what some people might find traumatic I didn’t really care about” (P99). This is not to say that, for participants who rejected being impacted by a PPTE, there was no psychological impact; some participants described being “bothered” (P90) or “angered” (P45) by the PPTE. In describing the loss of a close friend to suicide as well as their occupational response to a suicide attempt, P31 clarified that these PPTEs were “not detrimental, like I haven’t, I’ve never sat there and been thinking about it super depressed or nothing like that.” P31 highlights their resilience by suggesting that their capacity to maintain functioning was not overwhelmed in response to either of their PPTEs. Some participants described a heightened alertness and awareness of their surroundings or their safety, which, for some, extended to catastrophizing or planning for worst-case scenarios. P149 demonstrated signs of potential hypervigilance to their environment: “I’m very prepared for all these things that might happen like I think through the negative consequences of all situations.”

Many described having “dealt with” (61), “processed” (P55) or been able to “work through” (P78) their PPTE(s). Commonly these participants no longer perceived their PPTE as

impacting their well-being – for most participants, it was over. Some participants who acknowledged experiencing a psychological reaction (e.g., stress, frustration, anger) in association with their PPTE also revealed diverse ways they “dealt” (P30) or “coped” (P152). For example, some participants compared their PPTE exposure against that of others whose experiences were perceived as “worse,” using the comparison to downplay, or put into perspective, the traumatic nature of their own experience. For example, P177 reported frequently replaying an experience of working in security and having a knife pulled on them yet described keeping his experience in perspective “especially after listening to some of the stories that I have for education.”

Others evoked a detached pragmatism in their response to PPTEs by suggesting that PPTE exposure is a part of the “work-life” they “signed up for” (P148) and even if they perform all their occupational responsibilities within their capacity, the outcome, which is sometimes tragic, remains outside of their control. For example, P10 identified responding to the death of a newborn but denied experiencing a traumatic reaction; “if I know that I’ve done everything I could have done, then it’s out of my hands. I didn’t put the person there or cause the situation. I’m just there to do the best that can be done.” P10’s comments were echoed by others who experienced occupational PPTEs and demonstrated resiliency by acknowledging that, despite trying their best, they cannot prevent all tragedies; “I went to a fire in the summer where someone had burned alive in a garage, but it’s...nothing we could have prevented” (P97).

While many participants described an ability to maintain functioning despite exposures to multiple PPTEs some participants identified a particular event that was harder to “bounce back from” (P27). Thereby suggesting that even for those demonstrating resiliency to previous PPTEs, there may come an event that challenges one’s capacity. For example, despite a work history

with multiple PPTE exposures P20 described responding to a fatal injury of a young girl, who was the same age as their daughter, as the event that remains the most difficult for him to talk about:

I've seen lots of car accidents, guys' bodies cut in half, he's decapitated, I've done CPR on a guy who crashed into a tree riding an ATV split his spine straight down the middle his neck down to about the center of his back... And he was dead and I had to do CPR on him for about 20 minutes, I was breaking ribs and everything. Fine, no problem, that little girl, problem.

Even though P20 did not elaborate on how this PPTE presented as a “problem” for them, their narrative suggested resilience as demonstrated by their ability to maintain functioning after multiple PPTEs, even though one event continues to resonate with them.

For a few other participants, despite coping well in the present, there was uncertainty that the “accumulated experience” (P29) of multiple PPTE exposures may one day trigger them to “lose it” (P90) in the future. For instance:

I mean in 10 years from now I could just lose it because of something that I've seen years before um so even though I haven't noticed an effect of it I don't think that it's not, it's still possible that I will be affected from it (P90).

Despite currently demonstrating resilience, P90 expressed concern that they may become overwhelmed in the future from multiple PPTE exposures; even when participants are managing their exposures to PPTEs, they may still have concerns about their future well-being.

Talking to either a mental health professional or family and friends was the most common method of coping and identified as something that “really helps” (P5) by numerous participants. These participants demonstrated resiliency through their capacity to “navigate to the resources necessary to sustain positive functioning under stress” (Ungar 2019, p. 2). Participants reflected that the ability to speak aloud about PPTEs provided an “emotional release” and the space to recognize their emotions. For example, P25 explained: “Talking to them was very helpful. They were very supportive. ... I mean it's just talking to different people and sharing my

story that has really helped me through it.” The ability to engage in self-disclosure in a supportive context can play a role in growth from exposure to PPTEs (Tedeschi & Calhoun, 2004).

Participants reinforced the value of social support when disclosing that through their personal relationships, they were able to identify the negative effects they were experiencing:

I like just snapped and yelled at my three year old son then I was like okay and it was for something small and then me and my wife sat down and had a big talk and then you know we started talking to somebody and a lot of these guys who have the mentality like ‘I’m a big bad CO’, you know it’s embarrassing to go and talk to somebody but it’s not (P56).

P56, with five years of experience in provincial correctional services and multiple exposures to suicides, assaults, and self-harm, revealed both the impact that PPTE exposure has on family members and the essential role family can play in help-seeking and fostering individual resilience processes (Grych et al., 2015; Masten, 2014). This capacity to seek support, whether professional or within one’s social network, is an essential element of resilience (Ungar, 2021). However, the availability of meaningful support in an individual’s environment can foster or hinder resilience (Ungar, 2011).

Outside observation in identifying when someone is exhibiting negative changes appeared in a number of participants’ comments about previous coworkers. For example, “I’ve seen and watched people be involved in an incident and just deteriorate. By the time you try to approach them they’re jaded, they hate the job, they hate their life” (P11). P11’s comments reveal the value for individuals of seeking support, both professionally and socially, and that sometimes an outsider is necessary to recognize a colleague’s need for help. Indeed, the onset of mental disorders is a slow process and not always immediately recognized by those who are experiencing the onset of symptoms until the symptoms are quite invasive.

Conversely, some participants spoke about the need to step away or take time off work after a PPTE. For example, Participant 98 talked about the aftermath of caring for a terminally ill family member:

I feel just so tired all the time I never feel rested I'm always just head spinning and I was feeling so overwhelmed and I'm thinking how can I get out of going to work which I don't not go to work and I was like maybe I should call in sick or maybe I should and my partner's like I don't think something's a little wrong I'm like yeah I think I'm going to call counselling and see if I can get some counselling first day she was like you have caregivers burnout and I was like yeah that felt better.

