

The CORRECTIONAL OASIS

February 2021

Volume: 18
Issue: 2

A publication of Desert Waters Correctional Outreach, a non-profit for the well-being of corrections staff and their families.

Helping correctional agencies become workplaces of choice where everyone wants to be employed!

Inside this Issue

- Rocket Man
- Online 2021 Training Schedule
- Trauma
- The Best Defense May Indeed Be a Good Offense
- PTSD and Climbing Out of the Valley of the Shadow of Death – Part 3
- In Memoriam
- Quote of the Month
- Many Thanks

DWCO 18 Years 2003-2021

Rocket Man

2019 © William Young

My wife doesn't read. I mean she does, she reads, but not like I do. I read for fun, for entertainment. She doesn't.

She reads because she has to. She reads because she has a job that requires her to read and sift through very lengthy, very dry pieces of legislation and policy. Quite honestly, I get exhausted just listening to her talk about it.

So, you can imagine my surprise when I received a text from her the other night telling me

Rocket Man cont.

that I needed to read a short story entitled *The Rocket Man* by Ray Bradbury.

Now, I'm familiar with Bradbury and some of his other work but I had not been exposed to this particular piece, so, I jumped on to the computer, googled it, and started reading. A couple of pages in to it, I realized why she wanted me to read it.

She wanted me to read it because I'm the Rocket Man.

The story follows a family that is forced to deal with the absence of the father figure because his unforgiving work schedule and his inability to completely detach from his professional life make him unable to fully engage in his personal life. Sound familiar?

It should.

The story is told from the perspective of a fourteen-year-old kid, Doug. Doug is the son of the Rocket Man, and the story begins with him lying in his bed anxiously awaiting the return of his father who has been away at work (in space) for three months. While he's lying there, his mother, Lilly, enters the room and tells Doug that she needs help convincing his father to stay home for good this time. Doug agrees to help, but tells her that he doesn't think it will matter.

Suddenly, there's a loud noise and a flash of light illuminates his bedroom, and Doug knows that it was his father's Rocket flying over their house. In two hours, his father will be home.

Doug talks about his father's routine, his commute from work to home. He tells us that his father chooses to walk home instead of taking a faster form of transportation. I read that and I understood why the Rocket Man would walk home. He needed time to decompress, to transition from his professional life, his Rocket Man persona, to his personal life, to his role as a father and as a husband.

I do the same thing. On some days my only respite is the seventeen-minute commute from my facility to my front porch. During those seventeen minutes there are no conflicts to resolve and no questions to answer. I use that time to process what just happened and to prepare for whatever is next.

Rocket Man *cont.*

Much like me, the Rocket Man will only be home for a short period of time before he has to go back to work, back into space, and Doug details his time at home. We see the Rocket Man on his first day off, tending to his garden. Doug watches his father dig in the dirt, clawing at the earth like an animal. He makes note of the fact that his father's focus is on the ground, and that he keeps his back to the sky.

I could relate. I knew why the Rocket Man worked so intently in the garden that first day back. He was trying to get as far away from the sky as he possibly could.

I find myself doing the same thing. When I'm off, I try and bury myself in meaningless hobbies and activities that take my mind off of work. I try to get as far away from my facility as I can. Sometimes that's in a kayak, sometimes that's in a movie theatre. See, if I don't occupy myself, my mind finds its way back inside.

His second day home the Rocket Man is rested and full of energy. He buys tickets for his family to travel to California and Mexico for a fun-filled family adventure.

I'm the same way. When I'm rested, when I've actually been able to sleep, I'm ready to go. I'm ready to engage in my personal life and accept my responsibilities as a husband and as a father, and I'm excited. I want my family close to me, and I want to do whatever makes them the happiest.

During that second day, Doug and his father have a chance to talk while they're sitting on the beach. During the conversation Doug's father makes him promise that he'll never be a Rocket Man. He tells him that he doesn't want his son to be like him. He talks about being in space, and how when he is at work all he can think about is home, and when he's at home all he can think about is space.

