

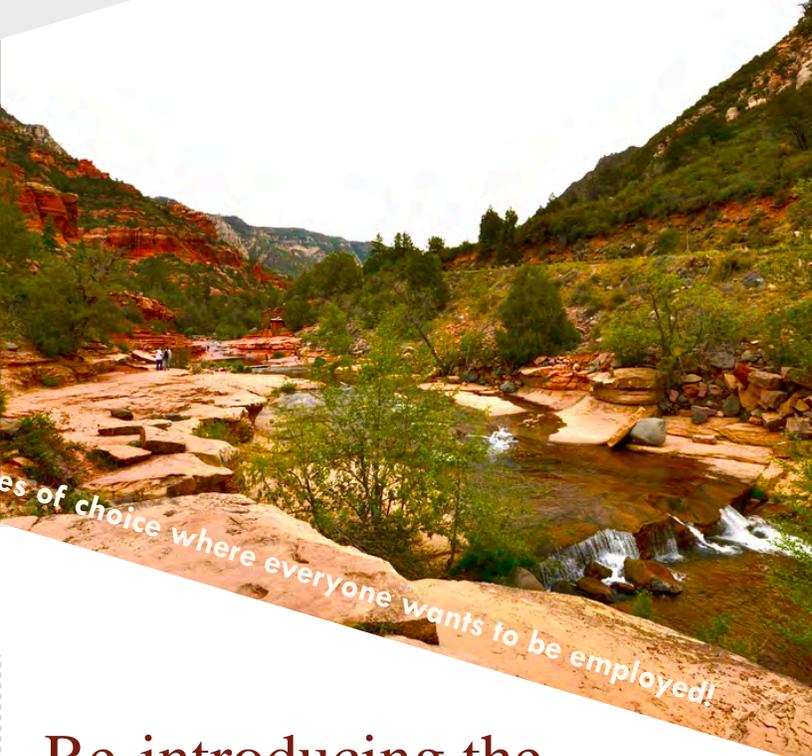
The CORRECTIONAL OASIS

MAY 2020

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

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



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Re-introducing the Corrections Ventline Email Service

Years ago, from 2005 to 2013, Desert Waters offered the Corrections Ventline 24/7/365 phone hotline and email service to corrections staff and their families. We closed the Ventline down when the increase of Desert Waters' activities nationwide made the 24/7/365 Ventline commitment a very big challenge to maintain.

Given all that is going on in the corrections world with the added and extreme stressors of COVID-19,



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Ventline, Cont.

we decided to bring back the email arm of the Ventline, to provide one more resource to support staff and their families during this season of extraordinary challenges for corrections employees. We plan to make the Ventline email service available through the end of year 2020, at which point we shall review the use of the service and re-evaluate offering it.

Why The Corrections Ventline

Working in corrections settings can be highly stressful. And the ripple effects of work can linger and affect your home life. Sometimes you and your loved ones need a place to vent anonymously and confidentially. At other times you may need emotional support or encouragement. Or you may want to be "heard" as you problem-solve about a challenging situation. Through the Corrections Ventline, we at Desert Waters want to offer you a compassionate listening ear as you share your feelings and thoughts with us, or as you explore options.

How It Works

At this time, the Corrections Ventline is an email service offered to corrections staff (institution staff-custody and non-custody, probation, and parole) and their loved ones. We do not ask you to share your

name with us or other identifying information, and we keep your emails confidential.



To access the Ventline, write to us at **desertwaters.ventline@gmail.com**. Our goal is for us to reply to you within 24 hours of receipt of your email.

What the Corrections Ventline Offers

Anonymity (to the degree afforded by the Internet); confidentiality (with the limitations stated below); specialization in corrections staff's concerns; supportive listening; respect; encouragement; empathy; caring; exploration of options, if relevant; referrals to resources when possible and relevant, including crisis hotlines; prayer support, if desired.

LIMITS OF CONFIDENTIALITY

When identifying information becomes available/is provided to us, we are mandated to report child and adult abuse, and danger to self or others.

