A couple of weeks ago I received an email asking me a question that we get asked quite often, about getting professional help for oneself. And so I take the opportunity to share an extended version of my answer to this question in this issue of the *Correctional Oasis*.

**Q:** Do you have any affiliate organizations in New Jersey? Or recommendations for similar assistance in this state? I am curious because, with 25 years on the job, I see and feel most of what the article I read about your practice says you are treating people for. I wouldn't mind talking to someone. Even public safety oriented providers do not really understand the inside and what it does to you, so it is difficult to find someone who has the right experience to help.

**A:** Thank you for contacting us. We know it takes courage to do so. As healing is a journey that involves several elements, I’ll share with you a few thoughts on what you can be doing to help yourself rebuild your life, as you’re probably getting close to retirement. Spending time in treatment with a counselor/psychotherapist/psychologist may be only less an hour per week. Even though it is very valuable time, and often necessary for in-depth healing, there are additional activities you can engage in to facilitate your recovery in between therapy sessions. So, before I share with you my thoughts on finding a therapist, I’ll present some ideas about what you can be doing as part of your self-care.

**Educate yourself.** Read materials and view videos from reputable sources to understand more about what you’re dealing with in terms of emotional reactions, changed thinking patterns, and whatever else you may be struggling with. Research shows that about one in three Corrections Officers meet PTSD criteria on screening instruments, so this may be an issue you might have to explore to help yourself get better. The National Center for PTSD (NCPSD) is one such resource for up-to-date information on PTSD, and for a multitude of skills-based resources, such as the [PTSD Coach Online](https://www.ptsd.va.gov/.TrainingAndEducation/PTSD_Coach/index.htm). Understanding more about what may be going on with you may help reduce your anxiety about what you’re experiencing, and hopefully also increase your compassion toward yourself and reduce any sense of shame or self-condemnation about your struggles. I also recommend that you read the book “The Body Keeps the Score” by Bessel van der Kolk.

(Continued on page 2)
**Seeking Help** (continued from page 1)

**Dialogue with your significant others.** Share key materials with adult loved ones with whom you are the closest and who may be getting affected by changes in your behavior. View videos together, such as from NCPTSD, and discuss the content. What seems to apply to you? What does not? What else have they observed in you that concerns them?

**Broaden your perspective.** Remember that, sadly, PTSD often co-exists with depression, and with substance abuse. It is possible that you might have to address issues related to all three overlapping conditions as well in order to regain your life back. Thankfully though, there are effective treatments available for all three.

**Start new self-care habits.** Begin to keep a journal (preferably daily) where you express your thoughts and feelings, and also where you note what has gone well on that day, what you are thankful for, and strengths you noticed in yourself that day. Get a copy of our “Processing Corrections Work” workbook (revised version soon to be available as an e-book!), and use it to process work experiences and self-care strategies. Make sure you get some type of physical exercise at least 3 times per week. Do diaphragmatic and other mindfulness-based breathing exercises daily, especially at the start of your day. Improve your eating habits. Engage in expressions of gratitude daily, throughout your day.

**“Shop” carefully for a therapist.** In my estimation, there are very few counselors or psychologists who specialize in treating corrections personnel. You may be more likely to locate a mental health provider who has experience treating police officers or firefighters. Or you may not be able to find a “police psychologist” in your area, or, even if you do, they may know very little about corrections staff’s work experiences. However, let not that deter you. We (mental health providers) have to start somewhere in terms of learning about different client populations. Typically, we learn by treating individuals of that population, by taking continuing education courses, by consulting with other practitioners who are experts in the area that interests us, and by doing our own search for materials to study. Therapists you locate may need to go through the same process of learning about the impact and peculiarities of corrections work—and you may be one of their teachers!

If traumatic exposure is an issue for you, what you want is to find someone who specializes in treating trauma, and who uses evidence-based methods, such as cognitive processing, Eye Movement Desensitization and Reprocessing, or Prolonged Exposure. The last two methods are used to process and hopefully resolve specific traumatic incidents. In corrections, staff usually have a string of such incidents, so you may end up focusing on 2-3 “big” ones. You also want a therapist who is teachable and interested in developing a new area of specialty—that is, who is eager to learn about how to become skilled at treating corrections personnel. For them to help you, you must teach them about your workplace culture and some of the particulars of working in corrections. Ask them to study materials on desertwaters.com, such as research studies and articles in the Correctional Oasis. Get them a copy of our booklets to read, “Staying Well,” and “Passing It Along” Volumes 1 and 2. Mention to them the book “Doing Prison Work” by Elaine Crowley, and the book “Newjack: Guarding Sing Sing” by Ted Conover.

