

# CORRECTIONAL OASIS

**A PUBLICATION OF DESERT WATERS CORRECTIONAL OUTREACH  
A NON-PROFIT FOR THE WELL-BEING OF CORRECTIONAL STAFF AND THEIR FAMILIES**

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## They Look To You

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After completing basic training, new correctional employees are pumped, all excited about getting started on the job. Yet deep down they may wonder how they'll prove their mettle, if they'll react professionally to crises, if they'll remain firm, fair and consistent in the face of day-to-day pressures. They know that theory is one thing, but practice is quite another.

You—the supervisors and other veteran staff—are the ones the rookies look to. You are the ones who flesh out the lessons taught at the Academy. You are the ones who model to newbies how it all plays out in real life.

Your responsibility and opportunities in this regard are enormous. You have been given the privilege of “professional formation” of correctional staff who are the future of corrections. You are effectively in a mentor and instructor role 24/7. You may do so consciously and intentionally by answering rookies' questions, or by going over an incident and giving them your thoughts on it. Or you may teach and demonstrate by simply doing your job. The way you conduct business is the lesson you teach and pass on to the new generation of employees.

Among other things, new employees study:

- The way you cope with crises
- What you do when you're verbally attacked
- How you handle angry or belligerent people—be it staff or inmates
- What you do when you're wrongly accused of something
- How you take care of your physical health
- How you guard your reputation
- What you hold dear regarding your job
- What you do when negative rumors circulate about other employees

- The way you speak about coworkers in their absence
- How you wield your power

Through your modeling you can teach integrity, wisdom, courage, strength, balance, compassion, perseverance.

To be able to keep being an inspiration to others, you yourself need to have worthy role models to look up to from your workplace, your personal life, and from key figures in history.

So remember:

When you remind staff that EVERYONE—no matter what their rank—one day will give account for their actions...

When you remind staff that EVERYONE—no matter what their status—is a human being and must be treated as such...

When you make it clear that mistreatment of staff or inmates is not to be tolerated...

When you coach staff on how to perform new tasks...

When you remind staff that anyone, no matter how smart, can make poor choices...

When you refuse to “kick” a colleague who is down...

When you speak to people with respect and kindness...

When you refuse to lie or cover up something...

When you seek the facts instead of assuming things...

### IN MEMORIAM

**Sgt. Brian Fisher**  
03/2007

### IN MEMORIAM

**Officer Frank Nguyen**  
10/2007

### IN MEMORIAM

**Lt. William Friedbeg**  
(Retired)  
11/2007

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## Are You Abusing Alcohol?

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Whenever we offer a Stress Management training, we ask corrections staff questions about their most common coping tools. Staff consistently mentions the following two as their top coping behaviors: (a) alcohol consumption, and (b) absenteeism—calling in sick.

In this article I'd like to address the issue of self-medicating through alcohol use.

Alcohol is easy to turn to. It is legal and relatively cheap. It is also part of the "tough guy" image to which corrections staff often adhere. Although alcohol is a depressant of the nervous system, at low concentrations it stimulates areas of the brain that produce pleasure. It thus creates a sense of artificial happiness, fake joy in a bottle. In addition to simulating good feelings, alcohol numbs negative emotions such as anxiety and worry, and helps muscles relax. Alcohol can help an agitated person fall asleep (but not necessarily stay asleep).

However, at higher amounts, alcohol impairs brain function, such as rational thinking, even up to 72 hours following heavy use. Alcohol suppresses activity in parts of the brain involved in planning and rational thought. It reduces inhibitions, and increases impulsivity and acting without considering the consequences. And, of course, long term alcohol abuse includes damage to vital organs, such as the liver, brain and heart.

Given the many adverse consequences of alcohol abuse and the specter of addiction, it is critical that corrections staff choose to develop healthy ways to deal with their stressors. One of the most effective coping tools is any type of regular physical exercise. Another key tool is the consistent processing of intense emotions, such as anger, fear and grief through confiding in trusted others, allowing oneself to cry, praying, journaling or seeking professional counseling.

If you wonder whether you are abusing alcohol, answer the questions below as honestly as you can.

