

Original Article

Probation Officers Reduce Their Stress by Cultivating the Practice of Loving-Kindness with Self and Others

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Abstract

Probation officers (POs) who provide community supervision are susceptible to stress. Their clients can be manipulative, uncooperative, and difficult to supervise. It is essential for the officers to treat their clients with human dignity, and motivate them to comply with supervision while remaining non-confrontational, empathic, attentive, caring, and directive. The stress of supervising this population can compromise the officer's health, job performance, and effective supervision. Caring Science (CS), Caritas Process One (CP1): Cultivating the practice of loving-kindness and equanimity towards self and others (Watson, 2008, pp. 47- 60) can lower the POs' stress while promoting a professional, authentic presence, and a positive human interaction with their clients. This nursing theory can be applicable to forensic professionals because the practice of loving-kindness for self is necessary in order to develop a state of balance and composure under stressful situations. This study compares the perceived level of stress using the Perceived Stress Scale (PSS) in a sample of 28 POs in the State of Hawaii, before and after the workshop on Caritas Process One. A paired samples *t* test was conducted to compare the difference of the PSS mean scores of the two trials. There was a statistically significant difference between trial 1 and trial 2. Higher than average total scores in trial 1 before implementing Caritas Process One could increase the POs' vulnerability to compromised health and the development of stress-related illness. The significantly lower scores in trial 2, after the application of Caritas Process One, indicate a decrease in the POs' susceptibility to stress-induced illnesses. Post training the officers reported improvement in positive regard towards clients, a greater sense of being present with clients, and being more caring and authentic. The results of this study suggest that the implementation of CP1 is a valuable practice for lowering the stress of POs and facilitating a caring supervision relationship.

Keywords: probation officers, Society's Safe-Keepers, caritas, Caring Science, stress

Introduction

This study evolved after 35 years of experience working as a forensic advanced practice nurse (APN) treating adjudicated sex offenders, drug abusers, and domestic violence abusers. As a provider of this service, the work is done closely with the guiding hand of the legal system, which includes the State of Hawaii

Judiciary and the Department of Public safety. Inter-professional collaboration and waiving patient confidentiality are necessary to ensure community safety. Work is done closely with POs in case planning, and implementing a containment model that involves the judicial system, the patient's family, the community, and other positive people and organizations in the patient support system.

This work is noble because it focuses on changing people's lives by transforming destructive, hurtful behavior into behavior that respects others. It requires a commitment to bring the light of caring to those who engage in darkness. This author coined the term Society's Safe-Keepers™ (SSK) to identify these noble professionals as well as other forensic professionals.

Probationers/clients need to be treated with human dignity while being held accountable for their behavior. They need assistance in developing general self-regulation, impulse control, respect for the law, and concern for others. Unfortunately, they are not always receptive to being helped and are stuck in a dark corner of their mentality that is operated by core beliefs that devalue others. They are often motivated by a desire for excitement, and selfishness, and are also frequently afflicted with mental illness. SSK experience stress and burnout. Addressing the problem of stress and burn out associated with this work is important for keeping effective, experienced professionals in the field. The author searched for a nursing theoretical model to address the problem. Dr. Jean Watson's nursing theory of Caring Science (CS) is congruent with this author's desire to bring caring, peace, and equanimity to this difficult and challenging work. Watson's theory expanded this author's consciousness to a broader vision of this field, and a deeper awareness, that benevolence, responsiveness, compassion, and caring are not incongruent with holding people accountable.

Problem

This study addresses lowering the stress of a subpopulation of SSK, probation officers. The motivation was to prevent possible stress-induced health problems, and psychological problems such as vicarious trauma (VT). Stress is often caused by exposure to disturbing information and behaviors, during their sessions, with violent offenders. POs are often overwhelmed by large caseloads with the responsibility to monitor, develop, and implement case planning to ensure compliance with probationers' supervision and public safety.

Purpose

Any professional who endeavors to help others, must attend to self-care before helping others. SSKs need to

develop a self-care regimen to lower the stress that results from managing a difficult population. It is postulated that the practice of CS can lower SSKs' stress. It begins with a consciousness of intentionality to deliberately use positive thoughts, language, images, feelings, and behaviors to influence one's physiology and health (Watson, 2010, p. 20). CS has global implications for human health and healing and can be cross-pollinated to forensic science.

Significance of the Problem

Job-related stress and dissatisfaction are concerns because both can lead to poor performance and high staff turnover (Simmons, Cochran, & Blount, 1997). POs' stress can also affect support staff, supervisors, and the POs' families (US Dept. of Justice, 2005). New POs also encounter significant difficulty in the supervision of offenders (Finn & Kuck 2003). Stress and burnout can occur when employees feel devalued or the work environment does not allow employees to participate in decisions that affect their job (Brown, 1986; Risdon, Wells & Johnson, 2003). VT can occur from reading victim statements and listening to the salient events associated with violent crimes committed by those they have charge of.

In an effort to cope, some POs attempt to emotionally engage in self-protection by becoming distant. This results in detached interactions; treating those they have charge of as a nuisance. In any helping profession, burnout occurs when helpers close their heart and become uncaring (Watson, 2008). A lack of caring, frustration, and anger could cause the objectification of the individual they supervise. If this occurs, it mirrors the same uncaring objectification the offender engaged in towards their victim(s).

The significant question of this study is: Will SSKs, reduce their stress by practicing Caring Science theory: Caritas Process One: "Practice of loving-kindness with self and others?"

Definition of Terms

Caring Science

Caring Science (CS) is grounded in the discipline of nursing science and practice. Jean Watson, Founder/Director of the Watson Caring Science Institute (WCSI), states that CS, "Includes other fields

and disciplines in the Academy, for example, Women/Feminist studies, Education, Ecology, Peace Studies, Philosophy/ Ethics, Arts and Humanities, Mind-body-spirit Medicine. As such, caring science is rapidly becoming an interdisciplinary or transdisciplinary field of study. It has relevance to all the health, education, and human service fields and professions” CS investigates reflective, subjective interpretative observations as well as objective-empirical inquiry (Watson, 2013).

Society’s Safe-Keepers™ (SSKs)

Professionals who dedicate themselves to protecting society are SSKs and are not administrators of punishment. They believe in justice and human dignity, and promote faith, hope, and peace for our society. They are responsible for rehabilitating individuals who have violated the human rights of others. SSKs are trained and dedicated to correcting cognitive distortions and beliefs that justified the violence and exploitation of others. SSKs are conscious that change can only occur in a transpersonal caring relationship. SSKs believe that protecting society from tyranny requires a philosophy of caring and respect for all of humanity. This term coined by this author, includes probation/parole officers, and forensic professionals such as psychiatric mental health nurses, psychiatrists, social workers, psychologists, forensic counselors, and law enforcers.

