

The CORRECTIONAL OASIS

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

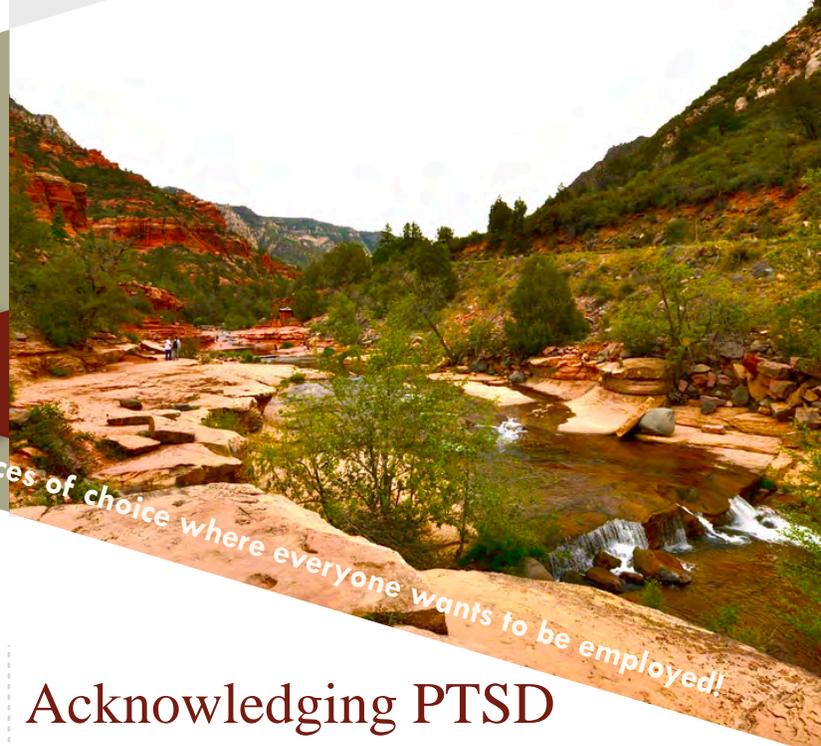
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We hope you like the new look of the Correctional Oasis. We certainly do! It is made possible thanks to the volunteer graphics services of Steve Mayotte and TC Brown's photography.



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



Acknowledging PTSD

in the Ranks: You've Come a Long Way!

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In this article I'd like to share a little about the history (as I see it) of studying the presence of Posttraumatic Stress Disorder (PTSD) in corrections professionals, and Desert Waters' involvement in that endeavor.

In the year 2000, when I moved to Fremont County, Colorado, (which at the time housed a county jail and 12 prisons—eight State and four Federal), I was not aware of research on or conversations about corrections staff suffering from PTSD due to their exposure to traumatic material on the job.

After setting up my independent psychotherapy practice in Cañon City, I eventually started working with corrections staff in therapy, usually regarding couples' issues. I soon realized that my corrections employee clients—especially the corrections officers (COs)—exhibited a multitude of posttraumatic symptoms. These symptoms included intrusions (unwanted, repeated and distressing

Acknowledging PTSD cont.

remembering of traumatic events), avoidance of trauma reminders (avoidance of external triggers—people, places, things, or internal triggers—thoughts or feelings), and increased physiological arousal (including irritability, hypervigilance, sleep disturbances, and a strong startle response).

To my surprise, my clients usually did not complain about these symptoms when they or their family members mentioned them. To them they were simply normal, normal as in common and positive adaptations to corrections work. Or they wore them as badges of honor. And, in typical corrections fashion, some even made jokes about them. Several shared with me that they were aware that some of their coworkers were also experiencing these behaviors, and thought nothing of it.

As for me, I would often think to myself that my clients had the letters “PTSD” written on their foreheads, but they seemed to be oblivious of that. And it was evident to me that these symptoms often interfered with my clients’ quality of life and functioning, both at home and at work. For example, clients would not get enough restful sleep because they now slept on the couch due to hitting their spouse in their sleep while having nightmares of fighting with inmates. They avoided attending social or family events due to feeling anxious around crowds. Or if they did go to such events, they’d be miserable, unable to relax and enjoy themselves, because they’d be monitoring their surroundings continuously. Clients would experience intense anxiety, bordering on panic, and sweating profusely when approaching the gates of their institution. They’d be so agitated, they’d report to me that they’d snap at other staff and be unnecessarily confrontational with offenders, creating safety risks for themselves and for other staff. Or they would have outbursts of anger at family members at home, straining relationships to the breaking point. With some of these clients I was always

highly concerned about the possibility of excessive use of force on the job, and about physical violence in their homes or in the community.