Participant 98's words show multiple consequences to a stressful life event (e.g., fatigue, absence from work) and also their capacity to engage in resilience processes (e.g., navigating resources to seek psychological support) despite experiencing initial disturbances to their well-being. Here, participants identified the need to process feelings that arose in response to a PPTE. P109 described recent PPTEs associated with work in provincial correctional services combined with multiple deaths of family members as difficult. Particularly, he found processing the related emotions challenging:

Surprising enough, I know I'm a guy, so I know it's one thing when you see guys have emotions, but I don't for the most part. But I can cry when I need to, so sometimes just got to cry it out, it sucks.

P109 alludes to how the social context, specifically gender norms around masculinities (Ricciardelli, 2015; 2019) could potentially confine individuals when processing their feelings related to a PPTE. In this case, P109 identifies how potential expectations related to how males can acceptably express emotions complicated the process of releasing emotions through crying.

4.5.4.2 Posttraumatic Growth. Several participants reflected on their ability to learn and “take the positives” from their PPTE exposures:

“I learned a lot, I definitely feel I grew a lot” (P11)

“so many things you know have happened and it’s just taking what you can from that and you know what I mean to grow and try to take the positives” (P71)

“some of the more painful, scarring things I’ve been through is ultimately I got to believe it’s for a reason, create a purpose you know well, yeah, just try and learn from everything, it’s an opportunity to grow” (P106)

Across these three excerpts, we see participants endeavoring to engage in posttraumatic growth processes by reflecting on lessons learned connected to their PPTE exposure. P11 “grew a lot”, while P71 describes a focus on the positive outcomes of PPTE exposure. P106’s words reflect the paradox present in posttraumatic growth thinking, “that out of loss there is gain” (Tedeschi & Calhoun, 2004, p. 6). These participants had attitudes toward their experiences that show not only resiliency but further personal growth. The capacity to learn from previous PPTEs, to adapt to future events, was evoked in comments like those from P26: “So, you cope with that and you learn to cope with different environments and stresses.” As many participants reported multiple exposures, it is adaptive to learn from past experiences to help prepare for navigating future events. Some participants that described learning or growing after their PPTEs also framed their response to PPTEs as a “choice,” one both rooted in their own strength to move forward and one that built additional strength in them. To exemplify, P106 explained, “I’ll never forget some things. You know I had the choice to, the choice to give in and let it bury me, so here I am,” while P59 stated, “that definitely was a situation that changed me, but I think I’m stronger because of it, I didn’t let the person get to me, but it was still kind of scary.” In both these cases, participants reported increased strength, a core domain of posttraumatic growth (Tedeschi & Calhoun, 2004).

A few participants discussed the role of forgiveness in their post-PPTE journey. For instance, P45 noted that “taking the time to heal and almost in a way, like, forgive them, too” was a part of their process following a PPTE. Other participants were able to connect their PPTE

exposures to their future occupational role as a CO. One participant noted that reacting to a knife assault gave them the confidence to enter the profession, whereas P45 spoke about the compassion his experiences evokes toward those in the prison system: “I think my story is tough and there’s people behind the bars that went through even worse shit. So, that’s why it’s, like, I’m not going to throw rocks at nobody.” These two examples evidence different domains of posttraumatic growth: pursuing new directions in life and an increased sense of compassion and empathy for others (Calhoun & Tedeschi, 2001; Tedeschi & Calhoun, 2004). Across participant narratives, we see evidence of the paradoxical relationship between PPTE exposures, descriptions of psychological distress and suffering, and descriptions of growing and learning. What’s more, these PPTEs had not prevented participants from pursuing a career in an environment with a high likelihood of PPTE exposures.

4.6 Discussion

Previous research on CO psychological well-being has been essential to advancing our understanding of the occupational stressors, including PPTEs, that influence employee mental health as well as the concerning high numbers of COs living with a mental disorder (e.g., PTSD, MDD). The potential consequences of exposure to PPTEs extend beyond mental health disorders and include problems physically, relationally, and behaviourally. Trauma research (i.e., examining exposure to PPTEs and the subsequent reactions) has evolved to document the multiplicity of possible responses to a PPTE. Exposure to a PPTE alone does not guarantee a long-term adverse reaction. In fact, many individuals demonstrate a capacity to cope and maintain functioning after a PPTE. In our study, most individuals embarking on a career as a federal CO, had been exposed to at least one PPTE. Many of these narratives revealed participants engaging in resilience-enhancing processes and demonstrating a capacity to cope,

grow and learn from their PPTEs. Despite not asking how participants coped with PPTEs, CORs described maintaining or restoring well-being and functioning post PPTE indicating that these individuals were likely engaging in adaptive coping strategies. However, more research is needed to understand whether CORs can transfer these abilities to their new occupational role and environment. For example, some participants reported being more alert to their surroundings and engaging in preventative safety planning. Signs of hypervigilance could indicate a potential psychological trauma response (van Dernoot Lipsky, 2009) however they can also be viewed as a resilience process when working in a high-risk environment that demands certain individuals be prepared to intervene at any moment (Maurer, 2020). Future research should consider how COs may develop certain coping strategies adaptive to the correctional environment and how these coping strategies translate outside the prison walls.

What remains inconclusive is whether these experiences better prepare CORs for correctional work, a field in which they are likely to experience future PPTEs over the course of their occupational responsibilities. Our study is a first step towards identifying pre-employment examples of resilience and posttraumatic growth in individuals pursuing a correctional career and contributes to the correctional well-being literature by expanding the focus of reactions to PPTEs to include resilience and posttraumatic growth, two areas that have thus far been overlooked in the correctional literature.