If your first attempt at finding a suitable therapist was not a success—if you felt that the therapist did not “get” you well enough to be able to help you—keep looking. Don’t give up. I had clients tell me that I was the third or even fourth therapist they had consulted with as they kept looking for a “good fit.” And remember, I did not know anything about the effects of working in prisons, jails, probation or parole when I moved to Fremont County, CO, in 2000. It took listening to many of you over the years, and doing reading and research on trauma-related issues in corrections, for me to get to the point where I’m at today—and I still continue to learn from my interactions with you. (By the way, due to my commitment to developing wellness materials for corrections personnel, I no longer offer counseling services. If in the future we find someone who is suitable to offer such services at DWCO, we’ll begin to do so again.)

**Meet with your primary care physician.** Ask him/her to evaluate you for any appropriate medications. Some medications have been found to help with PTSD symptoms, as well as with depression. If your physician refers you to a psychiatrist, follow through. Make sure you address sleep disturbances and nightmare issues, so you can be getting a solid night’s/day’s sleep.

(Continued on page 3)
**Seeking Help** (continued from page 2)

Join a self-help community online or in your area. If you recognize that you are using substances to cope, seek the support of a community, such as Alcoholics Anonymous (AA). There are meetings online, and there are also a few closed AA meetings that are exclusively for law enforcement personnel.

**Be patient.** It took years for certain negative changes to “fill your cup to overflowing,” to the point where you noticed them. Healing also usually happens gradually, in layers. The key is to celebrate your baby steps forward. Celebrate also not going backward. And if you do backslide once in a while, celebrate when you get back up and start over again. True growth and recovery tend to be a bumpy road, not a smooth one.

**Look for the positives.** Think of how much strength—TOUGHNESS, RESILIENCE!—you must have to be able to work in such a demanding field for so many years! You must have tremendous tenacity and some life skills that work. Perhaps you’ve been blessed with a good support system. Perhaps you’ve learned to accept what you cannot change, to adapt, to let go, and to forgive. Perhaps you’ve grown as a person by learning invaluable life lessons from having dealt with extreme situations at work—learning how to let manure in your life become fertilizer.

Whatever it is you did, it worked. It kept you and brought you, alive, to this moment. So, in part keep doing more of what worked well for you, and also do the new thing of seeking to talk to a mental health professional. And as you tell them the story of your life in corrections, look for and point out moments of personal growth, lessons learned, ingenious solutions you came up with to deal with seemingly impossible problems, funny moments, and moments of courage, bravery, integrity, teamwork, and even love.

**Wanted! Articles by Family Members**

As you probably know, we are publishing a series of books entitled “Passing It Along: Wisdom from Corrections Staff,” booklets of articles that are little gems written and sent to us by corrections personnel over the years.

In addition to this series, we’d like to publish a volume of articles written by corrections staff’s FAMILY MEMBERS—spouses, partners, parents, siblings or adult children. That is why we invite your family members to write such an article. Topics are, for example, what it’s like to live with a corrections professional, how they’ve adapted over time to the peculiarities of your corrections life, what works to help your relationship remain healthy, and advice they may have for significant others of corrections personnel. Articles can be published anonymously. They can be serious or humorous. They can be short—even just a couple of paragraphs, or longer. We’ll evaluate their suitability for publication in our booklet, and, if selected, we’ll contact the author to discuss further details regarding publication.

So please consider asking your loved one to write us an article, and email it to caterina@desertwaters.com. We believe that this booklet will be a way to provide support to corrections families, and to help them start or deepen meaningful conversations at home. Remember, in a way, your loved one signed up with you on the day you hired on in corrections—but knew even less than you did what they were getting into.
Acceptance

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Acceptance is a really important concept for people with PTSD and their families. Accepting that the trauma happened and had effects can free you to recover. Acceptance of the desirability of change leads to a kind of balancing act of self-acceptance while learning to change.

Denial, discounting, and invalidation cause secondary wounding of trauma survivors. Sometimes they say this pain was worse because of the lack of support. Returning Vietnam veterans were ignored, criticized, and told it wasn’t a “real” war by the people for whom they fought. Incest survivors have been told they were liars when they revealed the abuse. Such attitudes block healing. Acceptance heals.