1. Do you call in sick due to suffering from a hang-over?
2. Is your alcohol consumption causing conflict between you and your significant others at home?
3. Do you drink to feel happy, to relax or to feel comfortable in social settings?
4. Do you drink to forget about your circumstances?
5. Do you drink to boost your self-confidence?
6. Do you have the reputation that you sometimes do

embarrassing or violent things when drunk?

7. Have you ever felt guilt or regret for things you've done while drinking alcohol?
8. Have you caused yourself or your family financial hardship due to your spending money on activities related to your alcohol consumption?
9. Do you find yourself drinking with people or in places you would normally avoid when sober?
10. Do you put your family in danger while drinking, such as by driving them around while drunk or exposing them to unsafe drinking companions?
11. Have you noticed that your desires and plans for the future have faded since you begun to drink more?
12. Do you crave alcohol at certain times of the day?
13. After a night of hard drinking, do you wake up wanting a drink the next day?
14. Do you have difficulty staying asleep after a night of heavy drinking?
15. Has your competence level at work or your efficiency at home dropped since you started drinking heavily?
16. Is your alcohol consumption putting your job security in question?
17. Do you drink by yourself, away from people?
18. Have you ever had a blackout (loss of memory of events) while drinking?
19. Has your physician ever treated you for alcohol-related health problems?
20. Have you ever had to go to a hospital or other treatment facility due to health concerns or problems that stem from your alcohol consumption?

If you have answered YES to any one of the questions, you may be abusing alcohol.

If you have answered YES to any two questions, the chances are that you are abusing alcohol.

If you have answered YES to three or more, you are definitely abusing or depending on alcohol to cope. Please seek professional help as soon as possible. Your health and even your very life may depend on it.

*The above questions were modified and adapted from a questionnaire used by Johns Hopkins University Hospital, Baltimore MD, to determine whether or people are abusing alcohol.*

## Secondary Traumatic Stress

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During the course of his 15-year career in corrections, Marv has watched a multitude of videos of riots, and incidents of inmate-on-inmate and inmate-on-staff violence. He has also witnessed many such incidents first-hand. He's had to cut several inmates down who had attempted or completed suicide by hanging. Years later, Marv vouches that nothing that he sees at work upsets him. He has learned to live in a cocoon of detachment, insulated from outside events and from his emotions. His loved ones at home tell him that he's distant, uncaring, "cold." Once in awhile though, horrific images visit him in his sleep, and cause him to awaken startled, his heart racing.

Shelly has worked as a sex offender therapist in a prison for about five years. Shelly is haunted by gruesome details of sexual exploitation and violence that she keeps hearing during group sessions. Sadistic sexual behavior bothers her the most. Images that get conjured up automatically in her mind while listening to offenders' accounts slink into her awareness while she is sexually intimate with her husband. This distresses her deeply and destroys the moment for her. She worries that her capacity to enjoy sex has been damaged due to what she listens to all day long. Lately she's caught herself "going away" during therapy sessions—tuning out details of the offenders' actions and sexual fantasies.

Rick, a probation officer, has to write pre-sentencing hearing reports. To do so he has to pore over documents related to crimes committed. Rick has always thought of himself as a tough guy. Lately, after writing pre-sentencing reports where the victim was a child, he can't shake the pain he feels. Rick finds himself wanting to cry, but he just won't allow himself to shed a tear. He ends up being irritable and angry at the world. More than once he's caught himself putting off looking through files. Frequently on his way home he buys a six-pack. He then goes straight to the barn to take care of his horses. Rick stays away from his family's happy chatter as much as he can. He just can't relate to their carefree attitude. He feels so removed from that. Rick worries about his children's safety, and often fantasizes about how he would exact revenge from offenders if they hurt one of his own children. And he gets into arguments with his wife who objects to his repetitive and obsessive coaching of his children to trust no one but immediate family.

These correctional employees exhibit signs of a common occupational hazard—a phenomenon called Secondary Traumatic Stress (STS).

Corrections professionals are affected when they are continually exposed to traumatic material, even if the exposure is through hearsay or about past events. When individuals witness others' fear, helplessness, or horror, when they hear or read about the suffering of living beings, the witnesses can

become secondary victims of these traumatic events. That is, they start exhibiting signs that mimic those of post-traumatic stress. Being affected by one's job in that way does not mean that one is not cut out for corrections or that one is "weak." Rather, STS is an almost inescapable occupational hazard which is mediated by the staff's capacity for caring.