So, even before Desert Waters Correctional Outreach was incorporated as a 501(c)(3) tax-exempt organization in 2003, I sought to find research and resources for my clients’ post-traumatic issues. While doing so, I came across research on CO stress (Finn, 2000), workplace violence and burnout (Cheek & Miller, 1983; Schaufeli & Peeters, 2000), and elevated suicide risk of COs (Stack & Tsoudis, 1997). These materials were helpful and validated my concerns, but did not draw clinical conclusions regarding the consequences of exposure to workplace violence, injury and death. That is, there was no mention of PTSD as a possible consequence of trauma-laden work conditions.

As I continued to work with correctional staff in therapy, I also soon realized that affected staff tended to not want to acknowledge their symptoms as being characteristic of PTSD or an indication of a problem, and they definitely did not want to accept that they may meet criteria for a PTSD diagnosis.

As I got to know more about the corrections workforce culture, I understood a little about why that might be the case. To corrections staff (especially COs), accepting that they were dealing with PTSD was essentially an admission of weakness, of having been “broken” by inmates, of the inmates having “won.” I also learned that custody staff feared that a PTSD diagnosis, if it became known, might cause them to be declared unfit for duty, and so lose their job; and/or that the diagnosis would be reason for their firearms to be taken away from them.

Interestingly, it was my experience at the time that some employee labor unions did not want to look into the PTSD issues plaguing their members, due to concerns

Acknowledging PTSD cont.

that they might endanger their members' employment status. There were also concerns that such a diagnosis would fly in the face of the "macho" persona promoted by the corrections workforce culture, tarnishing their "tough guy" image.

I also learned that administrators did not want to talk about PTSD as an occupational injury in corrections for one or more of the following three reasons: (1) because of concern that this acknowledgement would embolden unions to ask for more benefits for their members, increased staffing, or higher wages; (2) because they did not want staff suing their agency for occupationally caused PTSD; and/or (3) because they did not want increased rates of Worker Compensation claims due to job-related PTSD.

In addition, even less than 10 years ago there was a widespread lack of understanding of the nature and causes of PTSD by the general public, and therefore lack of support, even by professionals who dealt with corrections staff. I still remember the exclamation of a federal government attorney when I presented my unease about repeated graphic interviews of a PTSD-suffering CO client. (The repeated interviews and video reviews were for investigative purposes regarding a case that was going to trial.) The attorney, clearly exasperated by my concerns, exclaimed: "People don't get PTSD from working at a prison! They get it from serving in a combat zone!" I took a deep breath and retorted, "But COs ARE working in a combat zone. Every.Work.Day." (Anyone who has doubts about corrections work environments resembling combat zones at times can read [THIS](#).) Due to the lack of knowledge at the time, this attorney summarily dismissed my apprehension that the repeated exposure of my client to traumatic material could possibly cause that person further injury and perhaps destabilization.

The only people who seemed interested in talking about PTSD in the corrections ranks were the family members of corrections staff—spouses or partners, former spouses, adult children, parents, and siblings. They were the ones who had witnessed the negative personality and behavior changes in their loved ones. They were the ones who intuitively knew that there was something wrong, that these were not "normal" or harmless changes, that the person they used to know seemed to have vanished. And they were eager for explanations about what was happening to their loved one, and for tips about what they could do to help.

So the topic of PTSD in the corrections ranks was not a popular one at the time, not until fairly recently. Yet to me it was (and still is) a "mission critical" matter that needs to be addressed on an ongoing basis if corrections staff are to be empowered and supported to perform their job.

In all fairness, in the early years of 21st century PTSD was still a relatively young term, a new diagnosis. The term only came into existence in 1980, when the American Psychiatric Association added PTSD to the third edition of its classification scheme—the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association, 1980). (There were several terms that had been used before 1980 in an attempt to capture this mental health disorder, such as shell shock, soldier's heart, railway spine, combat fatigue, or war neurosis.) The diagnosis of PTSD in 1980 was very much a welcome development as it stipulated that the disorder was caused by an agent outside the individual (that is, a traumatic event), and not by a weakness/fault in the individual's person.

