

# CORRECTIONAL OASIS

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

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JUNE 2006

## From The Old Screw

# Not An Island

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There is a saying that no man or woman is an island. It seems though that when we become Correctional Officers expectations change. It's almost like we are supposed to go from one day being "normal," sensitive people to the next being tough, independent, cold, unfeeling. The unspoken expectation is that we must become macho persons that never need support and don't need anything to help keep our sanity. Over the years I have watched people struggle with this switch. Some have managed to cope successfully and some have not.

As a result of the macho image they carry around, some Staff come to believe that it is wrong to seek counseling or to take anything prescribed to help deal with the day-to-day stresses.

Problems can start out with just not feeling right. You find yourself getting unusually grumpy with the spouse and kids. As time goes by you feel less and less about anything or anyone. Is this something you can cure yourself? The answer is, "Not very likely." These changes sometimes wind up costing you your marriage, your job and, yes, sometimes even your life.

The problem is that you are scared to talk to anyone about how you're feeling. You don't believe your wife or best friend will understand what you are going through. You don't think you can talk to the brass because you're afraid they will think less of

you and look down on you. The same applies to your fellow staff. And you think it will make you less of a person to talk to a mental health provider or to listen to your doctor who may want to prescribe something that will help keep you less stressed.

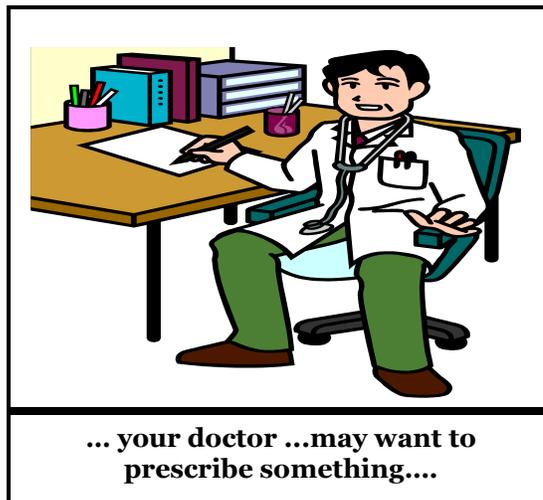
There are also stories going around that if you talk to a shrink you won't get out of his or her office before s/he calls your boss. This is not the way things work, but who are you to argue with all the rumors?

Shrinks are not bad people. They will sit you down and tell you what they can and can't do. They will let you talk and talk and talk. There is no criticism about what you tell them. They're just trying to help you understand what is going on with you. Yes,

sometimes they will suggest you take something to calm you down. Yes, I have talked to a couple and have found on the whole that they can be very helpful. No, I didn't mention it at work and I worked for a number of years afterward.

Some people just have a chemical imbalance and their body needs help. Does this make you a lower-class citizen unfit for the job? I think not. Does taking care of yourself in a healthy way—by using prescribed medications—mean

you are a smart person? I believe so!



... your doctor ...may want to prescribe something....

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**From The Old Screw****Not An Island***(Continued from page 1)*

Sometimes we joke that divorce is a requirement for working at DOC. Only years after corrections work cost me one marriage did I finally start to realize that, **No, I couldn't handle it all by myself.** No, drinking is not the answer, even though I tried that route too after my divorce.

A person may go through their agency's EAP for help or may go through organizations like Desert Waters to find someone they can trust to reach out to for help. If a person wants to only blow off steam they can call the Desert Waters' Corrections Ventline. No names given or requested. No Caller ID.

Of the many hundreds of staff I have worked with over the years, I have seen very few who could

handle the stress and strain on their own. The rest could have used professional mental health help, but unfortunately didn't seek it. Do I think any less of them for it? No. But I am sorry that they held back, as it sometimes cost them everything.

Your life matters. And your family deserves to have you happy and healthy. So if you're experiencing the blues, don't be bullheaded. Reach out for help.

Take CARE,

*The Old Screw*

**From Caterina's Desk****Assessing The Seriousness Of Suicide Attempts**

Throughout the course of their career, correctional staff may be faced with colleagues who exhibit suicidal thinking or have made suicidal gestures or attempts. The subjects of suicide prevention and post-intervention have been addressed in prior issues of this newsletter. This article deals with assessing the seriousness of suicide attempts, so that appropriate care can be provided to persons battling hopelessness, helplessness and worthlessness, and who can see no other options for relief but their own death.

There are many reasons why people may try to end their life. One reason may be that a person may truly want to die. Or he or she may simply want their emotional pain to go away. Or a person may make a suicide gesture to communicate their need for help or their distress. Alternatively, a person may try to harm themselves to punish someone or get them to give in to them. These possibilities can occur singly or in combination.

Obviously, severity of suicidal intent is greatest in cases where people are determined to end their life.