Acceptance for the survivor is not a static thing, not patient resignation to suffering. Acceptance is not approval or condoning or agreeing with or even liking the way things are or wanting to keep it the way it is. Nor is it saying “Okay, I’m messed up and someone will have to fix me,” and turning your will and your life over to a therapist or the VA to fix, either. Acceptance is an attitude of awareness of what is that allows each of us to create a firm foundation for action, for change, and for healing.

When acceptance replaces the ineffective “Why me?” sort of suffering that tries to avoid pain, healing starts. Pain is a part of life. Running from it is running from life. Walking through it, you will find moments of peace and joy that are invisible when you are running away, a gift of acceptance.

Acceptance of the effects of trauma by others helps survivors heal. Acceptance doesn’t mean babying or kowtowing to every whim, but it does mean respecting the pain and difficulties trauma survivors have.

CORE HEALING: In learning acceptance, I have learned to compassionately observe, respect and encourage my trauma survivor and myself. Think of them as core healing attitudes.

In the 70’s we didn’t know what was happening to us because nobody did. It hurt us a lot. My husband who flew helicopters in Vietnam was hard to live with, and I made a lot of very human mistakes.

I thought having a problem was shameful. Today I know everyone has problems. They are nothing to be ashamed of. Acceptance of problems helps us deal effectively with them.

Relationship problems? Compassionately observe how your relationship works. Are you kind to each other? Not if you’re yelling and screaming and judging and criticizing. Not if you’re drinking, drugging, eating or shopping away your feelings. Those are all things we did.

When I look back at the behaviors that helped us survive, I see we had a lot of strength even if it was misapplied. So do you. Everyone does the best they can with what they know. All of us. A lot of the ways I coped are not behaviors I want to continue. Acceptance allows me the power of choice. Guess how likely it is that I’ll stop if I can’t accept that I did or still do them? Not likely. That’s why I practice compassionate observation and acceptance, and it takes practice! Not all the symptoms you have will show up in the diagnostic criteria for PTSD.

(Continued on page 5)
“Acting perfect” isn’t in there, nor is “acting like an ass.” Acknowledging the ways trauma did affect you involves letting go of denial (that comfortable river in Egypt most of us were brought up on).

Acceptance for me today includes research and admitting I need help. There is a lot of help available that was not there even a few years ago. New ideas develop every year. That’s encouraging. Try something new. Observe how it makes you feel: don’t do things that are too much for you, but if you are a bit uncomfortable, that might be the discomfort of healing. There’s DBT (Dialectic Behavioral Therapy). There’s Cognitive Behavioral Therapy, EMDR (Eye Movement Desensitization and Reprocessing), and many more therapies. I have used the 12 Steps to great advantage and many trauma survivors have too. There are journaling books, meditation books, books on empowering yourself through yoga, martial arts, body work, etc. Encourage yourself to find help, to risk change, to learn from your mistakes. I try to accept that it is going to take time, too.

Acceptance is a balance between knowing you are okay the way you are and knowing that you do want to change. No one wants to hurt inside all the time or to be hurting those they love. Realize you don’t have to hate yourself or your life or devalue them to want a better life.

Acceptance causes compassion. Compassion, which is “deep awareness of the suffering of another coupled with the wish to relieve it,” according to the dictionary, also causes acceptance. It is a healing cycle.

The difficulty many of us have with ambivalent feelings (I love/hate him!) and paradoxes (the more I try to make myself change, the more I stay the same) is relieved by acceptance. We learn it is okay to have opposite feelings at the same time and to live with contradictions.

Acceptance allows peace, serenity and joy. When you aren’t always trying to be perfect or to perfect everyone around you, life is much easier and you actually get to live it, to notice the birds and the trees and sky and feel joy welling up in your heart. This can be difficult for people who have lived chaotically for so long that it seems natural to them. The first time I felt serenity, I had to get up and leave the room. I was always agonizing over what would go wrong next. I was actually “forgetting” to pay bills and creating chaos in my life because it was more comfortable. I had to tell myself that I could learn to be serene.
When I say that the more I tried to change the more I stayed the same, I am talking about my best thinking which was, “I made a mistake, so I am defective/wrong/an idiot (all very judgmental, unkind ways of putting it), and I’ll force myself to be different, make myself change, just do it!”

My experience has been that this never worked. Judgmentalism was ineffective. Force was ineffective. Acceptance was effective because I let go of my ideas of how I should be, accepted the idea that I had a problem, and accepted help from outside my impatient, judgmental contemptuous, know-it-all brain, and then I was changed. Just looking outside myself was a change. Trying something I hadn’t thought of was a change, too.