As I continued to work with corrections staff in therapy, in training settings, and when taking calls on Desert Waters' hotline (at the time), the Corrections Ventline,

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Acknowledging PTSD cont.

my education about PTSD in the corrections ranks grew. It was these brave men and women corrections professionals, who became my teachers, often speaking through tears and sharing untold anguish and raw realities about struggles and suffering in relation to traumatic experiences at work.

Given the scarceness of information in the research arena, and to honor all those who were suffering (mostly in silence), in 2010 Desert Waters decided to begin studying the rates of PTSD and other mental health disorders in the corrections ranks. This decision was taken even though there was no budget for such a study. We asked supporters for tax-deductible donations, and we did receive some, but they were nowhere near the amount that would be needed for such a study. As a result, the work was done on a pro bono—volunteer—basis, for which we are deeply grateful.

Two papers resulted from the massive amount of data collected through this project (Spinaris, Denhof, & Kellaway, 2012; Denhof & Spinaris, 2013). Results showed that 27% of the entire sample of corrections professionals (custody and non-custody) met criteria for PTSD on the PTSD Checklist—Civilian version (PCL-C; Weathers, et al., 1993), a valid and widely used screening instrument which inquires about PTSD symptoms experienced during the last month. The findings showed that 34% of the custody staff in the sample met criteria for PTSD, and 22% of the non-custody staff met criteria for PTSD. (Different rates for custody versus non-custody staff are expected theoretically, because custody staff are more exposed to traumatic incidents at work, at least directly, than non-custody staff.) These are shockingly high numbers. For comparison purposes, please note that in active-duty military, the current (past 12 months) PTSD rate is approximately 5%. That prevalence rate rises to 8% for

members who have been previously deployed, 13% in those “with a penetrating injury, 29% with blunt trauma, and 33% with combination injuries” (p. 39; Institute of Medicine, 2014). Current (past 12 months) prevalence rate of PTSD for the general population (adult Americans) is estimated at approximately 3.5%, and the lifetime prevalence of PTSD is 6.8% (Gradus, 2017).

Since Desert Waters’ first study, other studies have confirmed that the frequency of reporting PTSD symptoms is very high among COs, with 33% of a sample of California COs reporting that they experienced at least one PTSD symptom (Lerman, 2017). Desert Waters has also conducted additional research studies for correctional labor unions and for one Department of Corrections (Denhof & Spinaris, 2016; Spinaris & Brocato, 2019), estimating the prevalence of PTSD and other health conditions in these populations. PTSD rates continue to be found to be well above 30% among custody staff (more than one out of every three custody employees), and less so, but still much higher than the general population, for non-custody staff.

Reinforcing the gravity of such findings, the American Correctional Association 2017 Corrections Staff Wellness Resolution states, among other points: “Correctional employees’ wellness is a **critical issue** and has reached **crisis proportions**; ... the **unique inherent risks** correctional employees are exposed to have resulted in **increased health risks**; ... the **nature of the correctional environment can be a causative factor in high-risk behaviors**, such as the abuse of alcohol, prescription medications, and illegal substances; ... **traumatic events** in a correctional environment may **result in employees experiencing post-traumatic stress disorder**; ... the American Correctional Association **urges** correctional agencies to **raise awareness** and **educate employees** regarding



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employee wellness in a corrections environment, including emphasis on employment-related stress” (American Correctional Association, 2017; emphasis added)

These are sad realities. The good news, however, is that as time has gone on, there has been increasingly more open talk about PTSD as an occupational disease in corrections. In fact, the interest in the subject seems to be mushrooming across the nation, and in other countries as well. Increasingly more staff have felt emboldened to publicly acknowledge suffering from PTSD symptoms or to publicly disclose that they have been diagnosed with PTSD. (For examples, see the following issues of the Correctional Oasis: [June 2019](#), [November 2019](#), [December 2019](#), [January 2020](#), or [February 2020](#).)

You’ve come a long way as individuals and as a profession! It is a new day of growing openness and transparency, and increased provision of resources.