After an unsuccessful attempt, such people are at very high risk of trying again. So the key question following a suicide attempt is, "What was the person's intent when they engaged in suicidal behavior?"

To assess the severity of suicidal intent, several indicators need to be considered. According to Pierce<sup>1</sup>, who developed a Suicide Intent Scale, seriousness of suicide intent can be determined by examining the circumstances of three categories of information presented below. Picking the first option of each of the multiple choice questions indicates less serious suicidal intent. The last option of each question indicates more serious suicidal intent and more crucial need for psychiatric follow-up and care.

**A. Circumstances surrounding the attempt:****1. Self-isolation**

Did the person attempt suicide while someone was present? Or did they do it while someone was

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# Assessing The Seriousness Of Suicide Attempts

(Continued from page 2)

accessible by phone or otherwise was nearby? Or did they attempt to kill themselves while there was no one nearby or in contact with them?

## 2. Time frame of attempt

Did the persons time their suicide attempt so that it was probable that someone would find out about it and intervene? Or did they do it when intervention was not likely? Or did they pick a time when intervention would be highly unlikely?

## 3. Steps taken to prevent rescue

Did the persons take no precautions against being discovered? Or did they take precautions in an indirect way (e.g., closed the door to their room in order to overdose on pills, but left it unlocked)? Or did they take active, well-thought-out steps to prevent being discovered, such as attempting suicide after driving to a remote location?

## 4. Acting to gain help during or after the attempt

Did the persons contact others for help? Or did they contact a potential helper, but did not mention the attempt (e.g., the overdose)? Or did they not reach out for help at all?

## 5. "Putting affairs in order" in anticipation of death

Did the persons take no steps in anticipation of death? Or did they take some steps? Or did they take direct actions, such as writing a will or making plans about their pet and its future care?

## 6. Writing a suicide note

Did they not prepare a suicide note? Or did they write one but then tore it up? Or did they leave a suicide "good bye" letter?

## B. Survivor's report regarding suicide attempt:

### 1. Estimation of lethality of suicidal actions

Did they state that they expected that their suicidal action would not kill them? Or were they unsure how lethal their suicide plan was? Or were they fully convinced that their suicidal action would be lethal?

### 2. Stated intent regarding dying

Did they say that they did not really want to die? Or did they state that they were uncertain / did not care whether they would live or die? Or did they state that they absolutely did want to die?

### 3. Degree of planning and premeditation

Did they report that they did not think about the suicide attempt much—just impulsively decided to do it? Or did they think about it for less than an hour? For less than one day? Or for more than one day?

### 4. Reaction to survival

Did they state that they are glad they did not die? Or did they say that they uncertain about whether they are glad or sorry that they survived the attempt? Or did they state that they are sorry they survived?

## C. Clinical evaluation of the potential lethality of the attempt:

### 1. Predictability of outcome

How predictable would the outcome of such an attempt be?

a) Certain survival? b) Unlikely death? c) Likely death?

### 2. Need for medical intervention

Would death have occurred without medical intervention?

a). No? b) Uncertain? c) Yes?

One of the most important predictors of suicide is a prior attempt. The indicators above can serve as a yardstick to assess the severity of such attempts, and help chart a course for urgency and intensity of treatment. Again, the last option of each question indicates more serious suicidal intent and more crucial need for psychiatric follow-up and care.

<sup>1</sup> Pierce, D. W. Suicidal intent in self-injury. *British Journal of Psychiatry*, 1977, **130**, 377-385

# Desert Waters

Correctional Outreach



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

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our services possible!**

The Corrections Ventline™  
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## Good Reports

The **Kenneth King Foundation** of Denver graciously awarded Desert Waters a grant of \$1,500 for 2006. The funds will be used for general operating support to help provide counseling and coping skills training and for operation of the Corrections Ventline. We thank the Foundation's Board of Directors for recognizing the importance of DWCO's mission to correctional staff and for approving this significant award.

Desert Waters participated in the **American Jail Association's 25<sup>th</sup> Annual Training Conference & Jail Expo**, May 21-25 in Salt Lake City. Approximately 230 people attended the seminar entitled "Countering Correctional Officer Stress" conducted by Dr. Spinaris. Thank you AJA's staff and planning committee for the opportunity to present at this conference celebrating AJA's 25 years of exemplary service to the nation's jails and jail professionals.

### STRESS BUSTER

Following our training on stress management in Salt Lake City, once again we want to present to our readers Dr. Don Steele's booklet, **Stress Management for the Professional Correction Officer**. Sections of this booklet can be presented at roll call or studied individually. For more information or to order, please go to [www.steelepublishing.com](http://www.steelepublishing.com), email at [SteelePub@aol.com](mailto:SteelePub@aol.com), or call at 508-339-6760.