Our focus on coping, resilience, and posttraumatic growth is not to diminish or deny the psychological distress some CORs experienced concerning their PPTE. Instead, our analysis of participant narratives revealed that while there was harm and consequences for some, the majority of participants did not describe experiencing long-term psychological distress or self-perceived negative behavioral adaptations concerning their PPTE. Within our study, COR

reflections of their past PPTE(s) revealed narratives of resilience that highlight an individual's adaptive capacity to PPTE(s); this capacity for adaptation appeared to support a return to or preservation of psychological well-being and, for some, further growth. The demonstrated capacity to find strength, forgiveness, new meaning, and compassion for others are qualities that may prepare CORs to be more empathic and understanding COs. Participant narratives revealed diverse processes connected to participants' ability to maintain psychological well-being post-PPTE(s) (i.e., resilience enhancing processes). Some participants spoke about a capacity to maintain distance from their PPTE. Participants that engaged in distancing were able to hold perspective regarding their role in the event; they acknowledged their limitations in preventing tragic outcomes. A second resilience-enhancing process identified by some participants was that of relationality. Here participants made comparisons between their PPTE and others who may have experienced worse, thereby demonstrating an ability to consider the trauma of others and not be lost in their own experience. A final process was the capacity to engage in vulnerability by opening oneself to external support and processing emotions. While these processes may have been spoken about by participants at the individual level, with some participants explicitly suggesting that they made a choice to maintain their well-being, many also identified the value of their surrounding environment in supporting or inhibiting their resilience. These COR narratives emphasized the importance of navigating towards supportive resources and revealed the "role of micro- and macrolevel factors in culture and society, in addition to individual agency, in different constellations that contribute to the chances for resilience (Ungar, 2013)" (Bush & Rubinov, 2021, p. 36). Participants identified the role of supportive family and access to mental health services as elements of the environment that contributed to their sustained well-being.

The importance of meaningful social connection and support has been highlighted across the research on coping, resilience, and posttraumatic growth. Critically, it was highlighted how more than just access to services, but the provision of the space and time to heal was instrumental in an ability to restore well-being. Participant resilience narratives revealed both the importance of the individual's capacity to draw upon resources (Paton et al., 2008) as well as having meaningful resources within the environment to draw from (Ungar, 2015, 2021) in maintaining self-perceived well-being. As such, having systems and policies in place to support employees after a PPTE and provide them the time to engage in healing work may help promote resilience amongst employees. Given the diversity of PPTEs described by participants in our study and research that highlights the critical impact of everyday occupational stressors on psychological well-being (Carleton et al., 2020a; Konyk et al., 2021), it remains important that organizations acknowledge with their employees the range of experiences that may produce a stress reaction and continue to provide opportunities to learn and practice adaptive coping skills. In Canada, one such program that is introduced during the CTP is the AMStrength Training (Cassiano et al., 2022; Ricciardelli et al., 2021). The objective of AMStrength is to help identify mental health needs and to provide the tools for recruits to help maintain psychological health, including when exposed to PPTEs inherent to their occupational work.

Additionally, by shining a light on how gender norms, in certain contexts, can potentially dissuade someone from seeking needed support, we are reminded that the mere presence of resources is not sufficient. We also must address how different cultural contexts may persuade or dissuade people from accessing services. For example, engaging in efforts to normalize the expression of emotions for all genders may serve as another potential pathway towards

supporting resilience in employees, particularly given the masculine culture pervasive throughout correctional services (Ricciardelli et al., 2015).

The capacity to engage in processes such as distancing, relationality, and vulnerability are evidenced by some CORs who identify continued functioning in the face of PPTEs. Future research could examine whether, once employed, COs' narratives of resilience also reveal engaging in similar processes (i.e., distancing, relationality vulnerability) or if there is a shift in resilience enhancing processes that are more adaptive to the correctional environment. As CORs enter an occupational environment where exposure to PPTEs is the norm, those who have demonstrated resiliency to past PPTEs may still express concerns about how continued exposures will inform their future well-being. In our study, some participants explicitly acknowledged that despite coping well with previous PPTEs it remains possible that a future PPTE will overwhelm an their capacity to function or maintain well-being. Their words serve as a reminder that resiliency, already a concept in dispute, is not a static trait (i.e., something one always has or does not have) and we cannot solely rely on past demonstrations of adaptation and resiliency; rather the occupational environment, as much as possible, can address critical occupational stressors and continue to build evidence-based programs and supports that employees and families can draw on when needed.

Based on our results, we suggest that future research consider whether resilience-enhancing processes translate to the carceral environment, as well as whether individuals who engage in such processes are more likely to experience resilience after experiencing PPTEs in the correctional environment. Despite PPTE narratives imbued with coping, learning, and growing, some participants expressed uncertainty about how they might react to future PPTEs. Following the "stress shield" police resiliency model (Paton et al., 2008), we suggest that those with the

power to advance changes at the organizational level (i.e., correctional workplaces) consider how to foster an environment that could potentially promote resilience or posttraumatic growth as a CO. While ideally, for both prisoners and staff, we want the frequency of PPTEs significantly decreased and ultimately eliminated, we recognize that within the current carceral context it remains likely that most COs will encounter one or more PPTEs. Thus, with a focus on reinforcing the organizational environment to potentially promote resilience or posttraumatic growth, we suggest that management foster spaces and initiatives that promote accessible mental health support. Given the research amongst prisoners that revealed the importance of supportive and empathic relationships in contributing to posttraumatic growth, the addition of an on-site mental health professional available for employees may be one possible strategy for augmenting the correctional environment. Placing professional mental health support on-site may help to destigmatize accessing mental health services. Furthermore, a more psychologically sound workforce who have experienced their own posttraumatic growth may help foster this growth amongst prisoners.

4.7 Limitations

This study is not without limitations. First, we did not explicitly ask participants how they coped with PPTEs although the interview does ask if they sought any intervention and with whom; rather, this theme emerged inductively during data analysis. As a result, absences of coping narratives (i.e., denial of impact) do not mean the participant did not engage in coping or resilience enhancing processes, but the participant may have chosen not to share these details voluntarily, or they may be unaware of how they coped or navigated towards supportive resources. Notably, there are likely additional resilience-enhancing processes that were not identified in our sample but may be elicited if future researchers specifically target this topic.

Furthermore, given that we did not explicitly ask about resilience or posttraumatic growth in our interviews, we cannot definitively conclude that participants experienced these reactions. Instead, we offer that participant narratives revealed resilience or posttraumatic growth elements, thereby suggesting that they may have experienced these phenomena. Given the voluntary descriptions of coping that emerged in our data, future research should explicitly and more comprehensively examine experiences of resilience and posttraumatic growth amongst incoming COs. In the current article, we lay the groundwork for future research to examine more directly how CORs and COs cope with PPTEs prior to entering their new profession and whether coping strategies evolve during employment.

Second, our study focused on qualitative descriptions of COR exposures to PPTEs and their interpretations of whether and how the event impacted them. Future research could consider a quantitative or mixed-methods approach to data collection and analysis that would allow for an assessment of whether and how coping, resilience and posttraumatic growth are different according to key demographical variables. Additionally, our interview guide did not ask participants what meaning they made from their PPTE exposure. Some participants expressed meaning making in relation to their PPTE however given that this was not asked to all participants we did not have the data to analyze how meaning making may differ according to culture or demographic variables. Future research could examine whether COs engage in meaning making in relation to PPTEs and whether this process differs across various demographic variables.