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Ventline, Cont.

PLEASE NOTE: *The Corrections Ventline does NOT constitute behavioral or medical health assessment, diagnosis, or treatment, and it should never be used or regarded as a substitute for, alternative to, or replacement for diagnosis, professional advice or treatment. We urge you to enter into a professional relationship with a behavioral health provider or physician/medical professional, and to consult with them regarding diagnosis and/or treatment of symptoms or medical conditions that you may be experiencing.*

By using the Corrections Ventline service you acknowledge that you understand that this is not a behavioral health or medical service in any professional sense. By your use of the Corrections Ventline email service, you also agree to indemnify and hold harmless DWCO, its board, staff and volunteers for any liability arising from any loss, injury or damage to or by any person or property, however caused, thought to result from the use of this service, including but not limited to information you obtain by asking questions, by exploring your situation with us, by questions posed by us to you regarding your situation, by receiving suggestions or referrals, or if we contact law enforcement when identifying information is provided to us regarding child or vulnerable adult abuse, or danger to self and/or others.

Support DWCO's Challenge Coin Fundraiser for the Ventline!

Desert Waters is raising funds in order to provide the Corrections Ventline email service to corrections staff and their family members at no charge.

Your donation of \$17.00 entitles you to one "Correctional Officer Brotherhood and Correctional Officer Prayer" Challenge Coin.

These coins make great gifts, and remind staff and their family members that they are not alone in their correctional journey.

When you donate funds for 3 coins (\$51.00), we'll also send you a complimentary copy of DWCO's book *Passing It Along: Wisdom from Corrections Staff*, Volume 1.

When you donate funds for 5 coins (\$85.00), we'll also send you one complimentary copy of each of the 2 volumes of *Passing It Along: Wisdom from Corrections Staff*.

[**TO DONATE CLICK HERE**](#)

Please donate to get one or more Challenge Coins, for \$17.00 each! THANK YOU!



Trapped? NOT!

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In order to try and prevent suicides, researchers and clinicians seek to identify and address possible indicators or conditions that increase the risk of suicidal behaviors.

One set of conditions that can worsen the odds of suicide occurring can be grouped under the heading of “feeling trapped” (Baumeister, 1990; Bryan & Rudd, 2018). “Feeling trapped” is when people believe that they do not have any acceptable or viable options to deal with the crisis they are facing other than by killing themselves.

The intense emotional anguish that typically accompanies the experience of a crisis can cause individuals to have “tunnel vision,” that is, a restricted ability to see various aspects of the “big picture,” to organize their thoughts rationally, and to brainstorm for effective solutions. These restrictions further fuel people’s perception that they are trapped by their circumstances, leading to increasing despair, hopelessness and helplessness. As feelings of distress are magnified, in a snowball effect, “tunnel vision” and the perception of having no way out of one’s situation—other than through death—are also magnified.

Deeply depressed individuals may feel trapped by their depression, and come to (falsely) believe that they will never be able to experience sustainable relief from their condition—other than by dying. Persons caught in the throes of substance use disorders or other compulsive and high-risk behaviors that cause them and others grief and even legal consequences, may come to (falsely) believe that they could never escape the grip of their addiction and its repercussions—other than through death. A person with PTSD may (falsely) think that they will never again be able to feel at peace, relax, enjoy life, and have normal interactions with others. A person who has experienced the loss of a relationship may (falsely) conclude that the heartache associated with feeling rejected or abandoned will never get better, that no one else will love them ever again, and that ultimately they are unlovable. Someone who is facing significant financial difficulties or public humiliation for whatever reason may (falsely) perceive themselves to be unable to escape their emotional torment, shame, and guilt—other than by suicide. Individuals dealing with severe and/or chronic illnesses may conclude that they are trapped by their disease and come to (falsely) believe that they have no other way to alleviate their suffering or to no longer be a burden on their loved ones—other than through death.