This part hit me the hardest because when I'm at work, when I'm inside, all I can think about is my family and my kids and my friends and my couch and how much I want to get home to them. But when I do, when I'm home, I have a hard time engaging because I cannot get the sights and the sounds and the smells of my facility out of my mind. It's not that I'd rather be at work; it's just that mentally I never left.

I'm the Rocket Man.

The following day, the last day before Doug's father has to go back to work, back into space, he starts to

Rocket Man *cont.*

withdraw from his family. On that last day, Doug's father is distant and disconnected, spending his final hours on earth staring at the stars.

He is ready to go.

I feel the same way on my Sunday nights, my last day before I head back in. My stomach turns and tightens, and my head throbs. I start to disengage from my personal life, from my role as a husband and a father, and I begin my transition, my transformation from father to Officer, from front porch to top tier.

After his father leaves for work Doug has a conversation with his mother, and he asks her why she treats him so poorly when he's home. She tells Doug that she has had to learn to live without her husband, and now she just pretends that he is dead. She tells Doug that when his father is home, she pretends that he is not real. She pretends he is just a memory.

As I read this, I started to cry. It wasn't an ugly, nose-running-hyperventilating-can't-catch-my-breath sort of cry, but I can assure you there were real tears.

And I wasn't crying because I could relate to the Rocket Man (although I could). I was crying because my wife read this short story and it made sense to her. I was crying because she could relate to the story, because she is Lilly.

Now, I don't think my wife pretends that I am dead, but we've had some difficult conversations about my absence, and about how she has learned to live without me because I'm always in space.

Because I'm the Rocket Man.

The next day I crawled out of bed after yet another mandatory double shift and I stumbled down the stairs and into the dining room where my son was just finishing up his meal. I asked him about the story and if it made him think about anything or anyone in particular. He hesitated for a moment before saying that it reminded him of me.

He's Doug.

I sat down at the table and he asked me about the conversation Doug had with his father about space. He

Rocket Man cont.

asked me if that's how I felt. He wanted to know why I thought about work so much. He wondered if I'd rather be there instead of home with him.

Thankfully my wife was able to respond to my son's question because I was at a loss for words (hard to believe, I know). She explained to him that it's not that I don't want to be home, it's just that sometimes I can't get the bad things I hear and see at work off of my mind.

For me, there is a concrete correlation between me and the Rocket Man: I too need that transition period between work and home, I ride the same emotional rollercoaster that he rides during his three-day weekend, and I understand what it feels like to know that your family has learned to function without you there.

Now, I'm not going to tell you how the story ends, because I want you to read it for yourself. I want you to read it and see if it makes sense to you, if it fits. And if it does, it may be time to formulate a plan, to look at your priorities, to have some of those tough conversations. Because if you don't, that space, that distance between you and your loved ones will become too tremendous to traverse.

William Young has worked as a correctional officer since 2005. He is a podcaster, correctional content creator on YouTube, and the author of two books, "[When Home Become a Housing Unit](#)," and "[The Nothing that Never Happened](#)" both of which discuss the way that working inside of a correctional facility can negatively impact an officer's emotional well-being. For more information about the author visit www.facebook.com/wllmyoung or email William at justcorrections@gmail.com.

Online 2021 Training Schedule

- 22-25 February & 01-03 March—Online Instructor Training "From Corrections Fatigue to Fulfillment™."
-
- 19-22 April & 26-28 April—Online Instructor Training "True Grit: Building Resilience in Corrections Professionals™."
- 03-07 May—Online Training "Treating Correctional Employees and their Families"
- 10-14 May & 07-11 Jun—Online Training "The Supportive Correctional Supervisor™."
- 19-22 Jul & 26-28 Jul—Online Instructor Training "From Corrections Fatigue to Fulfillment™."
- 30 Aug-03 Sep & 27 Sep-01 Oct—Online Training "The Supportive Correctional Supervisor™."
- 20-24 September--Online Training "Treating Correctional Employees and their Families"
- 18-21 Oct & 25-27 Oct—Online Instructor Training "True Grit: Building Resilience in Corrections Professionals™."



Trauma

By CO Ron Mason

What is the first trauma you experienced on this job? How did it make you feel? How long have you remembered it? Do you still carry it with you?