Finally, as our sample included only baseline interviews, we cannot determine whether individuals with previous exposure to a PPTE fair better or worse, in terms of their mental health, than those without PPTE exposure over their years of employment. Furthermore, it may

not be simply a matter of pre-employment exposure to PPTEs that influences future mental health but whether a previous capacity to engage in resilience enhancing processes better prepares COs to cope with future occupational PPTEs.

4.8 Conclusion

Given the frequency of PPTEs amongst correctional employees (Carleton et al., 2019; Denhof & Spinaris, 2016), it seems likely that at some point in their career, these CORs will experience one or more PPTEs; for many, these PPTEs will occur amidst a backdrop of previous exposure. What remains to be answered is whether previous PPTE exposure and a demonstrated capacity to engage in resilience-enhancing processes prepare individuals to cope with correctional work and buffer against the future development of mental disorders. Research from associated occupations (i.e., police) has found previous PPTE exposure associated with heightened psychological distress during training and employment (Inslicht et al., 2010). However, based on our CORs' narratives of resilience and posttraumatic growth, we suggest that future research should consider the presence of previous PPTEs amongst employees and how they responded to such events (i.e., whether they demonstrated resiliency or posttraumatic growth). Moving the research agenda in this direction may help us understand how previous experiences coping with PPTEs prepare CORs for a career in corrections and future PPTE exposure.

Chapter 5: Discussion

Across the three manuscripts presented in this dissertation, I engage with mental health and correctional services scholarship in several ways. First, I illuminate core features of the stress experience, thereby clarifying a concept that has previously been measured inconsistently in correctional services-focused literature which resulted in ambiguous implications. As a result of this clarification, I reify concepts like the window of tolerance (Siegel, 2020) by showing their utility and essential features when applied to a specific occupational population. Second, I identify specific strategies that correctional officer recruits (CORs) use to cope with exposure to acute stressors and potentially psychologically traumatic events (PPTEs). As a result of elucidating the essence of the stress experience and associated coping strategies, I highlight the importance of not only resolving external stressors but also supporting individuals to process the embodied experience of stress. Fourth, I identify coping strategies and responses to exposure to acute stressors and PPTEs. In doing so, I suggest a shift away from focusing on identifying occupational stressors to exploring the internal experience of stress amongst correctional officers (COs).

5.1 Disambiguating the Concept of Stress Experienced by Correctional Officer Recruits

The concept of stress has been widely used in past correctional research, yet the core features of the individual experience have remained conceptually vague and ambiguous as the essence of what it means to be “stressed” is rarely specified. What do CORs experience when they are in moments of acute stress? What physiological, emotional, and cognitive processes are underway during these moments? These questions go unanswered when stress is reduced to an ordinal measure. There is a dearth of understanding about the lived experience of stress amongst those working in correctional services. Thus, one of the primary outcome variables of CO mental

health research lacks a common form of measurement and qualitative detail about its core features.

What my research suggests is that, for those entering the correctional workforce, acute stress (i.e., overwhelm) is a two-phase dysregulatory experience, with physiological, emotional, and cognitive impacts. Outside their window of tolerance, CORs may experience a state of hyper- or hypo-arousal, although the former was more commonly reported. CORs described an increased intensity and speed to certain physiological processes, such as a racing heart or fast breathing. CORs often situated the experience of stress within a specific place in their body such as their neck, shoulders, heart, or stomach. Emotionally, CORs identified anger and frustration as their primary reactions. Some even identified how these emotions could be directed at those closest to them, like their co-workers or family. Cognitively, CORs described thoughts of uncertainty and inadequacy; specifically, not knowing how the situation would be resolved or whether they were capable of handling the situation. These findings provide vital insights into how stress is experienced within the human body. To some extent, they align with previous conceptualizations of the window of tolerance, but also add nuance and detail to the nature of what being pushed outside the window of tolerance entails.

In addition to dysregulation, many CORs emphasized their ability and need to resolve the external stressor. Some CORs felt that they needed to resolve the stressor before being able to address their own internal responses. For some this meant suppressing internal responses until such time as the external stimulus was resolved.

When asking CORs to describe an experience with overwhelm I did not target a distinction in experience between when the stressor was present and after it had been resolved. However, what resulted in coding, with some CORs, is descriptions of dysregulation when the

stressor was present and descriptions of dysregulation after the stressor was resolved. I describe this second phase as the recovery phase of overwhelm in which there are still lingering physiological, emotional, and cognitive reactions after the stressor is resolved. For example, some CORs reported crying or emotional crash outs, and some began to identify efforts to metabolize this internal experience (i.e., journaling, intentional breathing, therapy).

Taken together, this more nuanced conceptualization of acute stress can improve the ability of future researchers to identify stress in the workplace. Stress is subjective and ephemeral. Interview or survey respondents may not identify with the abstract condition of “being stressed” or “being overwhelmed.” However, they may be able to more readily identify times in which they have experienced a physiological response like accelerated breathing or an emotional response like feeling angry. Some participants in my study initially denied ever feeling overwhelmed but eventually identified an experience and responded to interview questions. Thus, a key contribution of this research is adding granularity to the lived experience of stress in the hopes that identifying its constituent parts may assist in better identifying stress as a whole.

The conceptualization of stress as a two-phased process suggests researchers should not just probe about an individual’s response when the stressor is present but should also inquire as to how the individual experiences the aftermath. It is here that researchers may identify residual signs of stress and overwhelm through targeted questioning about what happens once a stressor is resolved.

5.2 Identifying Strategies for Coping with Overwhelm and Exposure to Potentially Psychologically Traumatic Events

Despite identifying the numerous stressors present when working in a correctional facility, correctional service researchers have been slower to identify the corresponding strategies for coping with workplace stressors and stress. Thus, one of the main contributions of this

dissertation is to identify and categorize coping strategies and describe how and when they are implemented. Across interviews, I identify four categories of navigational strategies used during overwhelm: externally focused navigation (i.e., resolving the stressor), internally focused navigation (i.e., self-regulation), relational support, and the opportunity to learn from the experience. I also identify strategies that appear to support psychological well-being or enhance resilience after exposure to a PPTE: distancing, relationality, and vulnerability. While some components of these strategies have previously been identified in the literature amongst COs, there is heuristic value in grouping them together. I provide conceptual language for future research to further explore coping and resilience enhancing strategies amongst CORs and COs. Additionally, there is a dearth of knowledge about what coping strategies individuals are bringing to their jobs as COs. Thus, a focus on CORs lends critical insights into strategies that predate corrections experience versus those that may arise from COs adapting to the correctional environment once employed.

