



Acceptance and mindfulness-based stress management for support staff caring for individuals with intellectual disabilities



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ABSTRACT

Support staff working with individuals with intellectual disability (ID) and challenging behaviour experience high levels of work-related stress. Preliminary theoretical and experimental research has highlighted the potential suitability of acceptance and mindfulness approaches for addressing support staff stress. This study examines the effectiveness of an acceptance and mindfulness-based stress management workshop on the levels of psychological distress and well-being of support staff working with individuals with ID and challenging behaviour. Support staff ($n = 120$) were randomly assigned to a workshop intervention condition ($n = 66$) or to a waiting list control condition ($n = 54$). Measurements were completed at three time points (pre-, post and 6 week follow-up) for: psychological distress, well-being, perceived work stressors, thought suppression, and emotional avoidance/psychological inflexibility. Main Findings: The intervention led to significantly greater reductions in distress in the intervention group than in the control group. This was largely maintained at 6 week follow-up. This effect was more pronounced amongst a subsample that had shown higher levels of psychological distress at baseline. Thought suppression was found to reduce significantly in the intervention group between post intervention and follow-up, although no significant change was found in well-being or experiential avoidance/psychological inflexibility. Overall, results demonstrated support for the effectiveness of an acceptance and mindfulness-based intervention in reducing distress.

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1. Introduction

1.1. Background

Support staff who work in intellectual disability (ID) services regularly encounter emotionally and physically challenging situations within their working environment (Blumenthal, Lavender, & Hewson, 1998). In a UK survey, approximately one

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third reported clinically significant levels of psychological distress (Hatton et al., 1999a,b). Research suggests an extensive range of stress-inducing factors for such staff (Devereux, Hastings, & Noone, 2009a,b). These include: their client characteristics (Dyer & Quine, 1998) including the nature of their challenging behaviours (Jenkins, Rose, & Lovell, 1997); the long hours, work load and staff shift patterns (White, Edwards, & Townsend-White, 2006); the nature of working relationships and the amount of support staff receive (Rose, Madurai, Thomas, Duffy, & Oyeboode, 2010); factors relating to the organisational structure and climate (Blumenthal et al., 1998), and career development issues, including job security fears, lack of appropriate training or progression (Hatton et al., 2001).

The stress levels and well-being of support staff are therefore of critical importance, not only for the individual and the service user, but also the wider service (Skirrow & Hatton, 2007). Those working in high stress environments are more likely to use mal-adaptive coping strategies such as substance misuse, poor diet and other unhealthy lifestyle factors (Piko, 1999). As well as being linked to mental health difficulties, stress has also been found to affect immune system function (Khansari, Murgo, & Faith, 1990). Stressed individuals are more likely to develop chronic diseases and conditions such as cancer, cardiovascular disease and diabetes as well as colds and coughs (Melamed, Shirom, Toker, Berliner, & Shapira, 2006). Stressed support staff are less productive, less likely to assist clients in tasks, and interact less often with them. (Hastings & Remington, 1994; Lawson & Brien, 1994; Rose, Jones, & Fletcher, 1998). Evidence also suggests that in work environments with high staff stress levels there is an increased risk of incidents of both physical and mental abuse towards individuals with ID (White, Holland, Marsland, & Oakes, 2003). Stressed support staff inevitably impact on the wider organisation in terms of higher absenteeism rates and staff resignations/turnover (Thompson & Rose, 2011), thus resulting in considerable financial costs in staff cover and recruitment, as well as low staff morale. Hence quality and continuity of care is directly affected (Lin et al., 2009).

Despite mounting evidence highlighting the causes of staff stress, its negative impact, and the responsibility that organisations have for employees' well-being (Leka, Jain, Zwetsloot, & Cox, 2010), to date there has been little research addressing this. While a recent meta-analysis revealed that cognitive behavioural therapy (CBT)-based problem-solving approaches are the most established interventions for work-related stress (Richardson & Rothstein, 2008), there have only been a few studies applying such approaches to support staff in ID services (Gardner, Rose, Mason, Tyler, & Cushway, 2005; Innstrand, Espnes, & Mykletun, 2004).

In conventional CBT, emphasis is often placed on changing the situations which relate to the difficult emotions, or processing such thoughts, feelings, and sensations differently by means of through thought challenging/cognitive restructuring (Longmore & Worrell, 2007). Support staff in ID, however, commonly face distressing experiences (Robertson et al., 2005), where it may not be possible to change, challenge, or problem solve the resulting thoughts and emotions. Indeed, it has been proposed that analysing and unsuccessfully struggling to problem solve their distressing experiences can actually lead to further psychological distress (Hayes, Strosahl, & Wilson, 1999).

Recent studies have suggested that carers of individuals with ID who use maladaptive emotion-focused coping strategies such as thought suppression, avoidance of negative emotions, thoughts and bodily sensations have higher stress levels and are more likely to experience "burnout" (Devereux, Hastings, Noone, Firth, & Totsika, 2009a,b; MacDonald, Hastings, & Fitzsimons, 2010). It has been argued that mindfulness-based interventions (MBI) such as Acceptance and Commitment Therapy (ACT) may be particularly applicable to this population (Noone & Hastings, 2011). They specifically aim to target these maladaptive emotion-focused coping strategies and promote an attitude of acceptance and being with difficult thoughts and feelings (MacDonald et al., 2010).

Research on the application of mindfulness-based interventions with support staff reports positive findings for both staff and the individuals with ID they support (Harper, Webb, & Rayner, 2013; Hwang & Kearney, 2013), although research has been limited by the influence of potential confounding variables, small sample sizes and a lack of control comparisons (Chapman et al., 2013). Preliminary results suggest, however, that being a more mindful carer has beneficial effects. These may include increased client happiness and ability to learn, reduced levels of aggression, non-compliance, self-injury and injuries to carers and peers; as well as increased social and community integration (Singh et al., 2006c, 2007, 2004). In addition, the training of carers in mindfulness may enhance the effects of behavioural management training (Singh et al., 2006a), and reduce the need for the use of physical restraints and stat medications with clients (Singh et al., 2009). Research also indicates that MBI offers benefits for support staff, including improved psychological health and satisfaction with caring and reduced stress (Bethay, Wilson, Schnetzer, Nassar, & Bordieri, 2012; Noone & Hastings, 2009, 2010; Singh et al., 2006a,b,c, 2009; Smith & Gore, 2012); and that this can occur despite staff perceptions of level of stressors in the work environment being unchanged (Noone & Hastings, 2009, 2010). This latter result was hypothesised by Noone and Hastings (2010) to have resulted from an increase in psychological resilience through targeting maladaptive emotion-focused coping strategies (i.e. experiential avoidance/psychological inflexibility). Preliminary evidence also suggests that acceptance and mindfulness-based workshops may have the greatest impact on those with the highest levels of psychological distress pre-intervention (Bethay et al., 2012; Bethay, 2010; Flaxman & Bond, 2010b). These are promising findings, however, they need to be considered in the context of the research limitations outlined above (Harper et al., 2013).

1.2. Aims of the study

The current study aimed to further explore the application of an acceptance and mindfulness-based intervention with support staff working in ID services, using a design that sought to address limitations of previous research in this area. The

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