Of course I’d very much prefer that staff did not suffer from PTSD or any health other condition caused or worsened by their job. However, since there has been consistent indication that they do (and at disturbingly high rates), until that reality changes, the only acceptable response is to acknowledge these facts and to take proactive measures to combat this epidemic.

I extend my wholehearted gratitude to all of you who’ve been leading the way over the years, breaking new ground and going against the grain by talking about what used to be viewed as a shameful secret. You are allowing yourselves to be vulnerable—known and seen as human beings, and by doing so you are changing your workforce culture. You’ve come a long way, and, yes, there’s still a long way to go—but, thankfully, there is no going back.

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Our Normal Is Not Normal

Lieutenant Bryan Hughes

Witnessing a prisoner stab your partner. Witnessing a prisoner stab another prisoner to death. Having to wrestle that knife away from that prisoner. Finding a prisoner hanging, discolored and lifeless. Trying to talk the prisoner off the ledge before he jumps from the fourth gallery with the intent to die. Having to enter a cell to restrain the self-mutilator who has pulled out his intestines again and is swinging them over his head like a lasso. Hearing your partner scream for help over the radio. Being that officer screaming for help, facing the harsh reality that you may not punch the clock and make it home to your family today. Doing CPR on a prisoner that has overdosed again. Doing CPR on a staff member who just had a heart attack in front of the prisoners. Dressing up in cell rush gear while processing the fact that you're about to enter a dangerous situation where most officer injuries occur. Working the yard when several knife fights break out all around you and you're stuck in the middle of them. When you're the one stuck in the middle of those knife fights and you're yelling into your radio for the gun tower to shoot. Having to fight the prisoner that has shanks taped to his hands. Having to cell rush the prisoner who has covered himself in Vaseline and/or feces. When the power goes out in the facility and before the emergency generator kicks on a pool ball barely misses your head. When a fight breaks out in your unit and your partner runs the other way. When you hear your partner was arrested while picking up drugs he was planning on smuggling into the facility. When an employee is fired for having a sexual relationship with a prisoner. When you have urine and

feces thrown on you or in your face. When you're dreading making that last round for the night because that prisoner is probably waiting for you, so you see him masturbating again, because they haven't moved him to a different unit like they said they were going to do. When that prisoner is threatening to kill you yet again. When you hear another employee died while on vacation or shortly after retirement. Getting mandated to work overtime again for the third time this week. When you hear of another staff suicide. And another one. And another one. Again, and again...

Then we wonder why we are stressed. Why are we often angry for what appears to be no reason at all. Why we isolate ourselves from those we love. Why we suffer

What we see, hear and experience every day is like no other profession on this planet. The things we see, hear and must do are not "normal." They may be OUR normal, but they are not most people's normal.

from depression. Why so many of us turn to substances to cope. Why our divorce rate is higher than any other profession in the world. Why we feel paranoid and anxious around strangers. Why we can never just relax and let our guard down. Why we get paranoid and concerned if our spouse or child doesn't answer

the phone when we call. Why when we enter a different room our first thought is that we may find someone hanging in that room when we open the door. Why we are killing ourselves at an alarming rate, and it feels like no one cares.

What we see, hear and experience every day is like no other profession on this planet. The things we see, hear and must do are not "normal." They may be OUR normal, but they are not most people's normal.

Our Normal Is Not Normal cont.

That is why it is imperative that we seek help. It is so important to have someone you can vent to that understands, whether it's your spouse, significant other, friend, co-worker, or therapist. We must get these things off our chest before they weigh us down emotionally and undoubtedly manifest themselves physically in some ways. They may affect us immediately or they may take many years, but, the chances are, they are coming. And when they hit you, they are relentless and unforgiving.

You need to have a plan in place to deal with the anxiety, guilt, depression or any other way the damage may present itself, such as substance abuse issues.

Obviously, this job doesn't affect everyone the same way. You may experience some of those feelings and illnesses, all of them or none. If you are one of these

people that don't experience any negative symptoms or attitudes, I implore you to step up and reach out to staff that you think or know that they are having issues. We should all make it our responsibility to help those that are having difficulties coping with life, not just tell them to "suck it up" or "just quit." We often feel alone, like no one is there for us. Whether that is true or not, we must be there for each other.