Staff suffering from STS may be troubled by details of injury, torture and death that are stored in their memory and intrude upon the screen of their minds uninvited.

Staff may be "revved up" physically, experiencing sleep disturbances, muscle tension, a strong startle response and irritability. This is accompanied usually by an increased perception of threat in their environment—which psychologists call "hypervigilance."

Staff may try to avoid certain thoughts, emotions, people, places and activities.

And staff may react to new traumatic material by being emotionally numb, "shut down."

Unless STS is addressed and efforts are made to counter and prevent it, it takes its toll on the staff's professional functioning and private lives.

The following describes areas of impact of STS on four areas of psychotherapists' professional functioning.<sup>1</sup> It can be assumed that corrections staff would be similarly affected.

**Job performance:** Lowered quality and quantity, increase in mistakes, task avoidance, obsession about details

**Morale:** Lowered motivation, negative attitude, apathy, lack of appreciation, not caring, distancing

**Interpersonal:** Withdrawal from coworkers, irritability, impatience, poor communication, conflict

**Behavioral:** Sick leave, physical illness, tardiness, irresponsibility, overwork, higher turnover, poor judgment, substance abuse, revenge fantasies

Staff need to know ways to counter and prevent STS at the organizational, professional and personal levels. These strategies include acknowledging the effects of exposure to traumatic material, processing its emotional impact, and engaging in self-nurturing and self-renewing activities.

Desert Waters has a two-day training for correctional supervisors to deal with their employees' STS. For more information, please contact us at [desertwaters@desertwaters.com](mailto:desertwaters@desertwaters.com).

<sup>1</sup>Adapted in part from Yassen, J. (1995). Preventing Secondary Traumatic Stress Disorder. In Charles R. Figley (Ed.), *Compassion Fatigue: Secondary Traumatic Stress Disorders In Those Who Treat The Traumatized*. New York: Brunner/Mazel, 1995.

# Desert Waters

Correctional Outreach



*a non-profit organization  
for the well-being of correctional  
staff and their families*

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## They Look To You

*(Continued from page 1)*

When you control your anger instead of reacting blindly...

When you show you care for your team members...

When you truly listen and pay attention to your staff's input...

When you encourage the downhearted...

When you acknowledge your errors or oversights...

When you apologize to coworkers for "blowing it"...

When you remind your staff of the vision of what corrections work is about...

Then you make a priceless contribution to your profession and leave your mark on corrections for many years to come.

## First Annual DWCO Conference

### REACHING BEHIND THE WALLS Mental Health & Workplace Wellness for Corrections Staff

Friday May 9, 2008

Crowne Plaza Hotel, Colorado Springs, CO

*Addressing interactions between workplace culture, staff mental health, job performance, and family life.*

Track A: For corrections supervisors, senior & mid-level managers, correctional trainers, union leaders.

Track B: For EAP & other mental health providers.

Tuition: \$59 if postmarked by April 18. \$74 after that date. \$89 at the door. Lunch included.

Time: 8:30am-5:30pm

*Detailed brochure will be mailed out in February.*

### DWCO PRESENTATIONS & TRAININGS

On October 22 and 23, Caterina Spinaris and Anne Gard offered the following three trainings on *Professional Boundaries for Women Correctional Staff*, *Corrections Fatigue to Fulfillment*, and the Plenary Session at the 2007 Colorado Criminal Justice Association conference in Colorado Springs. A total of 59 staff attended. Thank you, AW Arlene Hickson and Captain Marynell McCormick.

On November 15, Caterina offered a training to 29 mental health providers of the Colorado Dept. of Corrections on *Vicarious Traumatization of Correctional Mental Health Providers*. Thank you, Warden Jones, Dr. Michaud, and Dr. Steele.

On November 14, Caterina presented an introduction to the *Corrections Fatigue to Fulfillment* training to 33 supervisors at the Denver County Jail. Thank you, Chief Foos and Captain Gutierrez.