What is the first trauma you experienced in life? How long have you remembered it? You know how long you have carried it. A long time.

When we encounter trauma in life, we learn to avoid its causes.

This profession prevents us from avoiding trauma.

Every day we walk into a world where we expect to be traumatized, and where we are expected to set the impact of trauma aside.

Yes, I enter this violent world everyday knowing that I could once again be traumatized. I do it for love. Love of family, love of myself and love of society.

I carry within me my trepidation and fears of what my profession may do to me and what it may cost me -possibly my life.

I carry the burden of trauma and love.

I expect no thanks, no platitudes.

I desire respect for what I do.

I serve to protect my family, those around me, and, hopefully, society.

When I must once again face trauma, I face it with bravery and hope that I can make for a better tomorrow.

INSTRUCTOR TRAINING

CF2F

From Corrections
Fatigue to Fulfillment™

Online Training &
Independent Study



2021 Instructor Training Dates

- > Mon-Thu 22-25 Feb & Mon-Wed 1-3 Mar
- > Mon-Thu 19-22 Jul & Mon-Wed 26-28 Jul

Times

- > **Times Online:** 10am-2pm Mountain Time (9am Pacific, 11am Central, noon Eastern)
- > **Independent Study:** 12 hours
- > **Phone Coaching:** Two one-hour individual sessions following the online training

7-day (42-hour) Online Training & Independent Study

- Science-based explanation of the psychological dynamics behind the negativity of the corrections workplace, and its manifold costly consequences to corrections agencies, staff, and their families
- Science-informed strategies to increase staff well-being and to improve the organizational climate and culture
- Based on research in psychological trauma, resilience, and Positive Psychology
- CF2F certification offers corrections personnel the ability to teach the valuable CF2F principles to staff at their agency
- Independent study includes the books "Staying Well" and "More on Staying Well" by Caterina Spinaris

Upon Successful Completion of Certification Requirements Instructor Candidates Will Receive:

- Certificate of Completion for 42 Contact Hours
- Three-year certification and license as Instructors or Co-instructors to offer the 1-day CF2F course to their agency staff
- Electronic copies of CF2F course materials
- CF2F updates during their three-year certification

Fee: \$1,395.00 per Instructor Candidate.

**Register early!
SPACE IS LIMITED!**

Staff called the course:

- > *incredibly valuable*
- > *eye-opening*
- > *career-saving*
- > *relationship-saving*
- > *life-saving*

DESERTWATERS.COM



Desert Waters
Correctional Outreach

719-784-4727

The Best Defense May Indeed Be a Good Offense

2017, 2021 © Caterina Spinaris, Ph.D., & Gregory Morton, M.Sc.

Reprinted and revised from the March 2017 issue of the Correctional Oasis.

In Desert Waters' signature course "From Corrections Fatigue to Fulfillment™" (CF2F), we repeatedly emphasize that wellness interventions designed to move staff from work-related Fatigue to Fulfillment are a two-way street in a correctional organization. That is, interventions must be BOTH bottom-up AND top-down.

By bottom-up, we mean self-care activities and other health-promoting behaviors that individual staff can practice on their own, on and off the job. Bottom-up, individual-focused activities are about what employees can do themselves—and that no one else can do for them. They and only they can make these behaviors happen, and often only they know if they have disciplined themselves enough to follow through with these activities.

Individual activities—bottom-up—include good sleep hygiene; healthy nutrition; regular physical exercise; avoidance of substance abuse; engaging in breathing, stretching and other types of relaxation and mindfulness exercises; applying anger and anxiety management techniques; practicing effective

interpersonal skills; and engaging in social and/or spiritual types of activities that give them joy and inner peace, and that confer positive meaning to their lives.

By top-down, we mean programs, resources, and system-wide policies implemented by the organization to promote employee wellness.

Organizational, top-down activities are those most directly accomplished by agency leadership through a broad variety of system-wide approaches. Examples of these are strategic well-being initiatives, messaging about Fatigue issues, specifically-targeted training courses, intentional role modeling, new policies that address Fatigue issues (such as mandatory overtime, caseload size, and the ever-present exposure of staff to traumatic stressors), evaluation criteria, resource allocations, creation of new positions—such as wellness coordinators, staff psychologists or staff chaplains, and as always, increased staffing levels.

