

Impact of Aggressive Behaviour on Burnout and Quality of Support

Abstract

This qualitative community-based study in Southern Ontario investigated the effect or influence that aggressive behaviour of some individuals with a developmental disability has on the level of burnout in developmental service workers (DS workers). Previous research has identified stress as relatively high in DS workers and has linked burnout to a reduction in the quality of services provided. Findings from the current study identified and depicted how aggressive behaviour can influence the level of burnout by leading to reduced patience and negative feelings such as powerlessness. In response, many DS workers disengage from their work or transfer to other positions or employment, resulting in a disruption in the continuity of support for an already marginalized segment of individuals with a developmental disability. Suggestions for addressing burnout in DS workers and important areas for future research are discussed.

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Literature and Rationale Overview

Developmental Service Workers: Unique Challenges Faced

Although the rewards of human service work are widely recognized, the emotionally involved nature of supporting others may also put human service workers at a pronounced risk of becoming over-whelmed and/or frustrated in their work (Ducharme, Knudsen, & Roman, 2008; Maslach, Jackson, & Leiter, 1996). Professionals who support individuals with a developmental disability (DD) are often fundamentally responsible for the most critical areas of an individual's life, such as health and finances (Malhotra, 2006), and some of them also support individuals with challenging behaviours, such as aggressiveness. Day-to-day work in this environment requires a significant emotional commitment and these unique demands are thought to increase the risk of burnout for DS workers (Skirrow & Hatton, 2007).

Conceptualizing Burnout

Burnout can be understood as an ongoing negative psychological and/or physical state, resulting from consistent work-related stress (Shinn, Rosario, Morch, & Chestnut, 1984). Over time, stress can lead to burnout, manifested by negative feelings such as anxiety, physiological reactions such as illness, and maladaptive behaviours such as social withdrawal. Following Maslach's multidimensional model, burnout can be defined as mounting frustration that leads to induced emotional exhaustion, reduced personal accomplishment and depersonaliza-

tion (Maslach et al., 1996). Emotional exhaustion entails feeling that one has no further emotional resources to offer; reduced personal accomplishment captures one's diminished sense of pride in one's work; depersonalization involves developing cynical or negative attitudes towards the people to whom they provide a service. Ongoing work-related burnout may lead some human service workers to develop an impersonalized stance towards others (Maslach et al., 1996). Researchers have indeed noted that workers experiencing burnout tend to appear more irritable, detached, and/or cold towards service recipients (Schaufeli & Enzmann, 1998). Aside from being a response to stress, depersonalization has also been conceptualized as a maladaptive coping mechanism that develops when trying to disengage from work as a way to cope with demands (Jenaro, Flores, & Arias, 2007).

The Impact of Exposure to Aggressive Behaviour on DS Workers

Aggressive behaviour has been generally defined in the literature as "behaviour resulting in injury of people or things" (Lundström, Graneheim, Eisemann, Richter, & Åström, 2007, p. 30). The *Diagnostic Criteria for Psychiatric Disorders for Use with Adults with Learning Disabilities/Mental Retardation* (DC-LD) sets out a much more rigorous definition of aggressive behaviour that separates aggression into physical, environmental, and verbal aggression. It also requires that the behaviour has occurred at least three times in the preceding six months and has resulted in a significantly negative impact on a person's quality of life. Using the DC-LD definition of aggressive behaviour, a study in the U.K. found aggression to be prevalent among 9.8% of individuals with DD (Cooper, et al., 2009), a rate the authors considered to be generalizable to other developed countries. It is not surprising, therefore, that, in Sweden, Lundström, Graneheim, Eisemann, Richter, & Åström (2007) found as many as 51% to 80% of community DS workers indicated that they had been exposed to aggressive behaviour (defined in the study as: "actions of a physical, psychological, sexual or financial nature, or actions based on differences in ethnicity and/or religion, which were perceived as injurious or harmful to the victim") in the course of supporting individuals with DD (p. 32). Although the general definition used in the Swedish study may lead to a higher percentage of workers identifying themselves as experiencing aggression

at work, previous research has indicated that overall encounters with aggressive behaviours tend to be under-reported amongst human service workers (Evers, Tomic, & Brouwers, 2001).