Make yourself receptive and available. Be tolerant and understanding of others' feelings, even if you don't share them. We are in this fight together. When there is a fight in the prison, we are all there to help each other. When it is a fight in our mind, we need that same support.

Be safe, be vigilant, and be there for each other.

Desert Waters will hold the 4-day Instructor Training for the proprietary Correctional Family Wellness™ course in Florence, CO, on the 19-22 of October, 2020.

For more information, and to register, click [HERE](#).



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What a Day!

CO Ron Mason

Just another day at the office. Hope today is better than yesterday.

Yesterday my partner was battered and had to leave it behind, return to his family and try to be daddy and husband again. Wear a smile as he hurts and cannot speak of his day, as his family is innocent and precious. He goes to work to protect and provide for them. Their world is sacred. Innocence must be protected.

We arrive at work at zero dark thirty hours. Time to do eight hours in prison again. We start the day with security checks and ensure those that we look after are safe and alive. Time to start the day.

We start with morning chow and all goes well. Today looks good. Better than yesterday, I hope. Sounds good.

About 20 minutes after chow and 35 minutes before recreational yard begins, a code is sounded in housing unit one. We run and respond not sure of what we are entering. We arrive and find an inmate claiming to have fallen and losing consciousness. We provide medical assistance and elevate him to a higher level of care. Sorry Sgt., I promised to help you have an easy day as you are here on a shift swap.

“It doesn't feel right. You guys are screwing with me. It would just be easier if I kill myself. Why are you screwing with me?”

Not even an hour later I encounter an inmate that is wandering the yard off course. “What is going on? Where are you headed?” I ask. He states, “It doesn't feel right. You guys are screwing with me. It would just be easier if I kill myself. Why are you screwing with me?” I ask him to sit down and let's talk about it. He does and we start to talk and try to reason out a situation that has no reason. Staff respond to assist. We get him the help he needs. It takes time and is a process. Time to take a breath and get back to the normal program. Time to open the yard.

The yard is open, and finally everything is going right. So nice! 50 minutes later, I hear the call from my partner I mentioned earlier, “All available yard staff respond to building 3.” I am worried. He is usually able to handle business on his own. Yes, I am worried. No, I am a little scared of what I will find.

He has one in cuffs, and his partner is in the dayroom dealing with the other involved inmate. Our inmate is speaking gibberish. Responding staff go to the dayroom. Once all are restrained and escorted to safe areas, we investigate and interview. We are now 7 hours into our shift. We start the paperwork, and contact medical for assistance.

It sucks that we have to leave the rest of this mess to the next shift. What a day.

How was your day at work?

Educating Those Who Care the Most

Sgt. Durand Ackman

These are some thoughts that Sgt. Ackman shared with us about the importance of offering training to adult family members, in parallel with the CF2F course.

I feel the family training is important as our family members are the reason we go to work every day. I don't go to work because I love the job. I do enjoy what I do, but if I didn't get paid, I wouldn't go. I go to work so I can provide for my family.



My family doesn't know much about our profession, and how it will change us / has changed us. They have received no heads up or warning that this is going to happen, but suddenly (or gradually) they will start to notice changes in their spouse/parent.

Without knowing why these changes are happening and what to do about them, arguments are almost guaranteed, and, sadly, separation or divorce are far too common.

With family training we could shed some light on how and why these changes are happening. Hopefully family members can then detect these changes while they are still subtle, and can have conversations with the affected spouse/parent before symptoms get too serious. I imagine it is easier to recover from these changes earlier on, before they become chronic, by recognizing them, discussing them, and taking steps to counteract them.