In other words, organizational, top-down activities require giving employee well-being the

The Best Defense May Indeed Be a Good Offense *cont.*

policy-level decision-making status equal to such traditional concepts as safety and security. This would require advocating for the notion that staff well-being is as crucial to agency effectiveness as are successful offender programs.

And this is where a good offense becomes the best defense. In some ways, several of the bottom-up approaches can be considered “defensive” maneuvers—figuring out ways to cope with the negative effects of exposure to inevitable work-related stressors, after the fact.

Top-down, organizational strategies, can be both “defensive”—such as, for example, the provision of a protocol for staff support following exposure to traumatic incidents—but, very importantly, they can also be “offensive.” This happens **when the organization proactively puts in place policies and procedures to lessen the presence or negative effects of anticipated work stressors**, simply because there are supports already in place that staff could recognize and count on. That is, organizational strategies can be preventative, and as such they can be invaluable. As the folk adage goes, “an ounce of prevention is worth a pound of cure.”

We at Desert Waters maintain that both these approaches are important and necessary. When contrasted with one another, effective top-down organizational strategies would seem to carry more weight—be even more critical than individual ones (ALTHOUGH BOTH ARE NEEDED), simply because of the energy-savings and the reduction (or even prevention) of damages. It makes sense to focus on fixing the leaky faucet, instead of just continually mopping up puddles on the floor. And it makes even more sense to check faucets periodically, proactively, to make sure they remain in good working condition.

Interestingly, we find reinforcement for this top-down/bottom-up approach in medical professionals’ burnout research. There is abundant evidence that physician burnout is a commonly occurring outcome in the medical profession—just as Corrections Fatigue is for corrections staff.

Two meta-analysis studies of the tools used to mitigate physician burnout address this dynamic.^{1,2} (A meta-analysis study is research that combines and analyzes data of multiple other selected studies.)

The first paper¹ concluded that both individual-focused (bottom-up) and organizational (top-down)



The Best Defense May Indeed Be a Good Offense *cont.*

strategies were successful in reducing burnout. However, only organizational, top-down strategies lowered the overall (total) burnout score to a statistically significant degree. That is, **for reducing overall burnout, top-down interventions were more effective.**

The second paper² compared the effects of physician-directed (bottom-up) and organization-directed (top-down) burnout interventions on the emotional exhaustion component of burnout. Individual (bottom-up) interventions included techniques such as mindfulness-based stress reduction, exercise, and educational programs focusing on improving self-confidence and communication skills. Organizational (top-down) interventions included workload interventions (such as rescheduling hourly shifts and reducing overall workloads), teamwork, and leadership.

Both types of strategies (individual and organizational) led to small, but statistically significant reductions in burnout. However, **treatment effects were greater with organization-directed, top-down, approaches, which took into**

consideration the effect of the work environment.

These findings provide support for the view that burnout is inherently a problem of health care organizations, rather than only being a problem of inadequate individual adaptations to work stressors.

The similarities and relevance to the challenges built into the corrections environment should be obvious. Yes, some staff adapt better than others. That's only to be expected. But it is the overall environment and workplace culture that contributes to a universal condition of Fatigue in the profession.

The authors of this study concluded, in language that should be familiar to all corrections leaders, that **"[o]rganization-directed [top-down] interventions...that combined several elements such as structural changes, fostering communication between members of the health care team, and cultivating a sense of teamwork and job control tended to be the most effective in reducing burnout."** (p. 203)

Expanding into other professions, two additional studies point to the powerful effects of top-



The Best Defense May Indeed Be a Good Offense *cont.*

down interventions. In an Australian fire and rescue service agency, training supervisors to be sensitive and supportive toward their subordinates regarding their mental health struggles resulted in a significant reduction of work-related sick leave use, compared to not training supervisors to employ such skill sets.³ In another meta-analysis of a wide variety of job types, occupational psychosocial stressors (such as low job control, low reward, and high psychological demands) were found to increase by 76% the risk of sick leave use due to a diagnosed mental disorder.⁴ The implication here is that top-down interventions that lead to reduction of occupational psychosocial stressors can be expected to lead to reduced sick leave use due to diagnosed mental disorders. The authors of this study concluded that **“[p]sychosocial stressors at work are frequent and modifiable. Thus, efforts should be made by employers ... to develop organizational policies supporting workplaces in reducing these psychosocial stressors at work and, therefore, reducing the risk of mental disorders among workers.”** (p. 849)