Trapped? *Cont.*

And there is yet another category of beliefs that may increase the risk of suicide, the category of "macho" beliefs or what has also been called the "John Wayne syndrome." This is very pertinent to discuss here, as men in general (Coleman, Kaplan, & Casey, 2011; Coleman, Feigelman, & Rosen, 2020), and military, first responders, law enforcement and corrections personnel in particular, may be prone to falling victim to this category of unfounded, incorrect beliefs.

The "John Wayne syndrome" has been part and parcel of the fiber of the workforce culture of "protectors" for a very, very long time. It dictates that the tough guys who operate as protectors are invulnerable Supermen, with endless reserves of courage and resilience, always ready and able to confront dangerous situations, save the day, and tend to others' needs—while having no needs of their own.

In addition, men (usually/mostly, although sometimes women are trained that way too) are often conditioned from childhood to not cry, to not show that they are affected by physical or emotional pain, and to solve their own problems without seeking help (Coleman et al., 2020; Schlichthorst et al., 2018). Instead of leaning on others for support, they are told to "man up," "cowboy up," "suck it up." If they show vulnerability or weakness or seek help from others in

any way (other than by looking to Jack Daniels to get them through life), they may risk their peers' ridicule or rejection.

Such beliefs—that people should be self-sufficient and immune to emotional pain—are not only false (we are all human, after all!), they are also life threatening for people who have been conditioned to believe that only "John Wayne" types are acceptable and worthy of respect. I can't begin to count the times that I have heard such beliefs expressed—sometimes with a twisted sense of pride and bravado—during my 15 years of treating corrections personnel and 18+ years of offering wellness trainings to them. Looking back on the countless memorial services I have attended for corrections staff who died by suicide, I wonder how many of those suicides could have been prevented if these beliefs had been dismantled in people's minds.

What makes such beliefs dangerous is that when people who embrace them hit bottom, and realize that they cannot handle a crisis alone, these beliefs immobilize them, making it shameful and unacceptable for them to seek the help they so desperately need. So a person in crisis finds that their path to assistance, support and relief is blocked by these "macho" beliefs, because they fear that they will lose respect if they let people know that they have

Trapped? *Cont.*

been "broken" by their circumstances. So, being caught between the rock of their "macho" beliefs and the hard place of their anguish and suffering, some people may conclude that killing themselves is the only honorable/manly way out. People in such situations may feel trapped by their circumstances, when in fact the real trap is between their ears, based on the expectation that they should be the John Wayne of the movies.

That is why it is vital and possibly life-saving to reject these beliefs not only as individuals, but also as work teams and as workforce cultures. Peer pressure is not only a teenage issue. Peer pressure is alive and well among adults as well, including in the corrections ranks, and can stop someone from getting the help and comfort they so direly need.

The old "John Wayne" culture norms in corrections workplaces must be replaced with reality-based and compassion-based norms that recognize—without shame and without apologies—that you are human, and that being human means you are fallible and fragile, and in need of assistance at times. You—like the rest of us—make mistakes, and you too have a breaking point, and you too need help from sources outside of yourself at times. This is as much part of reality as the fact that, like the rest of us, you need

oxygen, water, food, and an appropriate range of temperature in order to survive.

As mentioned at the start of this article, when individuals perceive themselves to be trapped by their circumstances, they may conclude that suicide is the only possible or honorable choice they have to break free from whatever is keeping them trapped. That is so very NOTTRUE!

What follows is a list of beliefs we should be promoting on a regular basis to counter the "John Wayne syndrome," reminding ourselves that reaching out for help is not only acceptable, but also brave and smart and commendable. I am also listing some other anti-suicide beliefs that affirm the preciousness of life, and statements that, when in crisis, we have choices and options other than death. These thoughts must become ingrained in our minds, hardwired in our brains, and made to be part of the fiber of our being. This can be accomplished through regular repetition. And we should engage in such repetition especially when life is going smoothly and well. This is because it is difficult to "hear" positive messages if we encounter them for the first time in the midst of life's storms.