Beyond enumerating the different coping strategies, I also provide a broader explanation for how coping strategies map onto the experience of stress. In the first phase, CORs use coping strategies to navigate the acute stressor. They describe their navigation as being finished in conjunction with the resolution of the stressor. In the second phase, CORs draw on coping strategies to process the experience of stress and overwhelm after the external stressor has resolved. Thus, coping occurs in two phases, much in the same way that CORs report experiencing stress. The dissertation results also highlight how CORs draw on multiple coping strategies during and after a stressful event. A key implication of these findings is that future research should seek to identify coping strategies at different points in the stress experience.

5.3 Expanding the Spotlight from a Focus on the External Stressor to the Internal Stress Experience

Correctional researchers have revealed various stressors found in correctional work and associated with impaired psychological well-being. In this research, there is frequently a distinction made between occupational stressors and PPTEs. For example, an occupational stressor can include staffing shortages or not having enough time to spend with one's social network outside of work, in contrast to a PPTE which is often associated with a more acute incident that may include exposure to violence. Critically, this distinction is also made in the workplace and may have implications for a CO's capacity to metabolize their stress. For example, when a CO witnesses or responds to a "critical incident" or "traumatic event" (i.e., physical injury to prisoner or colleague) or experiences some other stimulus that we may identify as conventionally "traumatic," they are offered support through the critical incident stress management program (CISM; Government of Canada, 2007). By contrast, when a CO works in an environment that is perennially short-staffed- a norm across prisons in Canada- there is no identification of COs needing special support or a targeted intervention. Yet, what my research shows is how exposure to an acute stressor can result in a dysregulating stress experience (i.e., overwhelm) that may benefit from structural support so employees can process the embodied experience of stress. Thus, rather than offering workplace support when a specific set of stressors are present, the findings suggest that workplace support is needed when an employee experiences internal dysregulation, whatever the precipitating stressor may be. Many of the coping strategies identified for dealing with acute stress were echoed in my findings about how CORs respond to or cope with exposure to PPTEs. In my third manuscript, CORs who mentioned that they had been exposed to one or more PPTEs identified similar coping strategies as those described by CORs during an experience of overwhelm. The three most common processes - distancing

relationality, and vulnerability – mirror some of the strategies employed in dealing with overwhelm. Thus, a key implication is that scholars and practitioners may place too much emphasis on the external stimuli in determining which COs need support and which do not. A better approach may be to probe the internal responses of COs to stimuli as a means of determining where further support is warranted. A focus on internal response might place less emphasis on solely responding to PPTEs and help normalize accessing support during the quotidian events that lead to similar pressures on the body.

5.4 Foregrounding Multiple Coping Strategies

5.4.1 The Role of Social Support

One of the contextual conditions that has received insufficient attention in the extant literature on CO mental health is the role of social support. Across all three manuscripts, social support was discussed as something that could both foster individual navigation through overwhelm and exposure to PPTEs and that could be impacted by the fallout of these experiences. Broadly speaking, when CORs spoke about their relationships with co-workers, friends, family, and/or mental health professionals during overwhelm or after a PPTE they characterized these relationships as beneficial and facilitating health sustaining coping strategies. Paradoxically, other research has identified that, once employed, COs may be less likely to turn to friends and family for support (Higgins et al., 2021; McKendy & Ricciardelli, 2022), a trend found amongst other public safety personnel such as firefighters (Regehr et al., 2003). This, in turn, may reduce their capacity to turn to social networks in moments of overwhelm or following a PPTE. An implication for research is the need to explore how COs define their social networks and draw on them in moments of need. Also, focus could be placed on exploring how these networks shift following their employment in corrections.

5.4.2 The Role of Distancing

The benefits of engaging in distancing, both physically and cognitively, was identified as a strategy for navigating overwhelm or processing exposure to a PPTE. Physically, CORs reported removing their body from exposure to the stressor as a means to cope with the stress experience. Cognitively, CORs reflected on their ability to influence the outcome of the stressor, recognizing their limitations in solving certain problems. COs may struggle to access private spaces within the correctional institution to engage in this strategy (Nylander et al., 2011). The findings suggest a necessary area for future research is an evaluation of the adaptability of this coping strategy to the correctional environment, short- and long-term.

5.4.3 The Role of Learning from Experience

Whether it is a moment of overwhelm or exposure to a PPTE, some CORs engaged in reflection as to what could be learned from their experience. CORs that demonstrate a capacity for learning and growing from stressful experiences may be entering their new occupational environment with a predisposition towards adaptation. In other words, they may be responsive to adopting new coping strategies as influenced by the resources in the correctional environment. Thus, while I express concerns about the capacity of CORs to employ certain coping strategies in the correctional context (i.e., drawing on certain forms of social support, distancing) my results also suggest the possibility that they will have the desire and flexibility to learn and employ new coping strategies.

5.5 Limitations

There are some caveats that should be considered in relation to my findings. First, as part of a larger study I was able to reach a greater number of participants and continue my research in the face of considerable feasibility constraints in participant recruitment during the COVID-19

pandemic. However, due to the scope of the overarching project, I was not able to conduct all the interviews myself thereby contributing to challenges with consistency in how interviews were conducted and the responses of participants navigated. This proved particularly salient for the questions targeting the embodied experience of overwhelm. As a result, some data may lack depth or clarity and missing information may be in part due to interviewer variability rather than a lack of awareness of participants. Thus, I may not have a complete picture of the essence of overwhelm as well as the corresponding navigation strategies.

Second, my entire sample across the three manuscripts is comprised of interviews with CORs before they begin employment. Thus, while I can elucidate the pre-employment experiences of stress and coping strategies I can only speculate as to how this may translate into the correctional environment. I draw on findings from other correctional researchers to extrapolate the potential implications of my findings however additional research probing similar questions with COs would be beneficial to understanding how the stress experience and coping strategies are influenced by the correctional role and environment. To the best of my knowledge, this is the first study to focus on coping during acute stress and in response to PPTEs amongst CORs and thus is exploratory rather than definitive in nature.