And this is where the challenge lies for correctional leadership: what staff-focused supports can we design into our traditional corrections environment on a system-wide basis to reduce Fatigue and enhance Fulfillment? Where can we take the offensive and proactively create conditions for improved resilience in our workforce? What strategies and what resources are needed to combat what we all recognize as a long-standing condition? Which programs work? Which don't? And for that matter, why pursue ways to reduce burnout (and overall Corrections Fatigue) among corrections personnel at all?

The reason is simple and obvious, and once again supported by physician burnout data. Yet another meta-analysis of physician burnout showed that burnout was negatively correlated to a statistically significant degree with patient safety and quality of healthcare.⁵ That is, the higher the physician's burnout score, the lower the patient safety (in terms of physician errors), and the lower the quality of care. Physician burnout is in fact mission-critical.

The Best Defense May Indeed Be a Good Offense *cont.*

With this robust research-based evidence as support, it is not much of a leap to suggest that burnout and overall Corrections Fatigue could have adverse consequences among corrections professionals also; that Fatigue could negatively impact the quality of offender management, and increase the likelihood of errors or lapses, resulting in policy violations, and hence reduced safety—with ensuing increases in incidents, injuries, death, and litigation risks. In other words, it does not seem to be far-fetched to conclude that **countering Corrections Fatigue is in fact a mission-critical issue**. So much so, that if we are going to do for the public what we say we are going to do, then proactively attending to the well-being of our staff is a crucial matter for corrections leadership.

Where does one start?

An easy answer is, start with what you've already got in place.

At Desert Waters we do not assume that an agency has not thought of these concepts before, and that no one has taken steps to address this long-standing condition. Quite the opposite. It's very likely

that you already have related training programs in your catalog, or that after-action employee support is currently written into physical force policy, or that creative scheduling has long been an issue you've wanted to address. Maybe now is the time to proactively enhance those programs. Maybe even do that by reassigning some resources for the purpose of giving these programs a renewed jump-start towards success. Perhaps it is as simple as just measuring the effectiveness of what you presently have in place. Or maybe it's bigger than that. Maybe it's a system-wide initiative to uncover and address Fatiguing conditions wherever they are found, and then strategically and intentionally target them to enhance Fulfillment for each and every employee. You know your agency better than we do.

In any case, we urge you to recognize and benefit from the research: the best defense may indeed be a strategically targeted, proactive offense. We are here to discuss these mission-critical matters with you further, bringing to the table our various approaches to complement yours.

The Best Defense May Indeed Be a Good Offense cont.

References

- ¹West, C.P.; Dyrbye, L.N.; Erwin, P.J., Shanafelt, T.D. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. *The Lancet*. First published online 28 September 2016. doi: [http://dx.doi.org/10.1016/S0140-6736\(16\)31279-X](http://dx.doi.org/10.1016/S0140-6736(16)31279-X)
- ²Panagioti, M.; Panagopoulou, E.; Bower, P.; Lewith, G.; Kontopantelis, E.; Chew-Graham, C.; Dawson, S.; van Marwijk, H; Geraghty, K. ; Esmail, A. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. *JAMA Internal Medicine*. First published online December 5, 2016. doi:10.1001/jamainternmed.2016.7674
- ³Milligan-Saville, J.S., Tan, L., Gayed, A., et al. Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial. *Lancet Psychiatry* 2017; published online 11 Oct 2017. [http://dx.doi.org/10.1016/S2215-0366\(17\)30372-3](http://dx.doi.org/10.1016/S2215-0366(17)30372-3).
- ⁴Duchaine C.S., Aubé K., Gilbert-Ouimet, M., et al. (2019). Effect of psychosocial work factors on the risk of depression: a protocol of a systematic review and meta-analysis of prospective studies. *BMJ Open*; 9:e033093. doi:10.1136/bmjopen-2019-033093
- ⁵Salyers, M.P., Bonfils, K.A., Luther, L., Firmin, R.L., White, D.A., Adams, E.L., Rollins, A.L. (2016). The Relationship Between Professional Burnout and Quality and Safety in Healthcare: A Meta-Analysis. *Journal of General Internal Medicine*. First published online 26 October 2016. doi:10.1007/s11606-016-3886-9