Aside from the numerous difficulties that aggression poses for the individuals with DD (e.g., barriers to social inclusion), there are also important implications for the organizations and staff supporting them. In particular, increased exposure to behavioural difficulties has been linked to increased levels of anxiety, depression, absenteeism, turnover, and burnout amongst support staff (Evers, Tomic, & Brouwers, 2001; Jenkins, Rose, & Lovell, 1997; Lundström et al., 2007; Whittington & Burns, 2005). One study concluded that exposure to aggression increases vulnerability to burnout because it increases feelings of powerlessness and reduced self-efficacy (Evers et al., 2001). Aggressive behaviour, especially when taken personally, can also evoke negative emotional reactions such as fear and anger, which could accumulate over time and contribute to burnout. Studies have indeed linked staff exposure to aggressive behaviour from individuals with DD to subsequent negative feelings such as annoyance, fear, sadness, anger, and despair (Lambrechts, Petry, & Maes, 2008; Whittington & Burns, 2005). These negative feelings may help explain why some workers attempt to cope by disengaging from work. Because disengagement is characterized by a lessened ability to be empathic (Schaufeli & Enzmann, 1998), the issue of aggressive behaviour and burnout has important implications for organizations concerned with ensuring a high quality of service to individuals with DD.

Potential Impact of Burnout on Quality of Support

Many studies have indeed linked burnout to a reduction in quality service (Evers et al., 2001; Garman, Corrigan, & Morris, 2002; Munn-Giddings, Hart, & Ramon, 2005; Lundström et al., 2007). One reason is that burnout often leads to higher turnover and a discontinuity in care, which can detrimentally affect support outcomes (Ducharme et al., 2008). Associations have also been reported between burnout and mistreatment. One study, which found a relationship between burnout in nursing home staff and subsequent behaviours such as yelling, concluded that in response to burnout staff members are "more likely to develop negative feelings toward

the residents, isolate them, and prevent them from meeting their basic psychological and social needs" (Evers et al., 2001, p. 442). In addition, a study that reported on abuse and neglect within community homes for individuals with DD identified negative attitudes towards individuals and an inability to effectively handle stress as two risk factors for abuse and neglect (Furey, Niesen, & Strauch, 1994). That increased emotional exhaustion and depersonalization may be linked to abusive staff behaviours is of particular concern because individuals with DD have already been identified as being at an increased risk for abuse and neglect (Furey et al., 1994; Malhotra, 2006; Valentine, 1990; Verdugo, Bermejo, & Fuertes, 1995). Although more research should be done before conclusively linking burnout to increased incidents of actual mistreatment of individuals, the implications of research completed to date suggest the issue may be pressing.

Rationale of the Study

Although research on DS workers is clearly needed, most research on burnout has focused on other human service occupations, such as nursing and teaching (see, for example, Ducharme et al., 2008; Kanste, Kyngas, & Nikkila, 2007; Munn-Giddings, 2005). In addition, the small amount of predominately non-Canadian quantitative research within developmental services has revealed many inconsistencies in terms of the factors that contribute to burnout. In particular, although research has demonstrated a clear link between aggression in nursing home residents and staff burnout, the link between aggression in individuals with DD and burnout in DS workers is not as clear (Evers et al., 2001). For instance, after reviewing the literature on burnout in DS workers, Skirrow and Hatton (2007) concluded that "client variables," such as challenging behaviour, are not predictive of burnout, while other studies *have* documented a link between aggressive behaviour amongst individuals with DD and support worker burnout (Lundström et al., 2007; Whittington & Burns, 2005).

In light of these inconsistencies and the important implications for the quality of support for individuals with DD, the current study sought to examine the impact that aggressive behaviour has on community DS workers based in Southern Ontario. Because there is a need to better understand the personal impacts of aggression on DS workers, a qualitative design

was chosen to allow for a richer and more comprehensive exploration of the participants' experiences. The primary goals of the study were: (1) to explore the personal impact of encountering aggressive behaviour, (2) to make some recommendations to community organizations on how to minimize the negative impacts of aggressive behaviour and burnout, (3) to guide future research in this area, particularly research that seeks to design and/or implement interventions to reduce burnout and improve service delivery to individuals with DD.

Method

This study was conducted using qualitative methodology. Qualitative research is known as a range of empirical procedures that allow researchers to describe and understand the context specific experiences of individuals (Ponterotto, 2005). Qualitative methodology is applicable when attempting to explore and more fully understand the experiences, meanings and behaviour of people (Berg, 2007). Exploring human experience through language is particularly valuable because, "at the very heart of what it means to be human is the ability of people to symbolize their experience through language" (Seidman, 2006, p. 8). Because of the manner in which human language allows us to uniquely access and better understand the unique and shared experiences of individuals and the meanings they attribute to their experiences, qualitative research conducted in formats such as interviewing, offers us a uniquely valuable method of studying complicated human issues.