Looking inside myself with acceptance was also a change. What is in there besides this loud scolding voice and the voice that says, “You deserve that after all you’ve been through?” (“That” always being something that will cause me more trouble in the long run, like food I don’t need, clothes or books I can’t afford.) Both these voices were trying to help me, like the whip and the carrot for a stubborn donkey, but they were ineffective. Today I accept that they still show up at times. I thank them for trying to help and explain to them that both self-indulgence and abuse have turned out to be ineffective in getting me where I want to be. I have found my inner wisdom, the compassionate one who is not abusive nor does she accept abuse, who speaks up for herself and for others. Finding her is the greatest gift of learning acceptance. She teaches me what is a healthy choice for me. That brings me back to observing how things affect me, respecting my differences and encouraging myself to stay in recovery. I’ll be recovering for the rest of my life and that is just fine with me.

Whatever you have been through or done, it was the best you could do at the time. Today may be painful, but pain activates healing. We do not have to be perfect. Today we can start to acquire competence in the areas we need it, like self-care, self-knowledge, helping others who are going through what we’ve been through. Competence actually comes from not being afraid to make mistakes.

We can use our pain to move us in the direction of healing. That’s what pain is for. To do this we have to have compassion for ourselves, to look beneath the society’s expectations of emotional imperviousness and accept the very real reasons we have problems.

Invalidation is the opposite of acceptance. The invalidating environment (a concept from Marsha Linehan who developed DBT) tells you that it wasn’t that bad, that other people have seen worse, that you shouldn’t be affected, that it didn’t affect them, that you should be over it, to quit whining and act like a man or a grown woman not a baby, grow up, get over it. Most trauma survivors buy into this invalidation and try to act unaffected which takes tremendous energy, the energy they could be using to recover. The pain comes out sideways.

Acceptance means you can give up trying to pretend it didn’t happen or didn’t hurt. If it didn’t happen, or it didn’t hurt, why are you having problems? Or why is your family having problems with you? It is hard to give up socially acceptable denial, but if and when you do, you give yourself power and permission to help yourself instead of struggling to suppress your pain. Look at yourself with compassion. Compassion is the opposite of self-pity. Self-pity paralyzes me as a victim. Compassion empowers me to respect my experiences and to take action.

Compassion is the opposite of an invalidating environment. When you have compassion for yourself, you cannot invalidate your experiences, so it is easier to accept that they affected you—and it’s easier to take action to take care of yourself.

To be continued in the next issue of the Correctional Oasis.
Prison Librarian—Part 3

By Jeannie Kay

Prison Life

As the Law Librarian and I left the library one day there was this momma deer and tiny baby deer on the lawn. We see deer often, but this baby was just adorable. Some of the inmates have never seen such things since a lot of them are from the city. They are in awe.

We had a lockdown one day. A couple inmates got drunk the night before. So we had to search the whole camp to try to find the stash of "hooch" or "jack" as it is called here (pruno in other places). The guys steal packages of sugar and yeast and then take fruit from the chow hall to make it. They usually put it in places like the bottom of a wastepaper basket in a common area. So when we have a lockdown like that, all staff is put to work doing things like making sandwiches, searching cells (and other buildings), called "shakedowns" and so on. I got to make out the shakedown slips for all the cells. One guy had 52 packets of sugar. Hmmm. We found some interesting concoctions in shampoo bottles etc. They strip search the guys first, then send them to the gym while the units are searched.

I have shakedowns in my library every couple nights. They think that we librarians are not security minded enough, or are "too liberal." I'm not liberal though. I want a couple cameras, even if they are dummies, so that inmates are not so tempted to steal stuff out of the library, and/or pressure my clerks to give them this or that. This is called "bulldoggling." The fact that you always have to be so aware of everything is very stressful and I am really tired at the end of the day!

Library Clerks

I was helping one of my clerks find information for college grants one day and he was telling me he knew the Internet inside and out and I looked at him and he said, "Well I haven't been 'down' THAT long!" Can you imagine being in prison for a long time and then coming out to all the stuff we are used to these days? They can't use the Internet. It is only in our office and they are NOT allowed in there.