DESERT WATERS
IN-DEPTH SUPERVISOR
TRAINING

THE SUPPORTIVE CORRECTIONAL SUPERVISOR™

Online Training &
Independent Study

Program Format

- > **Times Online:** Two 5-day sessions 4 weeks apart (4 hours per day)/40 hours
- > **Independent Reading Assignment:** Booklets Passing It Along: Wisdom from Corrections Staff, Volumes 1 & 2; and When Home Becomes a Housing Unit
- > **Class size range:** 9-12 supervisors

Online Training Dates & Times

- > **Training 1:** 10-14 May & 07-11 Jun 2021
- > **Training 2:** 30 Aug-03 Sep & 27 Sep-01 Oct 2021
- > **Times:** 8 am-12 pm MT (7-11 PT, 9-1 CT, 10-2 ET)

Register early!
SPACE IS LIMITED!



Goal

This highly interactive course is designed to **EQUIP** supervisors with **research-based skills** and **knowledge** to manage subordinates constructively, thus **benefitting the entire agency.**

Reason

Research suggests that the quality of corrections staff's professional relationship with their supervisors affects staff's morale, job satisfaction, energy level (physically and emotionally), and also their mental health, physical health, and family health. Additionally, a supportive supervisory style can reduce staff's use of work-related sick days.

Target Audience

Federal, state, county and city correctional supervisors who work in institutions, probation, or parole, and who supervise staff who manage justice-involved adults or juveniles. Participants can be from the same correctional agency or from different agencies.

Fee: \$1,990.00 per supervisor, which includes the Participant Manual and three booklets for independent study.



PTSD and Climbing Out of the Valley of the Shadow of Death – Part 3

By Shirley Porter

Reprinted with permission from Counseling Today, a publication of the American Counseling Association.

Phase 3: Beginning the climb

Since Max's life seemed to go from one crisis to the next, it took some time for him to get to a place in which he wanted to start the climb out of the valley. We started with eye movement desensitization and reprocessing (EMDR), but he didn't want to continue with it because he found the distress that ensued in the days that followed too disruptive to his academics (he was in a college program). Neither did he feel that he had time to do the homework that came with traditional cognitive behavior therapy (CBT). So, I adapted my interventions and created a compassion-focused CBT intervention that we could use in session.

Using a varied approach that met Max's needs during any given session, we went down many paths together – grief and loss, guilt, shame, anger, dealing with relationship boundaries and so on. Over time, Max began to experience emotions again and had to learn how to manage them. He also started learning to respect his body and its needs. He became very proficient at self-care.

Some of our clients will not want to proceed with the journey to climb out of the valley. For them, stabilization and containment will be enough. Given that the climb out of the valley can be life-threatening if people go into it unprepared or unwilling, we should never push our clients. Trauma is often about loss of control or boundary violations. Healing cannot be. We need to respect our clients' decisions and inner knowing.

For those clients who wish to proceed with the climb and who appear to be strong enough and well resourced enough to manage it, we have a number of evidence-based options to offer them. As trauma therapists, I believe we need to be skilled in more than one evidence-based trauma-processing intervention (e.g., EMDR,

PTSD and Climbing Out of the Valley of the Shadow of Death – Part 3_{cont.}

trauma-focused CBT, CBT). Too often I hear of clients being blamed when they don't fit with the therapist's approach. Being client-centered as a therapist means that we need to select or modify interventions to best fit the needs of individual clients.