Participants

A Southern Ontario Community Living organization served as a setting from which to recruit participants. Nine residential employees (two part-time and seven full-time) from eight community homes participated in this study, representing eight females and one male, aged twenty-one to fifty-three years. Most participants had either a developmental service or support worker college diploma, and one participant had a high-school diploma. The length of time working in the field ranged from two months to fifteen years.

Procedure

A semi-structured interview containing fifteen open-ended questions was developed to explore the personal experiences of each participant (see appendix A). The questions were chosen by the authors based on common factors related to burnout as reported in previous research: topics such as the main challenges faced, the personal impacts of dealing with aggressive behaviour, perceived levels of burnout, and methods of coping with stress (e.g., Jenkins, Rose, & Lovell, 1997; Lambrechts, Petry, & Maes, 2008; Lundström et al., 2007; Skirrow and Hatton, 2007).

After receiving University ethics approval and administrative consent from the executive director of the community agency, the study was introduced to employees by circulating written information. One week later, prospective participants were contacted by telephone to see if they would participate in confidential interviews. Before beginning each interview, informed consent was reviewed and participants were asked to complete a demographic questionnaire. During the interview, emerging dialogue was handled in a conversational style where the information shared by participants was reflected back to them through brief summaries in order to check accuracy of understanding. Each interview was audio recorded and transcribed.

Data Analysis

The transcribed interviews were analyzed within a Grounded Theory framework, where instead of operating with a pre-established theory, researchers allow theory to arise from collected information (Glaser & Strauss, 1967; Glaser, 1992). Grounded theory was developed to outline methodological strategies for systematically examining conversations and observations. The underpinning of such strategies involves the “constant comparative method,” where linguistic data is explored to identify categories or themes, which help to generate new theory. Themes emerge by identifying the relationships between categories through the process of coding. Coding is the process where labels are attached to segments of data, which helps to illuminate the meaning behind

each segment. As Bryant and Charmaz (2007, p. 3) explain, “analytic categories and the relationships we draw between them provide a conceptual handle on the studied experience.” The researchers in this study utilized Nvivo8 software to highlight and organize categories, which were then subsumed under key themes by continually making comparisons with the interview data. The reliability of subsequent interpretations was optimized by reflecting back the researchers’ understanding to participants during the interviews, and by recording each interview and transcribing it verbatim; the material was reviewed several times by the researchers during coding and quoted to illustrate the findings.

Results

Overall, participants identified a wide range of challenges that they encountered in their work, such as time constraints, team conflict and exposure to aggressive behaviour. In focusing on aggressive behaviour as a separate theme, several sub-themes emerged.

Theme 1: Encountering aggressive behaviour is a significant challenge of DS work

All participants recalled times when they had encountered aggressive behaviour at work and several identified aggressive behaviour as a main stressor for DS workers. The potential severity of encountering aggressive behaviour was highlighted by participant #4 who shared, “In some of the higher behaviour homes people have gone to the hospital, people’s hair’s been ripped out, people have been punched in the face and had objects thrown at them.”

Theme 2: Aggressive behaviour leads to powerlessness & personalization

When encountering aggressive behaviour DS workers may sometimes feel helpless. While recounting an experience with a frequently aggressive individual, participant # 5 stated, “Sometimes you can’t help them and no matter what you’re doing, it doesn’t work.” Aside from experiencing fear and helplessness, DS workers may also take aggressive behaviour personally.

Although participant #3 commented, “You can’t really take it personally,” many participants expressed difficulty in not taking challenging behaviour personally. Participant #1 reported, “it was exhausting, physically and emotionally because it’s hard not to take him always aggressing against you personally.”

Theme 3: Aggressive behaviour can contribute to the experience of burnout

In talking about how stress levels in DS work vary, participant #2 mentioned how experienced stress is closely tied to the behaviour of individuals: “If the individuals are having issues then the anxiety and frustration that I feel is going to hit the roof.” Over time, experiencing frustration, fear of personal harm, and feelings of helplessness can negatively impact on workers. As participant #4 put it, “By the end of the week you feel like you’re done, you just want to go home.” In highlighting the personal impact of encountering aggressive behaviour, participant #3 shared, “when I worked with people with high behaviours, I had a lot more sick time.” Similarly, participant #1 stated:

Eventually you start to feel their anxiety. You have the fear of being injured yourself and of being responsible for injuries to somebody else. You are constantly on edge so the stress builds. It got to the point where a) I wanted to quit and b) I never wanted to go to work. In the end it just took too much out of me.