Transpersonal relationship

A transpersonal relationship is a relationship that does not separate one from another. It is guided by a caring consciousness for the other person and transcends beyond the ego’s desire to control others. It requires an authentic presence that is sensitive and responsive to what is happening in the moment. This type of relationship encompasses wider aspects of humankind, life, and psyche. The individual’s sense of identity or self extends beyond the ego self. It encompasses both the subjective and intersubjective view of both individuals in an interaction. It reflects a unitary consciousness that does not separate one from another (Watson 2010 p. 180).

Vicarious Trauma (VT)

McCann & Pearlman (2006) describe VT as “transformation in the self of a trauma worker or helper

that results from empathic engagement with traumatized clients and their reports of traumatic experiences. Its hallmark is disrupted spirituality, or a disruption in the trauma workers’ perceived meaning and hope.” Vicarious trauma is psychological, emotional, and physical symptoms that occur when exposed to the trauma experienced by another.

Caritas

Mariam Webster’s dictionary defines caritas as “charity.” It is derived from the Latin word to cherish. Watson (2008, p. 253) states that Caritas, “denotes a caring or love for something that lies beyond the self-interest of any give individual.” It represents compassion and generosity of spirit. Caritas demonstrates genuine concern for others and respect for human dignity.

Biopassive relationships.

Relationships that are neutral interactions. The helper becomes detached and is vulnerable to objectifying and dehumanizing the individual being helped (Halldorsdottir, 1991; Watson, 2008).

Biocidal relationships

Relationships that decrease the well-being of the helper and those being helped. They are toxic, angry interactions that lead to despair (Halldorsdottir, 1991; Watson, 2008).

Biostatic relationships

In biostatic relationships, the helper becomes detached and devalues the individual that needs help and guidance. The patients may be viewed as a nuisance by the helper (Halldorsdottir, 1991, 2003; Watson, 2008).

Bioactive relationships

In bioactive relationships, the helper is engaged and interested in sustaining the person they are engaged with and desire the patient to succeed (Halldorsdottir, 1991; Watson, 2008).

Biogenic relationships

When biogenic relationships occur, the helper is genuinely interested in the person they are helping. This type of relationship identified by Halldorsdottir (1991) is benevolent, responsive, generous, merciful,

and compassionate. It is life giving and life receiving. It is the willingness to develop a transforming, consciousness, and authentic caring presence, and see beyond the mask of evil and darkness, it is possible to bring someone back to the light of caring for others (Rockwood-Lane, Samuels, & Watson, 2012).

Assumptions

It was assumed that the sample of POs in this study is a representative sample of probation officers of the State of Hawaii Judiciary, City and County of Honolulu. Their caseload includes supervision of drug offenders, sex offenders, domestic violence abusers, and violent offenders with mental illnesses.

Limitations

One of the limitations is that the POs in this study were from the island of Oahu, the County of Honolulu. Another limitation is that the workshop content of caritas process of loving-kindness to self and others, a core principle and foundation of CS, may be perceived as “fluffy” insubstantial to some of the stakeholders. This concept could activate cognitive dissonance for law enforcement officers because the nature of their work traditionally is in keeping with a self-perception and a persona of needing to be “tough” with convicted felons.

Synthesis of The Literature

Addressing POs’ stress by developing self-care strategies cannot be overlooked because it can reduce staff turnover, liability, and absences, improve health, ability to concentrate on work, and staff morale, reduce conflict in inter-professional relationships, and ultimately increase public safety (Finn & Kuck, 2003).

Supervision provided by these SSKs is demanding work and is held by high standards of evidence-based practices (Kemshall, 2009). Adjudicated sex offenders, domestic violence abusers, and drug abusers treated in the community and supervised by POs are not always receptive and compliant with supervision. Non-compliant probationers being supervised can put the community at risk. POs have considerable power, authority, and are required to make defensible, ethical decisions to assess risk and respond quickly to promote community safety. Supervising and obtaining cooperation from probationers requires being non-

confrontational while being empathic, attentive, and directive to address dynamic risk factors (Serran, Fernandez, & Marshall, 2003). Success in maintaining community safety requires these SSKs to be skillful in assessing risk, needs and responsivity of adjudicated sex offenders, (Andrews, Bonta, & Hoge, 1990). Motivating this population to stay in treatment (Harris & Hanson, 2010) remains a challenge. Sex offenders who do not complete treatment are at an increased risk of re-offending (Olver, Stockdale, & Wormith, 2011).

Motivational interviewing has been helpful with engaging probationers in case planning (Miller & Rollnick, 2002). However, for this approach to be effective, POs need to be authentic and not engage in a façade to cover up frustration, anger, hurt, and fear that may surface in the interaction when the probationer is disgruntled, uncooperative, self-entitled, blames others, or becomes manipulative. Learning communication skills and motivational interviewing without authentic caring is a moot exercise. SSKs/POs need to consider an ethic of caring (Watson, 2008) but might see their ethical code limited to protecting society. SSKs are faced with the complexities of human relationship dynamics that inform the process of the professional responsibility to protect society. Considering a caring relationship with those they supervise and help can create a conundrum.

Therapists reluctant to collaborate with POs can create mistrust. Glaser (2009) perceives collaboration between therapists and POs such as the waiver confidentiality as punishment. Prescott and Levenson (2010) disagree with Glaser and contest that therapists can maintain a balance between the client’s therapeutic needs, privileged communication, and community safety. Communication obstacles can be encountered (Schiavo, 2007) when POs work with probationers, defense attorneys and family members, and a negative social support system that minimizes the offense. An atmosphere of mistrust creates biocidal, biostatic, and biopassive relationships (Watson, 2005; Halldorsdottir, 1991, 2003). Bioactive, life sustaining, kind, caring, and concerned relationships minimize stress and are necessary for cooperation and change (Watson, 2005; Halldorsdottir, 1991, 2003).

System theories indicate that keeping an open system and collaborating for the common good of the whole,

will prevent entropy; breakdown of the system (Haines, 1998). CS facilitates synergy through collaboration and an open system of communication between professionals. CS supports inter-professional relationships that are bioactive (Watson, 2008).

The ethics of CS unites humanity (Watson, 2005). It is in alignment with the European philosopher, Levinas (1969/2000) who reminds us that we are not separate and must develop an ethic of belonging. Humanity belongs to a universal field of cosmology and oneness. SSKs can be role models of unity and caring to those they treat and supervise. CS supports an ethic of caring and that all of humanity belongs to a universal field of consciousness. This ethical point of reference is congruent with justice and respect for human dignity.