Often, our clients will need to travel many pathways related to their trauma. These pathways might explore issues of grief and loss, the question of forgiveness of others and self, anger, ongoing depression and anxiety, the adjustment of relationship boundaries and so on. Each individual client's pathway will be unique. Each individual client will lead. We will accompany, providing a safe, professional alliance and skilled interventions to assist the client in moving through, and eventually out of, the valley.

Phase 4: Living with the scars and reclaiming one's life

Max became aware of how the trauma experiences he had survived had changed him. He learned to appreciate his resilience, adaptability and survival skills. He also came to acknowledge and embrace the truth of his strength and courage. Through accepting who he was, and is, along with his entire story, Max came to a place of peace.

During our last few sessions together, Max spoke about the newfound sense of peace he possessed. For our final session, I wrote him a letter reminding him of where he had started and highlighting his subsequent successes. I also recalled the qualities in him that I had come to admire. Finally, I reinforced in the letter the message that he has all that he needs inside of himself to deal with whatever challenges he encounters, while reminding him that if he ever needs support again, he knows how to ask for it.

Some of our clients will have lived in the valley for several months or years. For these clients, the thought of leaving the valley can invoke both excitement and fear because they will be learning to live in a new way. Thus, the

PTSD and Climbing Out of the Valley of the Shadow of Death – Part 3 cont.

last phase of our trauma work involves assisting clients as they learn to live with the scars (visible or invisible) of their trauma experience; reclaim their lives; acknowledge and celebrate their successes; and move forward on life's path without us.

PTSD does leave scars, but those scars need to become part of one's story, not all of it. In this final phase, we work with our clients on how to move forward in reclaiming their power and their lives. Sometimes we will need to assist them in identifying community resources that can continue to support them (such as peer support groups) or causes in which they can become involved that will be meaningful to their healing. Clients living with a disability or chronic pain resulting from their trauma experiences might need a team of medical professionals to provide ongoing support.

This is a time for clients to make conscious and informed decisions concerning how they will move forward in creating their lives outside of the valley. What kind of person do they wish to be? What are their hopes and dreams? Who do they want to have walk beside them on their journey? Do they have certain relationships that need to end or change? These are some of the questions that our clients might explore as they exit the valley. This final phase is also a time of celebration, kind of like a graduation, as we prepare and plan for the end of the therapeutic relationship. With that being said, some clients will worry about addressing future challenges without our support. In such cases, we can do some role-playing and problem-solving in advance to help alleviate their concerns regarding potential future challenges. For some clients, this might be an opportunity to rewrite their expectations regarding relationship endings. In collaboration with our clients, we can plan how our last sessions will play out.

Somewhere in this phase, we can also take the time to remind clients of where they began in the valley and where they are now, of how they have changed and what they have accomplished. Although this is something we should be doing in each session whenever there is a success, in this final phase we have a chance to summarize all of these successes at one time so that we can both appreciate the extent of their progress. This is often

PTSD and Climbing Out of the Valley of the Shadow of Death – Part 3 cont.

overwhelming for clients – in a positive, celebratory way – as they come to realize how incredible their healing journey out of the valley has been and as they start appreciating the depths of their own strength and resiliency.

*Shirley Porter is a registered psychotherapist and a registered social worker who has been providing trauma counseling for more than 25 years. She is the author of two books on trauma: *Surviving the Valley: Trauma and Beyond*, which was written for survivors of trauma and their support people; and *Treating PTSD: A Compassion-Focused CBT Approach*, which was written for therapists. Contact her at SAPorter@fanshawec.ca.*

Behavioral Health Provider Certification Course

Treating Correctional Employees and their Families (TCEF)

Click [HERE](#) for more information.

Certification course for Behavioral Health Providers who want to specialize in treating criminal justice professionals, in particular, corrections, detention, probation, and parole staff, and their families.