One clerk says he has seven kids from five or six women. His fifth wife is taking care of the children since HE has custody! Do you believe THAT???? Nah, me neither! I told him it was too bad he wasn't there with them! He’s a very nice guy! I told one of my girlfriends about the book we had to read called, "Games Criminals Play." She remembered me telling her about what they call "downing the duck." If you give them a pencil, then they want a cigarette and so on until they blackmail you with all you have given them so you will give them sex or drugs. So she told me, "Don't you even give them a PENCIL!" So I have this mechanical pencil in my desk. I said I might as well throw it away because I have no lead for it, and I don't use them anyway. So this clerk keeps teasing me that I should give him this pencil! He keeps saying it is calling his name which makes me laugh. Another clerk said, "We can have those, you could give it to us." I said, "You may be able to have them, but I can't give it to you!"

I also have a meth cook for a clerk. He is very proud of it and plans to go back to doing it as soon as he gets out. Believe me when I tell you that money isn't everything! This guy says he wants for nothing ... but he has no teeth, from doing meth. And the cooking of it ages you badly! He is serving eight years for his crimes, which included being an arms dealer. So why is he in a minimum prison? I asked him if he thought it was worth it, and he said, "Yeah."

(Continued on page 8)
Prison Librarian  (continued from page 7)

The clerks know that they have one of the best jobs, but somehow they just can’t seem to help themselves from doing things like taking home reference books that they aren’t supposed to and then they get caught and fired. The other librarian hates to fire them, so she often doesn’t press charges, (write them up) which makes the officers mad at her. So far I have agreed with her decisions. I kept telling one young man to behave because I didn’t want to lose my good clerks while I was gone to training, and sure enough, he was stealing from us and lost his job.

We do have some really nice looking guys in this prison. One looks just like actor Sam Elliot. I had words with one guy about his hat, and after he showed me that there was no rule against it, I agreed with him and said as long as there wasn’t, I wouldn’t enforce it. But since there is a sign on the door asking them to remove them, and I told him he didn’t have to, now he does! An officer told me yesterday that he is a scary one. He is getting divorced and requested a book on Interlibrary Loan called, Screw the Bitch! Okay.....

Most of the inmates here I think are in for burglary, theft and drugs. Or else they have worked their way down from other prisons over time. One officer told me what to watch for as far as tattoos. “FTW” he said is hardcore. It stands for “F*#k the World.” Sad, huh? How would you like to live with that kind of an attitude?

To be continued in future issues of the Correctional Oasis.

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What a veteran corrections professional said about the impact of this course:

“I just thought that I would take a few moments to let you know that I am retiring from the Arizona Department of Corrections. I am leaving after 22 years. I attribute my last 4 years to what I learned from teaching CF2F. It helped me put into perspective my life in corrections and how to cope with the stressors of this environment. I have a greater appreciation of life, and I am honestly very satisfied in what I have accomplished. Thank you for caring about us in this often thankless profession. You have made a difference in my life, and vicariously through me and others, an untold number of people. Best wishes to you and your team. Keep up the good fight.”

DW Travis Scott, ASPC-Eyman/Meadows
Passing It Along: Wisdom from Corrections Staff, Vol 2

Chapter Titles and Authors

More Wisdom from Corrections Staff to Pass Along, Caterina Spinaris; What It Means to Be a Corrections Professional, Anonymous; Bucket of Rocks or Toolbox?, Anne Gard; “Survive Your Career:” A Canadian Perspective, Anonymous; You Do WHAT for a Living?!!, T.C. Brown; Are We “Emotional Retards?” , Anne Gard; After Discipline: How to Recover from and Progress after Discipline, Susan Jones; The Test, The Old Screw; Hello, My Name Is Problem, Joe Bouchard; Just Call It Trauma, Susan Jones; How A Pet Helped Me to Survive PTSD, Phil Haskett; Inmate Suicides Affect Everyone—Even Correctional Officers, Anthony Gangi; Weeds and All, Greg Morton; United, If We Are to Stand, Susan Jones; Flavor of the Month, Anonymous; Betrayed, Anne Gard; The Process of Dialogue, Greg Morton; Professionalism and Safety, Eugene Atherton; It Takes Repetition, The Old Screw; In Conclusion, Caterina Spinaris

ENDORSEMENTS

When you attended your correctional academy as a new correctional employee, you were taught your organization’s policies, procedures and practices. You graduated, and were told the rest you would learn on the job. You learned that the job is tough, demanding, grueling, and, in many cases, thankless. You often found that you were on your own when you needed to make the right choices and decisions. These articles you are about to read are written by your peers, and could be considered your Master’s Degree. If you can learn and apply something from each of these messages, you will emerge at your retirement promoted, effective, successful, happy, proud of your many accomplishments, and realize what a legacy you have left the organization.