SSKs must consider sustaining humanity with those they have charge of and treat them humanly. A discipline, profession, or science that does not remind us of the totality of the oneness of the human connection contributes to separateness, fear, and conflict. A profession that is void of caring becomes soulless, disconnected, and inhumane (Levinas, Poller, & Cohen, 2003). A transpersonal caring connection is not expected with every client or colleague. Caring consciousness should be a professional ideal that steers SSKs toward a moral and ethical commitment for human dignity. This ethical and philosophical approach creates equanimity.

Stress can lead to physiological, emotional negative effects such as in an increase in blood pressure, localized inflammation, and even blood clotting, depression, negative emotionality, irritability, and apathy (Zraggen, et al., 2005; Garcia-Bueno, Caso, & Leza, 2008). Insomnia, restlessness, and pedantic communication are also related to stress (Limm, et al., 2011). Stress can affect the mind of the individual, and muddle their thinking causing hasty decisions based on emotions rather than evidence-based rationale. SSKs who do not engage in self-care practices, are particularly vulnerable to stress, which may result in restlessness, inflexibility with clients and even colleagues.

Empathic engagement of reading reports of victims and their traumatic experiences can trigger VT (McCann & Pearlman, 2006). Symptoms of VT are hyper-

vigilance, feeling helpless, anger and cynicism, dissociative moment, fear on the job, and a feeling of not making any significant changes (Lipsky & Burk, 2009). Other signs include difficulty managing emotions, difficulty managing boundaries in a professional setting, problems with relationships, physical aches and pain, difficulty making connection and loss of meaning and hopelessness (Rothschild, 2006).

Multiple studies have demonstrated the effectiveness of mindfulness practices in lowering stress among various populations. There were 65 police officers from Santa Clara, CA trained in resilience building and self-regulation improves judgment and decision-making using mindful techniques (McCraty & Atkinson, 2012). These researchers assessed vitality, emotional wellbeing, and coping with stress following acute stress situations. Physiological measurements were obtained to determine the real-time cardiovascular impact of acutely stressful situations encountered in highly realistic simulated police calls used in police training. The researchers also identified officers at increased risk of future health challenges. Data suggest that training in resilience building using mindful and heart-felt intentions, and breathing exercises could significantly benefit police organizations by improving their judgment and decision-making.

Mindful techniques were used to train 75 correctional officers to assist with emotional self-regulation techniques to reduce stress. (McCraty, Atkinson, Lipsenthal, & Aurgelles, 2009). The practice was monitored with heart rate variability feedback to learn to sustain self-management of physiological response to stress. Measures of physiological stress included cortisol, DHEA, cholesterol, triglycerides, fasting glucose levels, 10-minute resting electrocardiogram, heart rate variability and blood pressure stress, and health risk factors. Participants were able to significantly reduce cholesterol, glucose levels, heart rate and blood pressure and also reported an increase in positive outlook and reduction of physical signs of stress.

A study was done to determine if mindfulness practices reduced medical students' stress levels measured (Warnecke, Quinn, Ogden, Towle, & Nelson, 2011).

Medical students from three clinical schools attached to the University of Tasmania were given an audio CD designed specifically for this trial and were instructed to use the intervention daily for eight weeks. The participants were also asked to keep a diary recording of whether or not the intervention was used each day of the trial. Stress levels were measured with the PSS. The results determined that the mindfulness practice reduced stress and anxiety.

The theoretical foundation of CS centers on the altruistic practice of loving-kindness with self and with others. This practice is essential in developing authenticity, which is necessary before one can genuinely help others. An authentic, nonjudgmental, caring awareness and presence is required to facilitate cooperation and to help change negative behavior to healthier practices.

In any helping relationship, it is important to give faith and hope (Watson, 2008). SSKs interacting with clients and colleagues must be aware of any negative thoughts, feelings, and sensations without reacting with anger. To be effective in managing negative emotions and subsequent stress, the mind must refocus attention on developing right relations, and nurturing, trusting, and caring relationships.

In this work it is easy to become cynical about change because SSKs are constantly exposed to resistant criminal thinking from those being treated or supervised such as “no one tells me what to do” and as a result the relationship can become biostatic. When SSKs are faced with felons who are resistant to change they must be conscious not seeing those they have charge of as bad or evil. Caritas Process One (CP1) informs SSKs to see the other with compassion and help SSKs to understand the person (Rockwood-Lane, Samuels, & Watson, 2012).

Watson’s Ten Caritas Processes of CS (Appendix L), (Watson, 2009) have transformed healthcare (Johns & Freshwater, 2005) and could be applicable to the forensic helping relationship. CS and its Ten Caritas Processes can be globally applied and helpful in lowering SSKs’ stress and facilitate positive, and cooperative caring relationships.

In this study, CP1 is the focus of a self-care development workshop for SSKs/POs to lower their

stress, improve the quality of their relationship with those they supervise, and increase job performance.

Because published research indicates that meditation can effectively lower blood pressure (Brooks, et al., 2013; Chung, Brooks, Rai, Balk, & Rai, 2012), the author questioned whether one of Watson’s centering techniques for nurses could be effective for lowering stress in SSKs/POs. Published research describes the use of centering and meditation to lower stress for those in high-stress occupations (Shapiro, Schwartz, & Bonner, 1998; McGarrigle & Walsh, 2011). Teaching breathing techniques and meditation has been shown to help veterans returning from Afghanistan and Iraq to cope with the stress and anxiety encountered by war (Davidson, 2012).

CS can develop equanimity, a sense of balance, and self-regulation of body, mind, and emotions may help lower stress, improve management of negative counter-transference and increase job satisfaction while being cost effective by decreasing staff turnover.

Methods and Implementation

Research Design:

The research method was an exploratory intervention, with quasi-quantitative and qualitative design. A paired-sample repeated measure design was used in this study. This design has a fundamental advantage because utilizing the same individuals at pre and PT reduces error variance associated with individual differences.

Participants

The participants were recruited voluntarily via a Workshop Announcement (Appendix C) that was distributed with permission and the support of the State of Hawaii Judiciary, Adult Client Services Branch (Probation) of the First Circuit Court on the Island of Oahu.

Instruments

The PSS (Appendix G) is used to measure the level of perceived stress in a person over the past month (Cohen, Kamarck, & Mermelstein, 1983). It determines the likelihood of whether perceived stress might be making the individual more susceptible to stress that could compromise his or her health. Higher

scores on the PSS are associated with higher levels of stress that could interfere with performance and with adjusting to changes in one's life. It has an overall internal consistency of 0.82 and there is adequate reliability for this scale with a range of 0.51 - 0.83. The PSS was administered as a pre and post-test (PT).