INSTRUCTOR TRAINING

TRUE GRIT:

"Building Resilience in
Corrections Professionals™"(TG)

Online Training &
Independent Study

2021 Instructor Training Dates

- > Mon-Thu 19-22 Apr & Mon-Wed 26-28 Apr
- > Mon-Thu 18-21 Oct & Mon-Wed 25-27 Oct

Times

- > **Times Online:** 10am-2pm Mountain Time (9am Pacific, 11am Central, noon Eastern)
- > **Independent Study:** 12 hours
- > **Phone Coaching:** Two 1.5 hour individual sessions following the online training

7-day (43-hour) Online Training & Independent Study

- Science-based factors that promote resilience
- Skill-based tools that apply to corrections employees' work and home life
- Positive, practical, empowering, engaging, motivating—and FUN!
- Sequel to the award winning CF2F course, but also stands alone
- Certification for the 1-day training with the same title

Upon Successful Completion of Certification Requirements

Instructor Candidates Will Receive:

- Certificate of Completion for 43 Contact Hours
- Three-year certification and license as Instructors or Co-instructors to offer the 1-day TG course to their agency staff
- Electronic copies of TG course materials
- TG updates during their three-year certification

Fee: \$1,395.00 per Instructor Candidate.

**Register early!
SPACE IS LIMITED!**

**"This course will have a
profound impact on all
correctional staff both
at home and at work."**

IN MEMORIAM

David A. Christensen, Correctional Officer,
Rebecca Crowe, Parole Clerk,
Gary Dean, Correctional Officer,
Michael Garrigan, Captain,
Phillip Holbert, Correctional Officer V,
Nicholas Howell, Deputy,
Alfred Jimenez, Correctional Officer IV,
Brenda Lafaso, Parole Officer,
Joe Landin, Correctional Officer V,
Ramiro Mata, Correctional Officer,
Treva Preston, Lieutenant,
Mark Rustemeyer, Corporal,
Randall Sims, Correctional Sergeant,
John Wier, Agricultural Specialist IV,

WADOC
TDCJ
Lehigh County Jail, PA
Gordon County Sheriff's Office, GA
TDCJ
Henry County Sheriff's Office, GA
TDCJ
TDCJ
TDCJ
MDOC
TDCJ
WVDCR
TDCJ
TDCJ

CONTACT US

Caterina Spinaris, PhD, LPC
Executive Director

Desert Waters Correctional Outreach, Inc.

431 East Main Street,
P.O. Box 355, Florence, CO 81226
(719) 784-4727

<https://desertwaters.com>

Your donations are tax-deductible.



Quote of the Month

"You cannot truly listen to anyone
and do anything else
at the same time."

~ M. Scott Peck

The CORRECTIONAL OASIS

A publication of Desert Waters Correctional Outreach

DWCO Mission

"Advancing the well-being of correctional staff and their families, and the health of correctional agencies, through data-driven, skill-based training."

Desert Waters Correctional Outreach, Inc., is a non-profit corporation which helps correctional agencies counter Corrections Fatigue in their staff by cultivating a healthier workplace climate and a more engaged workforce through targeted skill-based training and research.

MANY THANKS

**Thank you for supporting the work
of Desert Waters with your contributions.**

Individual donors:

Anonymous donors, Jeff & Connie Mueller, Kevin & Robin Rivard, Harold & Carol Severson

Business donors:

Graham & Associates CPAs, P.C.

Grants:

In December 2020, Desert Waters was blessed with a \$3,000 CARES Act grant by the City of Florence, Colorado, for assistance with the economic impact of COVID-19.

Special thanks also go to:

Special thanks also go to: Gene Atherton, Cathy Bergquist, T.C. & Joellen Brown, Patrick Dail, Jean Cecile Delozier, Mazen ElGhaziri, Kevin Fincel, Corrin Hogan, Regina Huerter, Lisa Jaegers, Ron Mason, Steve & Daria Mayotte, Tony Miller, Elias Mokhriby, Greg Morton, Jeff & Connie Mueller, Brent Parker, Bruce Perham, Stephanie Rawlings, Randy Robertson, Briana Rojas, Jeff Rude, Joanie Shoemaker, Eleni Spinari, Michelle Staley, Dave Stephens, Allan Straker, Karen Swanson, Ted Tudor, William Young

DWCO Disclaimer

The views and opinions expressed in the Correctional Oasis are those of the authors and do not necessarily represent or reflect the views and opinions held by DWCO Board members, staff, and/or volunteers. DWCO is not responsible for accuracy of statements made by authors. If you have a complaint about something you have read in the Correctional Oasis, please contact us.