Theme 4: DS workers often transfer when exposed to aggressive behaviour

Although all the DS workers in this study had encountered aggressive behaviour at some point in their careers, many participants had transferred into positions where aggression is no longer faced, suggesting that some workers may choose to transfer in order to avoid what they see as a particularly potent stressor. As participant #8 described, “In a behaviour house you get burnt-out...it’s very mentally tiring. By the end of the day I didn’t want to talk to anybody and that’s why I transferred into the house I am at now.” Although transferring could reduce burnout in individual workers, frequent transferring could lead individuals

with aggressive behaviour to frequently experience a discontinuity in the support they receive.

Theme 5: Burnout can impact on quality of support

When participants were asked to describe negative impacts of DS work, several mentioned reduced patience or nurturing capacity. Participant #9 stated, “I think at times I do get a little burnt-out because I don’t think I have as much of that nurturing aspect left in myself at the end of the day.” When talking about how burnout can lead to reduced patience, some participants made a link to quality of support by making comments such as: “You don’t want to be frustrated with them just because you’re running out of patience” (#6) and, “the guys suffer from it because even though you may try not to make it roll over it does” (#2). Overall it seems that reduced patience could cause some workers to be short with or withdraw from individuals and/or expose them to increased negative communication and tension. In trying to highlight the link between burnout and quality of support, participant #1 stated:

There needs to be more education and exposure to the fact that people do get burnt-out. Organizations need to have more focus on their staff because the quality of care and the state of the people we support, unfortunately, really depends on the state of the staff providing it. Without proper attention to the needs of the staff, the needs of the individuals are going to suffer.

Discussion

According to the personal accounts of the DS workers interviewed in this study, dealing with aggressive behaviour at work appears to particularly impact upon burnout. Previous research has produced mixed results in terms of whether or not burnout in DS workers is, in fact, influenced by encountering aggressive behaviour. This study helped to clarify the personal impacts of supporting individuals with aggressive behaviour by qualitatively examining the experiences of nine community DS workers. Overall, interviews with the participants indicated that dealing with aggres-

sive behaviour is indeed a potent stressor, and may be especially challenging because of communication barriers that interfere with understanding the motivations. The feelings of fear of personal harm, personal affront, helplessness, frustration, exhaustion, and the resulting decisions to leave or transfer from the place of employment, are all characteristics commonly used to describe burnout (Maslach et al., 1996). The finding in this study that aggressive behaviour can contribute to some DS workers experiencing reduced patience and transferring to other programs and work situations is concerning because providing respectful support to individuals with DD is largely dependent on patience and consistency. When DS workers respond to aggressive behaviour by detaching from their work or by transferring altogether, the quality of care for the individuals who have the greatest need for consistent, compassionate support is greatly reduced.

Although encountering aggressive behaviour is a potent stressor facing many DS workers, research suggests that overall success in supporting individuals with aggressive behaviour can be strengthened when staffing teams have a cohesive intervention model (McClean, Grey, & McCracken, 2007). As suggested by some participants in this study, consistency in following and regularly reviewing guidelines is vital to providing effective support and to minimizing the negative impacts of aggressive behaviour. In order to increase cohesive adherence to support guidelines, organizations could incorporate it as a factor in performance appraisals and include a review of the guidelines as part of regularly scheduled team meetings.

Recent research has demonstrated that staff attributions regarding an individual's aggressive behaviour can significantly influence the degree to which the behaviour evokes negative affect in workers (Lambrechts et al., 2008). In particular, attributing characteristics such as *stable*, *personal*, *controllable*, and *internal* to the behaviour, characteristics that imply intent, are more likely to contribute to burnout. This finding seems to suggest that interventions designed to help DS workers understand the function of aggressive behaviour may help to minimize its negative impacts. Therefore, organizations are encouraged to include front-line staff in discussions about the functions of chal-

lenging behaviour, with the goal of conceptualizing the behaviour as "functional," "changeable," "impersonal" and "external."