Participants submitted words describing their feelings before and after the workshop followed by a qualitative analysis using WORD IT OUT© a visual representation of text data for qualitative analysis. At PT, the participants were asked open-ended questions whether they thought the workshop held value in their professional life.

At the PT 30 days following the intervention, participants were also asked the four questions (Appendix H) relevant to the tools they learned, how valuable they found them and which elements they used, and if they would recommend the workshop to a colleague.

The independent variable is the pre and PT scores on the PSS. The dependent variable is a decrease in self-reported stress on a stress measuring scale such as the PSS. The workshop Developing Self-Care Through CS for SSKs focuses on the practice of CP1: The Altruistic Values, and Practice Loving- Kindness With Self And Others (Watson, 2008) is the intervention. The primary outcome measure of this project is the participants' score on the PSS; a decrease in stress in SSKs who participate in the workshop.

Procedure

It was determined by the author that POs and the probation administration of the State of Hawaii Judiciary needed to be informed of the potential value of CS and Caritas practices for lowering their stress. A letter of Introduction for Research Study was sent to the stakeholders (Appendix A). In the initial meetings with the Special Services Division, the administrator and supervisors had concerns that this concept was too "fluffy" for POs whose position requires authority and enforcement of court conditions. Several meetings were held to discuss the project and assess the needs of the organization. From the onset, the administration agreed that a caring attitude was important for developing a positive relationship between probation officers and the defendant they supervise. Key

administrators and supervisors were presented with a power point presentation outlining evidence-based information regarding the impact of job-related stress on the physiology of the body and job performance. The philosophy and objectives of CS were presented with an explanation of how the implementation of CP1 could lower POs' stress. The intent was to convey that this practice could also facilitate POs' positive regard towards probationers and that a nonjudgmental caring relationship could facilitate the client's cooperation without compromising accountability.

A discussion relating a historical precedence in 2004 by Judge Steven Alm demonstrated how an attitude of caring was also conceived. Judge Alm launched a program called Hawaii's Opportunity Probation with Enforcement (HOPE) to reduce probation violations with drug offenders, sex offenders, and others at high risk of recidivism. Probationers were clearly warned that violating the rules of probation such as missing a drug test, testing positive on a urinalysis, or missing a probation appointment would result in immediate sanctions. Sanctions are short-term jail sentences ranging from a few days to a few months in jail. HOPE probation resulted in decreasing the recurrence of problematic behavior and reducing long-term prison sentences. In order to accomplish its goals it was important that HOPE probation's objectives, mission, and purpose be agreed upon by all individuals in the system.

Likewise, it is emphasized here that the practice of CS also would need to be agreed upon in this research to address negative counter-transference experienced by probation officers, consistent with the HOPE project.

For many institutions, effectiveness is also measured by financial outcomes (Kleinpell, 2009). Financial benefits including less money spent on sanctions for probationers and fewer absences of probation officers from work were explained to the stakeholders as one of the benefits of a self-care development program such as CS. Emphasized was this point: while applying CS, the POs can become more focused and diligent and not overlook potential risks to the community. The POs could still be quick to take action and hold probationers accountable when failing to comply with supervision.

The administrators were concerned that some POs would not want to participate in a CS workshop

because a caring attitude toward the probationers would be perceived as weakness. Some believed that caring would not make a positive difference with probationers who have antisocial personality disorders and that a caring attitude may even increase the client's attempts to manipulate the POs. Explanation to address this included: 1) this is unlikely to occur so long as POs are vigilant and understand that the practice of CS still holds individuals responsible for their actions, 2) POs are responsible for protecting the community and can do so with a persona that instills faith, hope, and ownership, and 3) a caring PO does not enable or excuse probationers.

CS can be cross-pollinated to the supervision of the criminal population. The hope for rehabilitation requires a psychologically positive environment for physical, emotional, mental, and spiritual growth, and respect for human dignity (Watson, 2008). If the forensic system's goal is to rehabilitate, this philosophy cannot be overlooked. Einstein stated, "Problems that are created by our current level of thinking can't be solved by the same level of thinking" (Haines, 1998, p.15). The HOPE project in the State of Hawaii is a new level of thinking that does get probationers' attention to consequences if they do not comply with the guiding hand of the legal system that is trying to rehabilitate them. CS is another level of thinking that needs to be considered. It synergizes SSKs to be innovative in implementing evidence-based case planning.

The Judiciary administration agreed that training was needed to improve the quality of supervision between POs and probationers.

The Judiciary signed an Agreement of Cooperation (Appendix B). The POs were invited to voluntarily participate in a one-day, six-hour long workshop. A flyer accompanied the invitation outlining the rationale, behavioral objectives, content, and qualifications of the presenters of the workshop (Appendix C). Self-selected persons were instructed to notify their supervisor of their interest in participating. The workshop was held at a local hotel with simple meals served as incentives. Initially, 32 individuals signed up to attend. All 32 individuals were provided with a Study Participant's Bill of Rights (Appendix D), and all 32 signed a Written Informed Consent for

Anonymous Informed Consent before the beginning of the workshop (Appendix E). They were informed that they would be able to withdraw and leave the workshop at any time. All participants stayed and completed the workshop. Before the workshop, all participants completed a demographic questionnaire (Appendix F), and the PSS. They were told that they would be provided with a Certificate of Recognition and Participation (Appendix K) 30 days after the workshop, upon receipt of their completed PSS post-test (PT). The PT was administered at a conference room and refreshments were provided as another incentive to complete the PT. To avoid a perception of coercion to complete the PT, special attention was given not to exceed the meal provided previously on the workshop day. This was to avoid a perception of being coerced to complete the test. Participants were encouraged to complete the PT but it was not mandatory.

This study was approved by Brandman University's Institutional Review Board (BUIRB) as minimal risk and was expedited (Appendix I). A request for modification (Appendix J) was made to include a questionnaire at PT to assess the participant's Value of The Workshop (Appendix H). A copy of the IRB was given to the State of Hawaii Judiciary Special Services administrator.

The PSS was coded and administered anonymously. Higher scores represent higher levels of perceived stress. After completing the workshop the POs were expected to report a decrease in perceived level of stress. The hypothesis was, $H_a: M_1 > M_2$ (one-tailed positive). The mean score at PT should significantly be lower than the mean score of the pre-test.