5.6 Future Research

My findings both advance current knowledge on COR stress and coping and point to areas for future research. First, due to the exploratory nature of my research, future research could seek to validate or expand on my findings on the phenomenology of overwhelm and the associated navigation strategies. As I did not target a two-phase description of overwhelm in my interview guide (see Appendix A) future research that probes at overwhelm while the stressor is present and once it is resolved may identify additional key features to this experience. Further, future

research could explicitly examine my description of overwhelm as a two-phase dysregulatory experience amongst a larger group of CORs and COs. In doing so, additional features of overwhelm and unique aspects to this embodied experience when it occurs within the correctional environment may be identified. In other words, future research could begin to answer whether the experience of overwhelm changes when experienced in the role of a CO and within the confines of the prison walls. If the qualitative description of overwhelm continues to be refined then it may be possible to create a valid quantitative measurement tool for overwhelm within the work environment thus lending clarity to quantitative research on job stress.

The psychological well-being of COs remains a concern for scholars, practitioners, and those working in the profession. My findings highlight new ways to conceptualize future research and explore the well-being of COs. For example, I find that CORs describe using multiple navigation strategies in a single moment of overwhelm but this does not equate to regulatory flexibility. Future research could evaluate the regulatory flexibility of CORs and COs as well as consider whether this is associated with sustained mental health. Additionally, to date, most research has focused on capturing the amount and kind of exposures to PPTEs while working. My findings suggest that it may be beneficial to consider not only how individuals cope when exposed to a PPTE but also explicitly explore resilience and how COs perceive themselves as maintaining resilience in the face of numerous occupational stressors. As the sections of the interview guide that ask about previous PPTEs do not explicitly enquire about coping or resilience amongst CORs I cannot claim to have a complete picture of the coping strategies of CORs during overwhelm or in response to PPTE exposures. Thus, there are likely additional coping strategies that could be elucidated through future research.

Chapter 6. Conclusion

In this dissertation I sought to identify the lived experience of acute stress and the coping and resilience capacities of correctional officer recruits (CORs) before they begin employment as a federal correctional officer (CO). Correctional scholars have identified the multitude of stressors that COs face however there has been less attention paid to the stress experience associated with stressor exposure. Inasmuch as job stress has been studied in the past, most studies used an array of varying measurement tools, making interpretation and comparison of their findings challenging. A recurring problem was how the concept of job stress was defined so vaguely that implications for the individual were unclear. I wanted to understand how CORs experience acute stress (i.e., overwhelm) and to disaggregate the broad concept into its constituent parts. In essence, I wanted to know what happens to someone – physiologically, cognitively, and emotionally – when they experience overwhelm.

A second lacunae in the correctional literature was around the strategies that COs use to cope with exposures to job stressors and potentially psychologically traumatic events (PPTs). Little research has been done on what kinds of capacities or strategies help COs cope with the demands of their jobs. Even less is known about the strategies and capacities that CORs bring to their jobs. This struck me as an important oversight for one reason: absent a baseline knowledge of individuals before they start working in corrections, we cannot understand how coping strategies evolve and change over time. Thus, I determined to study CORs since they are vital to understanding how policy and practice can support incoming COs to maintain and develop health sustaining and resilience promoting capacities.

The findings presented in this dissertation elucidate what CORs experience when overwhelmed and how they navigate these moments. CORs enter the workforce with a history of

exposure to acute stressors and PPTs, which have occurred in previous occupational contexts and their personal lives. CORs describe internal changes that occur during overwhelm signaling that overwhelm is a physiologically, emotionally, and cognitively dysregulating experience. Furthermore, overwhelm is described as a two-phased experience. In the first phase, dysregulation occurs when the stressor is present. In the second phase, during recovery, some CORs engage in efforts to metabolize their overwhelm while others experience a period of “crashing out.” This suggests the importance of supporting COs to develop strategies that allow them to navigate the period when the stressor is present and afterwards to process the experience of stress.

CORs bring their own coping mechanisms to moments of overwhelm. These include navigation strategies targeted at resolving the external stressor and the internal experience of stress. Externally, they draw upon problem-focused coping skills in their efforts to persevere and resolve a stressor. For example, participants talk about putting their own emotional processing needs aside until they have taken the necessary steps to address the situation in front of them. At the same time, they demonstrate a capacity to engage in emotion-focused coping and emotion regulation strategies so they can continue to resolve the stressor or so they can metabolize the stress experience after the incident concludes. The two primary ways they engage in internally focused navigation is through distancing (cognitively or physically) from the stressor and through efforts to regulate their physiological arousal through intentional breathing. CORs also talked about the importance of drawing on social supports and using these moments to learn and grow. CORs are entering the workforce with some degree of social supports (e.g., friends, family, etc.), and these networks may be vital to their long-term success within their occupation.

This research holds several implications for how CORs and COs are supported to maintain and develop health sustaining coping strategies and individual resilience. First, my findings indicate that CORs may benefit from efforts that encourage reflexivity and identification of their own internal stress experiences. Many CORs in this dissertation describe a capacity for perseverance amidst exposure to a stressor. While this may be valuable when responding to incidents at work, COs also need to be attuned to the subsequent reactions in their body. Thus, in addition to providing COs with tactical training for incidents within the facility (i.e., how to respond to an overdose), COs could also be provided training on how to metabolize the embodied experience of stress. For many CORs this could reinforce and build on skills already present and for others (i.e., those that describe “crashing out” after a stressor exposure) this could offer a new set of skills to apply when experiencing overwhelm. As a first step, teaching CORs to be able to identify their internal emotions or thoughts – anger, fear, uncertainty – is important to reducing the lingering consequences of stress. While many participants in my study were able to identify what happened to their bodies and minds during a moment of overwhelm, some outwardly denied any reaction. Thus, CORs may benefit from efforts to destigmatize and normalize the idea that there are common stress reactions. Based on my findings, such a program could discuss common hyper- and hypo-arousal sensations that occur during overwhelm. Increasing individual awareness of their bodily sensations may better equip them to navigate stressful situations from within their window of tolerance (Siegel, 2020). Improving individual resilience is necessary because, in a place like corrections where there are chronic stressors that cannot always be immediately resolved, COs will need to rely on their capacity to manage their internal reactions.