~ Gerald M. Gasko, Director of Prisons (Ret), Colorado DOC, LTC.MP.US Army (Ret)

This book, and the work done at Desert Waters, acknowledges and addresses the impact corrections work has on staff and their families. I personally feel that these quick looks at the experiences of Correctional Professionals will spark conversations that will lead to change—positive change in attitudes, behaviors and experiences.

~ Jean Delozier, Training Director, North Dakota State Penitentiary

PASSING IT ALONG: WISDOM FROM CORRECTIONS STAFF is a valuable stress management, personal wellness, and career enhancing resource for corrections officers and others that work within the correctional system. It provides useful information based upon the experiences of veteran corrections officers and specialized mental health professionals. The insights of its contributors will benefit everyone working within the field of corrections.


PASSING IT ALONG is a rich source of personal experiences and insight that allows a deep reflection for the reader about the impact of their words, reactions, attitudes, thoughts, decisions and actions—that is, everything that one can control. No matter what happens at work, the stories of this book show that lessons are learned, hope is essential, and maintaining a balance takes discipline and effort.

~ Anonymous Corrections Professional
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward, and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

This is the latest definition of addiction offered by the American Association of Addiction Medicine. For those struggling with addiction, such as to substances, there are many, many resources available to aid recovery, such as 12-Step Programs, including online “meetings.” In some cities, there are also closed Alcoholics Anonymous meetings that are exclusively for law enforcement. And as addictions fester and thrive under conditions of emotional isolation and loneliness, so recovery and healing are facilitated through emotional connection—though being part of a community where people courageously and frankly share their stories and their struggles, as well as their lessons learned and their breakthroughs. I see addictions in part as attachment disorders—whereby, for whatever reasons, people were seen as unsafe to attach to and lean on, and where a substance (food included) felt safer to turn to for relief from emotional distress than other people. And as biochemical brain changes ensue following repeated use of a substance, addiction takes on a life of its own, wreaking havoc in the lives of the addict and also of those close to them. CS
Mediterranean Diet = Reduction in Depression

Australian researchers studied 67 patients who were assessed as suffering from moderate to severe depression into a randomized controlled trial that involved two parallel groups—a treatment group and a control group. The treatment group received seven 60-minute sessions of dietary counseling. The control group received seven 60-minute sessions of a social support protocol. All but nine of the 67 patients were also receiving at the same time another active treatment—either psychotherapy, medications, or both. The study lasted 12 weeks.

During the dietary counseling sessions, patients were strongly encouraged to increase their consumption of foods from the food categories of fruits, vegetables, nuts, legumes, whole grains, and lean meats (chicken and seafood). They were also strongly encouraged to decrease their consumption of foods that have been found in other studies to be correlated with a higher risk for depression—“empty” carbohydrates, refined starches, and highly processed foods.

(The researchers developed this Modified Mediterranean Diet—or the Modi-Medi Diet—based on recommendations from the Australian government and the Greek government, and on prior data on dietary factors that seemed to be most promising in reducing depression.)

Results showed a statistically significant 7.1-point difference on the Montgomery-Asberg Depression Rating Scale (MADRS), with the treatment group at the conclusion of the study scoring significantly lower on this depression measure than the control group. The researchers were able to calculate that there was an average 2.2-point reduction in this depression score for every 10% following of the healthier dietary pattern. Also very impressively, 32% of patients in the treatment group were no longer considered moderately to severely depressed, whereas only 8% in the control group achieved remission. These results are very robust and very impressive for an adjunctive, “side-kick” treatment.

So, with each choice we make as to what to eat (or drink) we can help our brain fight off depression (or alternately, we can set it up to be more prone to develop depression symptoms). What about making choices to increase your intake of fruits, vegetables, nuts, legumes, and lean meats by at least 10%? Reduction in depression symptoms may be a few bites (or sips) away! And it may take only three months of adhering to this pattern to see positive results!


Editor’s note: if you have had kidney stones or are otherwise sensitive to oxalates in food, make sure any of the foods mentioned above that you plan to consume more of are low in oxalates. CS

Well Worth Watching!

Inside Prison Walls: Through the Eyes of Corrections
Video produced by Washington Dept. of Corrections
Many Thanks!

Thank you for supporting the mission of Desert Waters!


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IN MEMORIAM
Jan Stuck
March 18, 2017
FCC Florence

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To promote the occupational, personal and family well-being of the public safety workforce through the provision of support, resources and customized data-driven solutions.

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Quote of the Month
“How we walk with the broken speaks louder than how we sit with the great.”
~ Bill Bennot