Intervention: Developing Self-Care Through Caring Science

This workshop was six hours of continuing education (Appendix A). It addressed and assisted probation officers in developing self-care strategies to alleviate the stress encountered during the course of their work. CS based teaching goals include: Being present, attentive, empathic and non-confrontational while addressing risk factors. The objectives of this self-care development workshop were: Developing authenticity, applying mindfulness techniques to lower job-related stress, applying mindful relaxation techniques to

prevent potential secondary trauma, addressing counter-transference, letting go of distressful thoughts, and increasing the efficacy of treatment/case planning with motivational interviewing. The workshop was delivered by Jean Watson RN, Ph.D., internationally renowned CS speaker and nurse researcher, and Joseph Giovannoni MA, MS, APRN-Rx PMHCNS-BC an APN and a doctor of nursing practice student at Brandman University.

Results

Demographics of Participants

Initially at pre-testing, there were 32 volunteers/participants. A total of four participants were dropped from the final analysis due to disqualification.

A sample of 28 (N= 28) probation officers from the State of Hawaii, Judiciary Special Services Division voluntarily participated and were able complete the pre and PT for a comparison trial. There were 16 females (57%) and 12 male (43%). Their ages ranged between 27 – 62, $M = 42.08$, $S = 11.73$. The Length of time employed as a probation officer was: Median = 7 years, $M = 8.61$ years, $S = 6.43$ years. Education: 50% had a master's degree, 50% had a bachelor's degree. Their race/ethnicity findings included: 61% Asian, 14 % White, 4% Hispanic, 11% Black, 11% Native Hawaiian/Pacific Islanders and 4% Other. The subjects were recruited voluntarily as an independent sample with repeated measurement on each individual in the sample. Each person was measured twice. The participation of both males and females increases the generalizability of the study, as does the range in age, length of time employed and educational level. The predominance of Asian participants may limit the generalizability of the study across ethnicity. The Asian population may be more receptive to alternative approaches.

Primary Outcome

Data were analyzed using Predictive Analytics Software v 19.0 (SPSS/IBM, Inc. Chicago, IL). A paired samples t test was conducted to compare the difference of the PSS mean scores of the two trials. There was a statistically significant difference between trial 1 ($M = 14.75$; $S = 6.22$) and trial 2 ($M = 10.61$; $S =$

6.24). The PSS mean score for trial 1 was greater than the PSS mean score for trial 2. The $t(27) = 5.46$, $p < .001$ was statistically significant. $ES = 4.14$ (28% reduction in average score). The effect size larger was 0 with a 95% CI [2.59, 5.75]. The data were normally distributed, and one measurement on each member of the sample. The variance demonstrated homogeneity. Pre-workshop of Caritas Process One, trial 1, the mean scores of 14.75 indicated a much higher than average perceived stress and the post workshop of Caritas Process One, trial 2, the mean score dropped [5] points, which is considered lower than average.

The prediction was that the participants would have significantly lower stress levels 30 days after the workshop. There was a statistically significant difference between means. The significance was less than $p = .001$ level. Because one of the speakers was a charismatic and renowned author the halo effect is considered. The 30 days was enough time for any Halo effect to wear off. The PT was significantly lower than the norm for people of the same age. The CI indicates that if replicated again the workshop would lower stress by 2.6 to 5.8 points. This is a substantial and meaningful effect size. If this type of intervention were to be repeated, a reduction in perceived stress is expected. The 95% CI tells the Principle Investigator (PI) to expect 18% to 39% reduction in stress.

Secondary Outcome

The sample of 28 POs was divided into two groups, one group showing a high level of stress on the pretest and one group showing a low level of stress on the pretest. The top half of the table is the high stress group (people with pre-test score higher than 13).

These results show that the workshop was effective for both groups; there is a statistically significant reduction in stress in both groups. The results reassured the PI that this workshop on CS and CPI could be broadly useful with this population. If this study were repeated with a higher N, it would be important to gather more data on subgroups (gender, age, experience level, etc.) and use it to refine the workshop. The sample size was too small to evaluate the interaction of group and change with a two-way ANOVA.

Table 1: Sample Characteristics

Sex Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Male	12	42.9	42.9	42.9
	1 Female	16	57.1	57.1	100.0
	Total	28	100.0	100.0	

Statistics

		Sex Gender	Age Age	Race Race/Ethnicity	Job Place of employment	Employment Job description	Education Level of Education	Employed Years Employed in Law Enforcement (probation officer, parole officer, social worker, administration, police officer)	Relevance_post Which of the elements of the workshop have you used in the last 30 days?	Value_post Which of the topics you learned in the workshop was most valuable?	Recommend_post Would you recommend the workshop to a colleague or friend?
N	Valid	28	26	28	28	28	28	28	28	28	27
	Missing	0	2	0	0	0	0	0	0	0	1
Mean		.57	42.08	2.75	.00	.00	2.50	8.61	2.04		1.00
Std. Deviation		.504	11.730	1.266	.000	.000	.509	6.425	1.105		.000
Minimum		0	27	0	0	0	2	1	1		1
Maximum		1	62	6	0	0	3	24	5		1

Race Race/Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Hispanic or Latino	1	3.6	3.6	3.6
	1 White	4	14.3	14.3	17.9
	2 Black / African American	3	10.7	10.7	28.6
	3 Asian	17	60.7	60.7	89.3
	5 Native Hawaiian or other Pacific Islander	2	7.1	7.1	96.4
	6 Other	1	3.6	3.6	100.0
	Total	28	100.0	100.0	

Table 2: Pair Sample Statistic

		Paired Samples Statistics			
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PSS_Score_Pre COMPUTE PSS_Score_Pre=Sum (Q1_pre,Q2_pre, Q3_pre,Q6_pre,Q9_pre, Q10_pre,Q4_pre_R, Q5_pre_R,Q7_pre_R, Q8_pre_R)	14.7500	28	6.21602	1.17472
	PSS_Score_Post COMPUTE PSS_Score_Post=Sum (Q1_post,Q2_post, Q3_post,Q6_post, Q9_post,Q10_post, Q4_post_R,Q5_post_R, Q7_post_R,Q8_post_R)	10.6071	28	6.23811	1.17889

Tertiary Outcomes: Qualitative Analysis

At the beginning of the workshop the participants were asked to give one word that best described how they were feeling about being present and participating in this workshop. At the end of the workshop the same question was asked. WORD IT OUT, a computerized program (worditout.com) was used to provide a visual representation of text data for qualitative analysis. At the beginning of the workshop the participants reported that they felt “relaxed, curious, calm, anxious, and tired” (Table 4A). A centering technique was used before this question was asked and may have influenced their responses. This could have influenced their level of relaxation. It would have been better these descriptors were elicited prior to any relaxation exercise to assess how the participants really felt before any intervention.