Second, my findings suggest that stress management strategies need to acknowledge both the importance of resolving the external stressor and metabolizing the internal stress reaction. There is individual-level accountability to have strategies in place to address the internal experience of stress and allow the body to engage in recovery. However, if these individual-level strategies are unaccompanied by systemic efforts to diminish stressor exposure, then their benefits will remain limited. Conversely, strategies that solely focus on resolving external stressors and neglect internal experiences of stress may lead to continued dysregulation and a slow build-up of stress over time until the job becomes unmanageable. It is imperative that institutions strive to diminish stressor exposure as much as possible as well as develop tools to support individuals to engage in stress metabolization processes. In sum, while individuals have a responsibility to manage their own stress, they should be supported by their employers and offered the resources to build up their stress processing capacities and resilience.

Third, individuals talked often about the importance of their social networks and supports when navigating overwhelm or the impact of exposure to PPTEs. This reinforces the importance of finding ways to help CORs maintain and develop their social networks both as they begin in the profession and throughout their careers. For example, during the correctional training program (CTP), CORs could do a mapping or identification exercise that charts who they can turn to in times of need and how they are going to maintain these relationships in the context of a demanding occupation. Given the potential for COs to “drift” from family and friends once employed (Higgins et al., 2021; McKendy & Ricciardelli, 2022) it is imperative that trainers and managers discuss strategies to maintain relationships when “the going gets tough.” Moreover, it is incumbent on administrators to build in peer support and mentorship programs in addition to promoting personal social networks.

Presently in Canada, the most common mental health services available to COs, employee assistance programs and critical incident stress management, are offered after exposure to a critical incident in the workplace (Cassiano et al., 2022). However, just because a CO has responded to a critical incident within the institution does not mean they have been pushed outside their window of tolerance. Instead, these programs could be designed to be less responsive to external stressors in the environment and more accessible to COs when they self-identify dysregulation within themselves, irrespective of when an incident has occurred. Additionally, the addition of an on-site mental health professional accessible to COs may also help COs metabolize their stress and maintain and develop health sustaining coping strategies. In my dissertation, CORs had a capacity to learn from past experiences of overwhelm and exposures to PPTs. Thus, they may be responsive to systematized opportunities, starting during the CTP and continued throughout employment, that support them in evaluating their current set of navigation strategies and identifying new strategies when needed.

It is critical that the cultural context into which CORs are entering is not forgotten when proposing ways for CORs and COs to maintain and develop health sustaining coping strategies. Once employed, systemic barriers and toxic masculine norms can prevent COs from seeking and accessing mental health support (Cassiano et al., 2022; Ricciardelli & Power, 2020; Wills et al., 2021). Thus, further work needs to be done that challenges cultural norms which can prevent COs from engaging with resources that support employee stress management and mental health. Putting systems in place to promote healthy relationships may also simultaneously serve to dismantle norms and values that impede health sustaining coping strategies and put a check on the culture of “sucking it up” in corrections.

CORs enter an environment in which exposure to stressors is inevitable. They will require all their existing knowledge and experience to navigate the demands of their future occupation. Part of the solution to a psychologically healthy workforce is encouraging and supporting individual capacities for resilience that predate employment in corrections and helping these capacities adapt to a new environment. Organizations must play a role not only in reducing exposure to stressors, but also in creating an institutionalized pathway to attend to individual stress responses. In short, we need to train people to listen to their bodies and minds as much as we need to train them how to respond to critical incidents. Ultimately, the supervision and care that prisoners receive is influenced by the psychological well-being of those who spend the most time with them, COs. Thus, supporting COs to maintain and develop health sustaining coping strategies and resilience has the potential to improve the lives of COs which could hopefully, in turn, improve certain realities of incarceration for prisoners too.

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Appendix A- Overwhelm Interview Guide

We all experience stress in our lives and stress is a part of correctional work. Sometimes, things go from being intense to too much or what we might call being overwhelmed - those times when your glass already feels full and then there's that one extra drop that causes everything to overflow.

I'd like you to think about a recent experience in which you felt something similar, things became too much or you went into overwhelm. Can you put yourself in the moment? It could be something in your training, an experience with family or friends, or maybe an interaction with a stranger.

1. There are different ways that we can experience things being too much, being overwhelmed.
 - One way is physically, in our bodies. What happens to you physically?
 - We may have specific feelings. What happens to you emotionally?
 - And what thoughts did you have when it was happening?
2. What helped you to not feel overwhelmed anymore?
(Prompt: What actions did you take or were there strategies you engaged in to no longer feel like it was too much?)
3. Would you do anything differently? Are you satisfied with how you navigated this moment?
4. What do you think caused you to feel overwhelmed or what became too much in the moment?

Appendix B- McGill Ethics Approval



Research Ethics Board Office
James Administration Bldg.
845 Sherbrooke Street West. Rm 325
Montreal, QC H3A 0G4

Tel: (514) 398-6831

Website: www.mcgill.ca/research/research/compliance/human/

Research Ethics Board 2 Certificate of Ethical Acceptability of Research Involving Humans

REB File #: 21-01-061

Project Title: Daily stress in Canada's prisons: Exploring experiences of being overwhelmed

McGill Principal Investigator: Katy Konyk

Department: School of Social Work

Status: Ph.D. Student

Supervisor: Professor Katherine Maurer

Co-Investigators: Dr. Rosemary Ricciardelli, Memorial University, Lead Principal Investigator

Approval Period: February 19, 2021 – February 18, 2022

The REB 2 reviewed and approved this project by delegated review in accordance with the requirements of the McGill University Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Georgia Kalavritinos
Ethics Review Administrator

-
- * Approval is granted only for the research and purposes described.
 - * Modifications to the approved research must be reviewed and approved by the REB before they can be implemented.
 - * A Request for Renewal form must be submitted before the above expiry date. Research cannot be conducted without a current ethics approval. Submit 2-3 weeks ahead of the expiry date.
 - * When a project has been completed or terminated, a Study Closure form must be submitted.
 - * Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. Serious adverse events experienced by a participant in conjunction with the research must be reported to the REB without delay.
 - * The REB must be promptly notified of any new information that may affect the welfare or consent of participants.
 - * The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
 - * The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB.

McGill University
ETHICS REVIEW
AMENDMENT REQUEST FORM

This form can be used to submit any changes/updates to be made to a currently approved research project. Changes must be reviewed and approved by the REB before they can be implemented.

Amendments to studies should be changes within the scope of the original study, not new studies that are simply related to the original study. Significant or numerous changes to study methods, participant populations, location of research or the research question or where the amendment will change the overall purpose or objective of the originally approved study will require the submission of a complete new application.