Organizations could also help minimize burnout by teaching more effective individual and organizational coping methods such as problem solving and enhancing work-life balance. As reported by Whittington and Burns (2005), staff members who deny, vent, blame, or disengage from providing support in response to challenging behaviour are at a higher risk of burnout than those who use planning, reframing, humour, or support-seeking. Unfortunately, most participants in this study indicated that they used venting as their primary method of coping and they had not received information about resources and strategies that are available to help them cope with feelings of burnout. In order to improve staff coping responses perhaps organizations and teaching institutions could adopt a greater focus on normalizing and recognizing the early signs of burnout (e.g., fatigue, reduced patience) and strive to create supportive and proactive work environments where staff members are encouraged to talk to supervisors, share suggestions, problem solve and maintain a healthy balance between work and home. To help ensure that DS workers experience more balance in the workplace, organizations could consider rotating staff members encountering aggressive behaviour into other programs so that this challenge is more evenly shared amongst workers. Although creating more movement between programs may mean increasing the number of different staff members providing support to a given individual, an implemented rotation system could help to reduce levels of acute burnout and perhaps allow workers to remain in challenging environments for longer periods of time, thus minimizing disruptions in long-term support provided to individuals with aggressive behaviour.

Although not specifically investigated in this study, two participants described the demanding nature of having to put on a "smiley face" in the course of supporting individuals with challenging behaviour. This need for surface acting, or faking positive responses to negative behaviour, has been shown to increase emotional exhaustion in workers (Austin, Dore, & O'Donovan, 2007). To better understand this issue, future

research could examine in more detail how different staff responses affect subsequent levels of experienced stress. Future research could also be aimed at generating additional strategies for reducing both aggressive behaviour in persons with DD and the negative consequences of these behaviours on workers.

Conclusion

Overwhelmingly, most research to date on either aggressive behaviour or burnout has been non-Canadian and quantitative in nature. Moreover, the findings have been inconsistent regarding the degree to which aggressive behaviours impact on burnout of staff. Some of these inconsistencies may be due to the highly complex and personalized nature of burnout.

The qualitative methodology used in this study allowed for a richer exploration of the personal experiences of nine DS workers in Southern Ontario. Analysis of the results indicated that aggressive behaviour does indeed have an impact on burnout in these workers, which, in turn, affects the quality of care that is provided.

However, the participants, drawn from a single community service organization in Southern Ontario, represent a small sample and do not reflect the diversity of cultural backgrounds of DS workers nor the range of organizations providing services. Future research would need to include a larger number of participants from a broader range of backgrounds and experience.

Because encountering aggressive behaviour is a relatively potent and complex challenge facing many DS workers, ongoing research and staff development is needed in order to better understand how to most effectively support individuals with aggressive behaviours and reduce the negative impacts on workers. A pro-active approach that is well-informed by research and acknowledges the challenges faced by DS workers is necessary for reducing burnout and ensuring the highest quality of support possible for individuals with DD.

Appendix A

The Developmental Services Worker Interview Guide

Expectations

- 1) a) Can you describe some of the expectations you had entering this field and the degree to which those expectations were met or not met in this field and in the organization for which you work?
- b) How have your views regarding the developmental services field changed since beginning work in this field?

Support/Empowerment

- 2) What is the atmosphere like in your workplace in terms of peer support/team-work and how is talking about work-related stress regarded in your workplace?
- 3) Can you describe the level of support that you receive from your supervisor and how does this affect your level of work stress?
- 4) How much freedom and/or encouragement do you receive to make independent choices while at work and how much opportunity is there for you to learn or grow in your current position?

Roles/Organizational Climate

- 5) What is your work role and how clearly is this role defined for you?
- 6) To what degree does the organization care about your views or suggestions and how does this affect how you perceive the organization?

Challenges

- 7) What amount of work-pressure do you experience on a typical shift and what is the main source of any challenges?
- 8) How often do you deal with challenging behavior from the people you support and what impact does this have on your work experience?

- 9) Overall, can you describe any positive or negative impacts that working with people with a developmental disability has on you?

Burnout

- 10) What would you say makes your line of work less or more stressful than other occupations?
- 11) Can you comment on the degree to which you perceive yourself to be experiencing work-related burnout?

Coping/Solutions

- 12) How do you deal with work related stress or challenges and what resources can you access when dealing with challenges at work?
- 13) How difficult or easy is it to talk to others about the challenges you face at work and is there anything that would make it easier?
- 14) What are some things that could be done in order to improve work-related stress and/or staff retention? In your workplace and in this field in general?
- 15) Anything else that you'd like to add relating to any of our discussions so far?

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