However, this oversight may reflect the effects of breathing exercises and centering. The most frequent word reported was “relaxed.” Furthermore it supports a measureable effect in the appropriate direction at the beginning of the intervention. At post intervention it was clear that the participants reported feelings, “calm, open, validated, and inspired” (Table 4B). The following elements (Table 5) were obtained by analyzing question 2, “Which of the elements of the workshop have you used in the last 30 days?” on the Value of the Workshop Form given at PT, (Appendix H). This helps identify the relevance of the workshop. Table 5 shows that 43% of the participants reportedly practiced being authentically present. It also suggests

that multiple elements of the workshop need to be given more attention. This data may reflect that not enough time was spent on the physiology of stress, for example. An open-ended question was asked on the Value of The Workshop form, (Appendix H) “Which of the topics you learned in the workshop were most valuable to you?” These are the themes discovered from the open-ended question on the PT. WORD IT OUT was used for qualitative analysis of the words participants used to freely describe the value of their experience. Being authentically present was the most prominent concept. The qualitative data matched the quantitative data. Being authentically present was a concept that during the 30 days after the workshop, the participants practiced and found valuable. In the Value of The Workshop form, the participants were asked if they would recommend the workshop to a colleague or friend and 96% said yes and 4% did not answer.

Discussion -Interpretation of Results

Higher than average total scores in trial one before implementing CS workshop could increase the POs’ vulnerability to develop stress related illness. The significantly lower scores in trial two, the application of CS and CP1 indicate a potential for a decrease in the POs’ susceptibility to stress-induced illnesses.

The participants reported being more authentically present, and improvement in positive regard towards clients. They reported engaging in more active listening. The study suggests that the implementation of CS, CP1 is a valuable mindful practice in lowering

the stress of other SSK such as probation officers, parole officers, forensic nurses, and forensic therapists as they engage in their noble profession of ensuring community safety. Sending weekly e-mails of CS messages of sustainability maybe a variable that influenced the results of this study. It is possible that the positive effects of this workshop may have influenced the participants to feel “validated” and “inspired” to practice what they had learned. Consideration needs to be given to the resistance that could be encountered with POs who would perceive CP1 as “too fluffy” and in opposition of the image of a law enforcement officer who has to be “tough” or “stern.” An assumption would be that this workshop would not be well received in certain jurisdictions in the United States where POs are primarily male who perceive themselves as “tough guys.” At the onset of this workshop the probation administrators and supervisors of the State of Hawaii, Judiciary were skeptical and perceived some of their officers, both male and females, as “hard” individuals who would not be receptive to this approach and were concerned that this PI would not be able to recruit 30 voluntary participants. Even at the time of the delivery of the workshop the supervisors remained skeptical that their officers would respond positively. After the workshop the PI received positive responses from the administration and expressed interest in delivering another workshop.

Implications for Practice

Application for Practice

Watson’s nursing theory of CS and CP1: The Altruistic Value and Practice of Loving-Kindness with Self and Others was effective in lowering stress in both the high and low stress groups at the PT. While this practice may not be considered useful for everyone it has not been found harmful to any participant that may make it globally applicable as a practice to improve health and the quality of life of POs and other SSKs. Stress compromises the immune system and makes us vulnerable to illness, (Segerstrom, 2010). Reducing

stress could reduce illness and burnout and could decrease staff turnover and absences from work (Simmons, Cochran, & Blount, 1999). A self-care practice of loving kindness with self can reduce ruminative thinking, increase self-compassion, empathy, and caring in the supervision relationship. POs and other SSKs who engage in this practice can experience less stress and a heightened sense of equanimity. They will be more focused and show improvement in their performance with supervision and case planning. This theory of nursing is more broadly relevant than previously known; it can be cross-pollinated to forensic work and it is applicable to the daily practice of POs and other law enforcement officers. A brief intervention based on this theory could lead to long-term changes in the workplace. These changes in probation officers behavior may lead to reductions in the negative consequences of this high stress occupation. A PO who reflects a caring attitude may lead to better outcomes for clients because of its focus on demonstrating caring for them.

Plan for Long-Term Sustainability in Practice

Weekly emails were sent summarizing and reinforcing the practice of CP1 for 30 days after the workshop. This may also have contributed to the results of the study. After the participants completed the PT, they were asked if they wanted continued messages of support in the practice of CS. None of the participants requested to discontinue this service. Some reported that they found the messages helpful in sustaining what they had learned as they were reminded to apply CS to their work. CS statements that reflect Watson’s ten Caritas Processes are sent by email at least once a month. The participants have been appreciative and have personally reported specific encounters with probationers where biocidal interactions have transformed to biogenic interactions. This form of support will be continued in order to help sustain these noble individual’s practice of this self-care technique to lower stress.

Table 3: Paired Samples Statistics for Stress Sub-groups High stress group (people with pretest score higher than 13).**Paired Samples Statistics**

filter_by_pretest	PSS_Score_Pre<13 (FILTER)	Mean	N	Std. Deviation	Std. Error Mean
0 Not Selected	Pair 1 PSS_Score_Pre COMPUTE PSS_Score_Pre=Sum (Q1_pre,Q2_pre,Q3_pre, Q6_pre,Q9_pre,Q10_pre, Q4_pre_R,Q5_pre_R, Q7_pre_R,Q8_pre_R) PSS_Score_Post COMPUTE PSS_Score_Post=Sum (Q1_post,Q2_post, Q3_post,Q6_post, Q9_post,Q10_post, Q4_post_R,Q5_post_R, Q7_post_R,Q8_post_R)	18.9375 14.1875	16 16	4.35842 5.38168	1.08961 1.34542
1 Selected	Pair 1 PSS_Score_Pre COMPUTE PSS_Score_Pre=Sum (Q1_pre,Q2_pre,Q3_pre, Q6_pre,Q9_pre,Q10_pre, Q4_pre_R,Q5_pre_R, Q7_pre_R,Q8_pre_R) PSS_Score_Post COMPUTE PSS_Score_Post=Sum (Q1_post,Q2_post, Q3_post,Q6_post, Q9_post,Q10_post, Q4_post_R,Q5_post_R, Q7_post_R,Q8_post_R)	9.1667 5.8333	12 12	3.06989 3.53768	.88620 1.02124

Low stress group (people with pretest score 13 and lower)