REB File #: 21-01-061

Project Title: Daily stress in Canada's prisons: Exploring experiences of being overwhelmed

Principal Investigator: Katy Konyk

Email: katy.konyk@mail.mcgill.ca


Faculty Supervisor (for student PI): Prof. Katherine Maurer

1) Explain what these changes are, why they are needed, and if the risks or benefits to participants will change.

I received Ethics approval from McGill on Feb 19, 2021. I am seeking approval to include interviews, conducted by myself and other research assistants before this date, as part of my data analysis. Specifically, I am seeking to include interviews conducted from January 10, 2021 onwards as this is when the study's interview guide was updated to include questions that I will use for my dissertation analysis. These interviews were conducted as part of the overarching longitudinal study of which my research is embedded (PI Prof. Rosemary Ricciardelli, Memorial University in Newfoundland) and with Ethics approval from Memorial University (Appendix A- submitted in original McGill application). The initial plan was to use interviews I conducted as part of my data analysis and based on past years (pre-Covid) of successful participant recruitment it was anticipated that I would be completed first-year interviews by May 2021. However, changes in participant recruitment due to COVID restrictions (e.g., no in-person participant recruitment or in-person interviews, all recruitment and interviewing done through email and over the phone) are contributing to a significant reduction in the expected numbers of participants. Therefore, it is no longer feasible that I conduct all first-year interviews myself as my participation in the doctoral program at McGill is time sensitive. Moving forward, I will analyze interviews conducted after January 10, 2021 and any additional interviews that I am able to conduct as participants enroll in the study. I will then be responsible for conducting the one-year follow-up interviews with the participants whose baseline data I analyzed. To note, it is possible that due to potential scheduling conflicts (i.e., participants are located at prisons in different time-zones across the country) another research assistant on the overarching longitudinal study may conduct a few of the year-one follow-ups that are used in my sample.

2) Attach relevant additional or revised documents such as questionnaires, consent forms, recruitment ads.

Non-applicable.

Principal Investigator Signature:  _____ **Date:** 23.04.2021

Submit to lynda.mcneil@mcgill.ca.

REB Information: (tel: 398-6831/6193; www.mcgill.ca/research/research/compliance/human)
(updated December 2018)

Faculty Supervisor Signature: _____
(for student PI)

Katherine Hawke

Date: ____22.04.2021__

For Administrative Use

REB#: REB#21-01-061 (0521)

x This amendment request has been approved.

Signature of REB Chair/ delegate: _____

lynda.mcneil
@mcgill.ca

Digitally signed by
lynda.mcneil@mcgill.ca
DN: cn=lynda.mcneil@mcgill.ca
Date: 2021.05.27 08:46:51 -0400

Date: _____

Project Approval Expires: February 18, 2022

McGill University
ETHICS REVIEW
AMENDMENT REQUEST FORM

This form can be used to submit any changes/updates to be made to a currently approved research project. Changes must be reviewed and approved by the REB before they can be implemented.

Amendments to studies should be changes within the scope of the original study, not new studies that are simply related to the original study. Significant or numerous changes to study methods, participant populations, location of research or the research question or where the amendment will change the overall purpose or objective of the originally approved study will require the submission of a complete new application.

REB File #: 21-01-061

Project Title: Daily stress in Canada's prisons: Exploring experiences of being overwhelmed

Principal Investigator: Katy Konyk

Email: katy.konyk@mail.mcgill.ca

Faculty Supervisor (for student PI): Prof. Katherine Maurer

1) Explain what these changes are, why they are needed, and if the risks or benefits to participants will change.

I received Ethics approval from McGill on Feb 19, 2021 and have also applied to renew the ethics application. In this amendment I am seeking to include interviews, conducted by other research assistants before this approval date, as part of my data analysis. Specifically, I am seeking to include 100 participant interviews, which were conducted from August 2018 to March 2020. These interviews were conducted as part of the overarching longitudinal study of which my research is embedded (PI Prof. Rosemary Ricciardelli, Memorial University in Newfoundland) and with Ethics approval from Memorial University (Appendix A- submitted in original McGill application). In my original Ethics application, I was initially planning to analyze data related to questions about being overwhelmed (Appendix D and Appendix E- submitted in original McGill application). However, I was given the opportunity by Prof. Rosemary Ricciardelli to analyze 100 baseline participant interviews for reports of exposure to potentially psychologically traumatic events (PPTs) pre-employment. In consultation with my doctoral committee, it was agreed that analyzing this data would be in line with my research proposal and allow me to understand how correctional officer recruits (CORs), entering federal employment as a correctional officer (CO), navigate moments of high stress (i.e., moments of overwhelm and PPTs) pre-employment. This shift also means that I will, at this point, no longer be analyzing the follow-up interviews that ask about overwhelm as part of my doctoral dissertation (Appendix E). These questions will still be asked in follow-up interviews with the participants who responded to the overwhelm questions (Appendix D) however I am no longer seeking to include them as part of my doctoral dissertation sample. I am shifting my research questions to focus on the adaptive capacities of CORs, in moments of overwhelm and PPTs, as they enter federal corrections. This decision was made in part because there was enough data at baseline to answer my research questions as well as to allow me to finish the doctoral dissertation in a more timely manner.

Original Research Questions:

1. What is the experience, emotionally, physically and behaviourally, of "being overwhelmed" as a CO?
2. How does "being overwhelmed" influence a CO's professional and personal relationships?

New Research Questions:

1. What is the experience, emotionally, physically and behaviourally, of "being overwhelmed" for Correctional Officer Recruits (CORs)?
2. How do CORs navigate moments of overwhelm?
3. What are the adaptive capacities of CORs upon entering federal corrections?

Submit to lynda.mcneil@mcgill.ca.

REB Information: (tel: 398-6831/6193; www.mcgill.ca/research/research/compliance/human)
(updated December 2018)

2) Attach relevant additional or revised documents such as questionnaires, consent forms, recruitment ads.

Non-applicable.

Principal Investigator Signature: Kathy Roy **Date:** April 11, 2022

Faculty Supervisor Signature: Katherine Narva **Date:** 11.04.2022
(for student PI)

For Administrative Use

REB#:21-01-061 Amendment Submission#:21-01-061-03

This amendment request has been approved.

Lynda McNeil Digitally signed by
Lynda McNeil
Date: 2022.09.13
14:42:59 -04'00' **Date:** _____

Project Approval Expires: September 12, 2023

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