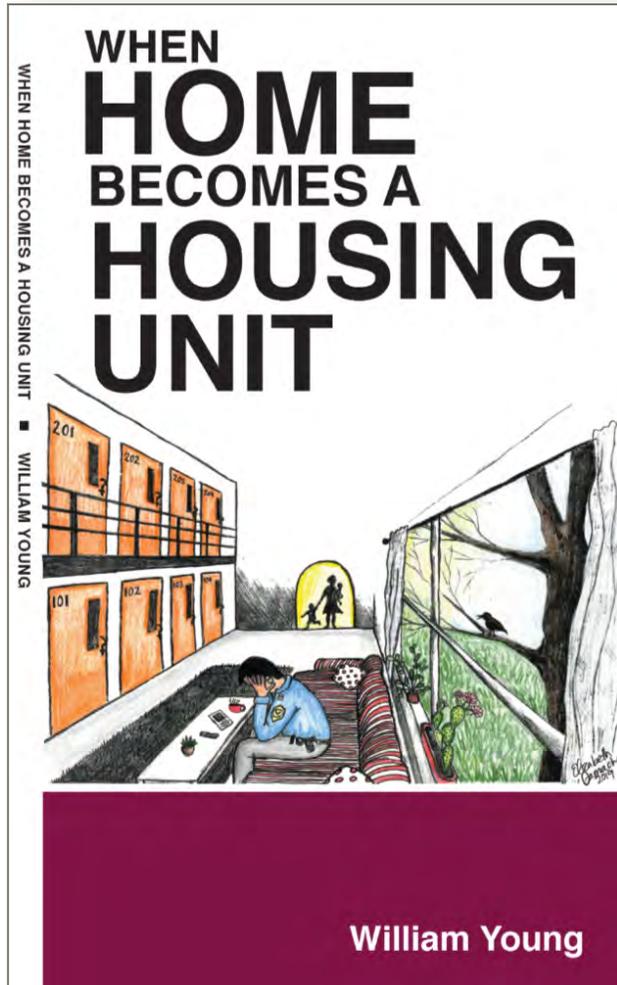
The CF2F, True Grit, and CF2F for new hires trainings have been great resources for deputies and administrators, but we (hopefully) spend the majority of our time with our family. Family training is the missing piece to this puzzle of staff wellness, and I would argue it is the most important piece, as it educates those that care the most about those affected by correctional fatigue.



SCAN ME

Desert Waters will hold the 4-day [Instructor Training](#) for the proprietary [Correctional Family Wellness™](#) course in Florence, CO, on the 19-22 of October, 2020. For more information, and to register, click [HERE](#) or scan the code.

Amazon Book Reviews



Get it here from
[Amazon!](#)

- I've worked as a Correction Deputy for 20 years and when I picked up this book I wasn't expecting to have so many emotions come to the surface. He put into words years of feelings I've had but couldn't express myself. The book is small, but it is powerful and I needed to read it and know that it's okay to feel and act the way I do, and I am not alone in those feelings. The advice is the usual stuff we are told, but it's necessary to actually follow through on some of the usual stuff we are told to take care of ourselves.
- If you are a Correction Officer, Correction Deputy, Jailer the truth is we all have the same experiences and they take a toll. Read the book and have your loved ones read the book especially if they don't understand why you act the way you do and especially if you're like me and can't articulate how you're feeling as well as the author of the book. He has a real gift and I appreciate him sharing his story with us.
- This author gives spot on information of what it is like to live the life of a corrections officer, and even better, for all the families and friends, he is able to communicate the daily tasks and why life at home is never quite "normal." I highly recommend this book to anybody studying human behavior, or has a friend or family member working inside a corrections facility. There is true enlightenment inside this book. It is easy to read and very interesting. Thank you, for shedding light into the lives of COs and how it affects them, and those around them.

“When Home Becomes a Housing Unit” cont.

- It offers valuable insight into what CO's go through. I think it will help me react better to things that happen in the home. It's a quick read; I got through it in a couple of hours. Young does a great job describing WHY officers react a certain way. I truly think this book will help improve our marriage--just in the sense that I'll have a better understanding.
- This is such an amazing little book for any corrections officer. Great anecdotal stories any CO can relate to, and such an easy read. But at the same time really makes you look inward. My dad has been a CO for 15 years, and does not read AT ALL, but he really enjoyed this book!
- Loved this book. Everything I think, feel, and deal with is brought up in this book. You're not the only one! Page turner, easy read, couldn't put it down!
- Fantastic read! A must for corrections staff, their family and friends. As real as it gets.

IN MEMORIAM

SCO Dennis Sternhagen
EOW 02 Feb 2020

Mike Durfee State Prison, SDDOC



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Quote of the Month

"The past does not have to be
your prison. You have a voice in
your destiny. You have a say in
your life. You have a choice in
the path you take."
~ Max Lucado

DWCO Mission

To promote the occupational, personal and family well-being of the corrections workforce through the provision of evidence-informed resources, solution, and support.

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.**

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