Paired Samples Test

			Paired Differences				t	df	Sig. (2-tailed)	
			Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
						Lower				Upper
filter_by_pretest	PSS_Score_Pre<13 (FILTER)									
0 Not Selected	Pair 1	PSS_Score_Pre COMPUTE PSS_Score_Pre=Sum (Q1_pre,Q2_pre,Q3_pre, Q6_pre,Q9_pre,Q10_pre, Q4_pre_R,Q5_pre_R, Q7_pre_R,Q8_pre_R)- PSS_Score_Post COMPUTE PSS_Score_Post=Sum (Q1_post,Q2_post, Q3_post,Q6_post, Q9_post,Q10_post, Q4_post_R,Q5_post_R, Q7_post_R,Q8_post_R)	4.75000	4.80971	1.20243	2.18709	7.31291	3.950	15	.001
1 Selected	Pair 1	PSS_Score_Pre COMPUTE PSS_Score_Pre=Sum (Q1_pre,Q2_pre,Q3_pre, Q6_pre,Q9_pre,Q10_pre, Q4_pre_R,Q5_pre_R, Q7_pre_R,Q8_pre_R)- PSS_Score_Post COMPUTE PSS_Score_Post=Sum (Q1_post,Q2_post, Q3_post,Q6_post, Q9_post,Q10_post, Q4_post_R,Q5_post_R, Q7_post_R,Q8_post_R)	3.33333	2.60536	.75210	1.67797	4.98870	4.432	11	.001

Table 4: A. WORD IT OUT – Beginning of Workshop

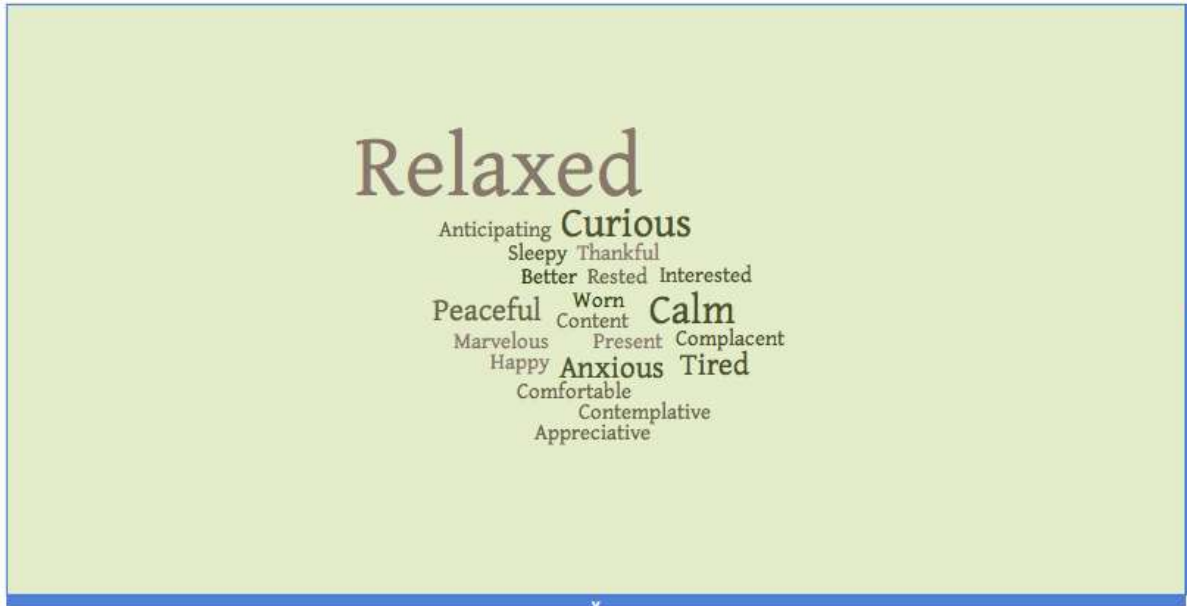


Table 4a: B. WORD IT OUT – End of Workshop

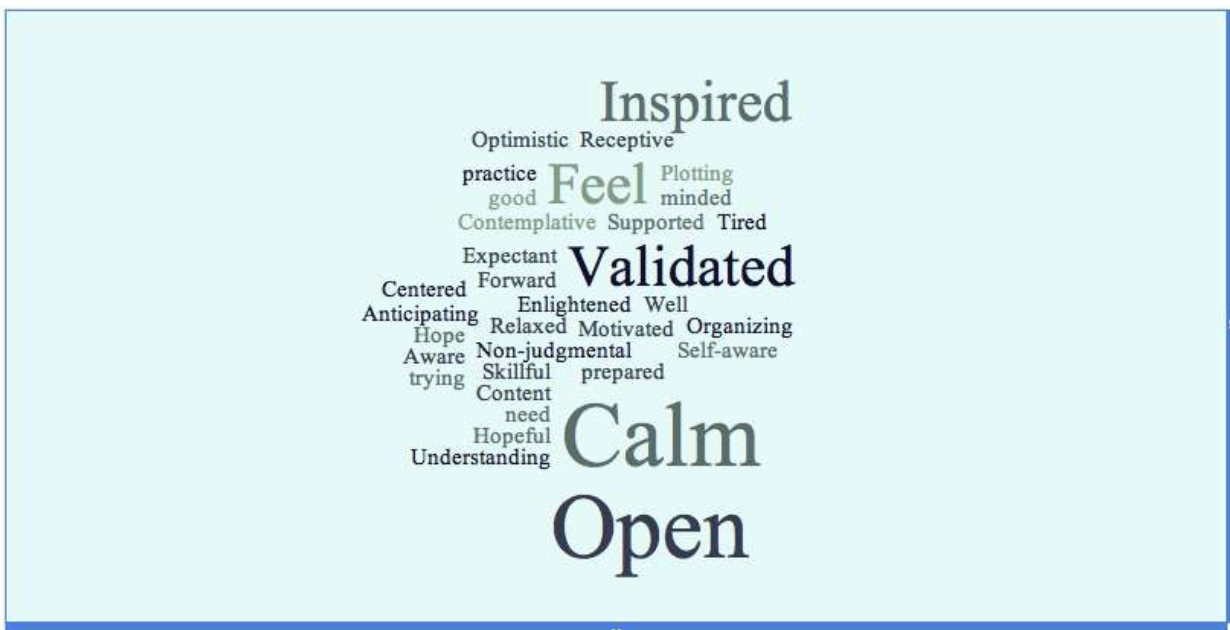


Table 5: Elements Used the Most During 30 Post-Workshop

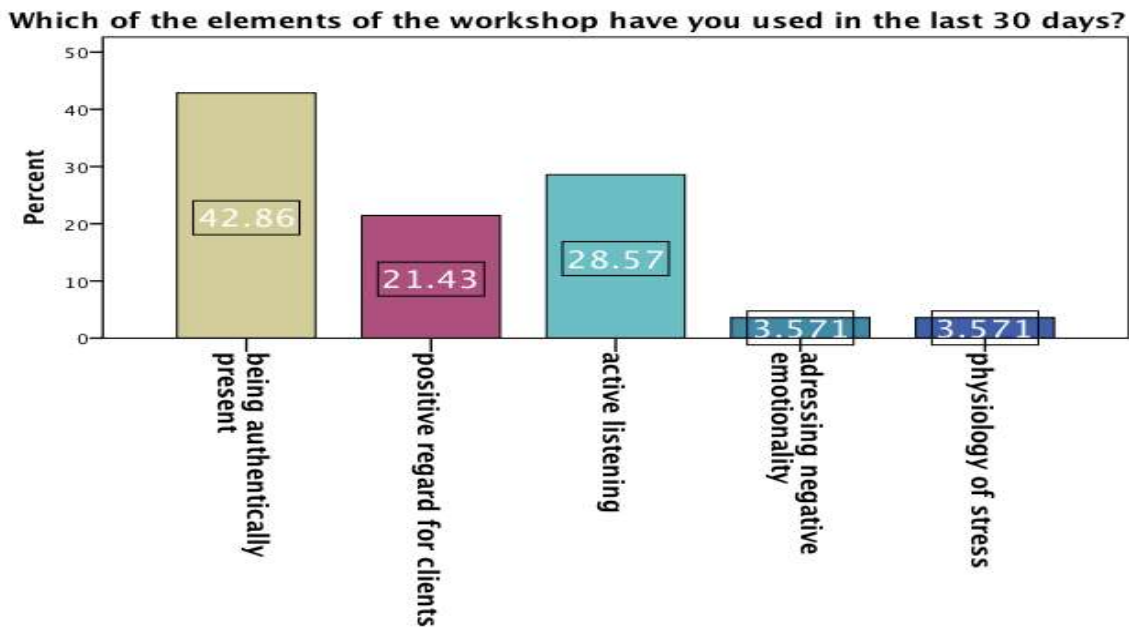
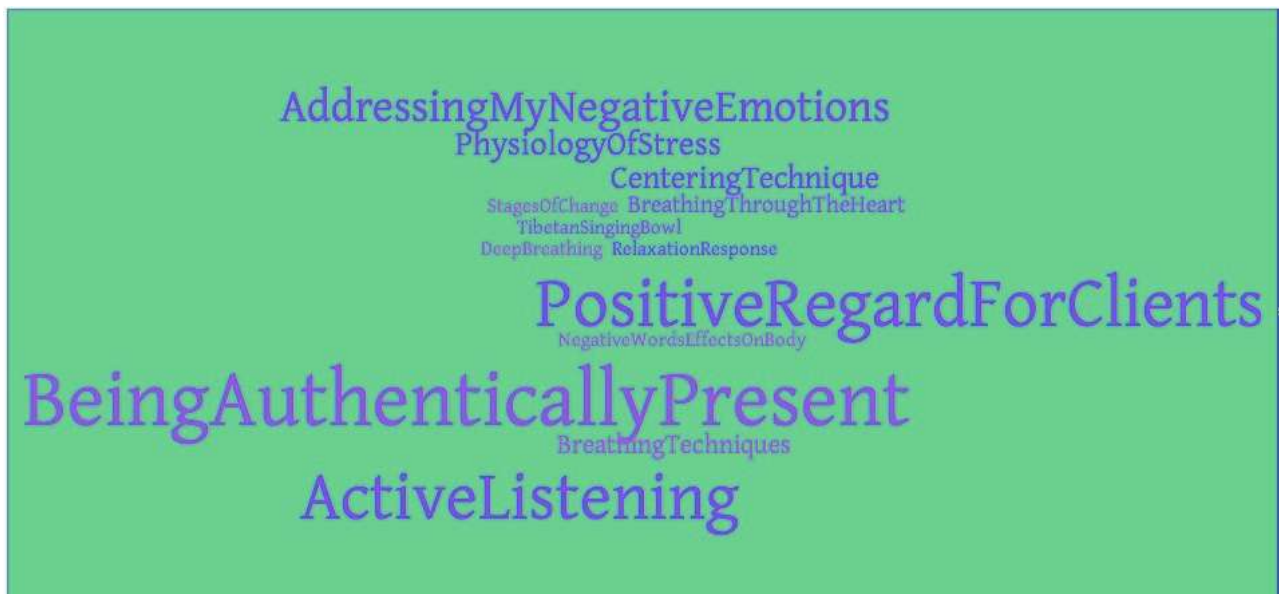


Table 6 Value of the Workshop in the Participants Words



Plan for Policy Development

Probation administrators of the State of Hawaii Judiciary have demonstrated an interest in this workshop and have discussed plans for future workshops for staff that did not attend at the time that the original workshop was given. The plan is to extend this workshop to two days so that more time can be devoted to content such as the physiology of stress, the bio-nature continuum of caring relationship, vicarious/secondary trauma and active listening, and developing authenticity in motivational interviewing.

Recommendations

Summary

The practice of CP1: The Altruistic Value and Practice of Loving-Kindness with Self and Others is rewarding because it promotes physical calming, and a feeling of well-being, even in difficult encounters with offenders. It can empower POs and other SSKs to think more clearly, maintain composure and be effective while still holding those they supervise accountable for their actions.

Conclusion

The noble profession of POs and other SSKs, which includes all branches of law enforcement as well as forensic professionals, requires well-trained individuals who believe in justice and human dignity. SSKs cannot overlook the importance of developing a caring transpersonal relationship as they help and supervise others who behaved in ways that are uncaring. They must consider being guided by a caring consciousness if they are to promote a safer and more loving society. These professionals must transcend beyond their ego's desire to control others. POs' work is very difficult and stressful, and policies within the justice system need to be considered and developed. Lowering their stress can decrease absence from work and staff turnover, and improve job satisfaction. A healthier, mindful, and caring PO can be more focused on improving case planning and as a result facilitate community safety. This study suggests that the practice of CS: CP1 can help reduce POs' stress.

Recommendations for Further Study

Futures studies should include parole officers and police officers. Comparison studies could be done to see the effects of CS and CP1 between these

populations of law enforcement officers. In future studies, to include a control group that only receives the instructional component of the workshop without the mindful practices of CP1 is considered. Of interest would also be to compare two groups who receive the same intervention but one group does not receive the weekly emails. It would be interest to do a follow up with the participants to determine why they were less likely to use these techniques that these issues could be addressed in future studies or training.

It would be valuable to include a component of participatory action research. Participants should be included in the "decision-making that generates design, manages, and draws conclusions from research" (Reason, 1994). An interactive cycle of reflection, responses, and reactions from participants could add more insight into the experiences as they practice CS techniques. In this collaborative approach subjects provide personal human flourishing in the active participation and practice of CS.

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