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Trapped? *Cont.*

- Real men (and women) do cry at times. There's no shame in that.
- Real men (and women) do have limits. We all have a breaking point. That's part of being human.
- Real men (and women) do at times need support and love and encouragement and comfort.

- Real courage is about facing what is, and trudging through it one step at a time, instead of running from it.
- Real intelligence is seeking help when we cannot figure something out on our own.
- Real maturity is about taking responsibility for my mistakes, learning from them, and doing the best I can to fix them, while continuing to do life one day at a time.

- There ARE good answers to my problems, even if I can't think of any right now.
- I am NOT trapped. I have ways out other than death, ways that are infinitely BETTER.
- With others' help and through my own efforts, I CAN rise again. Even from the ashes.

- I choose LIFE, with all its bumps, zits, warts, and bruises.
- I don't have to always have my way for me to be content and fulfilled in life.
- No matter what I'm going through, LIFE IS STILL WORTH LIVING!

If you are experiencing a crisis that feels overwhelming, please reach out right away to the **National Suicide Prevention Lifeline** at **800-273-8255** or chat at <https://suicidepreventionlifeline.org/>; **Serve and Protect** at **615-373-8000** <https://serveprotect.org/>; or **Safe Call Now** at **206-459-3020** at <https://www.safecallnow.org/>. Please also contact your agency's EAP, a mental health provider in your area, your peer support team, and/or a chaplain or a spiritual leader. Desert Waters does not provide mental health or crisis services at this time, but if you want just to vent, email us at desertwaters.ventline@gmail.com.

Trapped? Cont.

References

- Baumeister, R.F. (1990). Suicide as escape from self. *Psychological Review*, 97, 90-113.
- Bryan, C.J., & Rudd, M.D. (2018). *Brief Cognitive-Behavioral Therapy for Suicide Prevention*. The Guilford Press, New York, NY.
- Coleman, D., Kaplan, M. S., & Casey, J. T. (2011). The Social Nature of Male Suicide: A New Analytic Model. *International Journal Of Men's Health*, 10(3), 240-252. doi:10.3149/jmh.1003.240.
- Daniel Coleman, D., Feigelman, W., & Rosen, Z. (2020). Association of High Traditional Masculinity and Risk of Suicide Death: Secondary Analysis of the Add Health Study. *JAMA Psychiatry*. doi:10.1001/jamapsychiatry.2019.4702.
- Schlichthorst, M., King, K., Turnure, J., Sukunesan, S., Phelps, A., Pirkis, J. (2018). Influencing the Conversation About Masculinity and Suicide: Evaluation of the Man Up Multimedia Campaign Using Twitter Data. *JMIR Mental Health*. doi: 10.2196/mental.9120: 10.2196/mental.9120.

Note: We are working on producing a set of posters with the above anti-suicide sayings for corrections workplaces and for whoever else would like to have them.

We Started

By CO Ron Mason

We started out in this world, where we kept our mental pain in silence and marched on, to our own detriment. We saw, we witnessed, we observed things we could never take home. We bore a weight upon ourselves in silence. It came with a cost that we never saw coming.

The things that I have seen, been exposed to, the hatred and disrespect that one human being can enforce on another, well it takes a toll. We bear it in silence.

It is our chosen profession.

We were told by those that came before us, that is the life we are in and that is what we must do keep and provide for our family. It takes a toll on our physical and mental health. We do it in silence.

Two years ago, my partners and I were introduced to CF2F.* We saw a light through the fog and now embrace it.

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We Started, Cont.

Today, we now ask each other open ended questions and openly share with each other what troubles and scares us without fear of ridicule, but with support.

What a change in my 20 plus years. For once, I am grateful for change.

*Ron Mason is referring here to Desert Waters' signature course *From Corrections Fatigue to Fulfillment™*, which was taught for two years in a row to all staff at the California Dept. of Corrections and Rehabilitation.

FOLLOW UP! FOLLOW UP! FOLLOW UP!

By Lt. Bryan Keith Hughes

I know my past articles have been geared for all staff within a Department of Corrections regardless of what state you live in. This article is for everyone also, but I really want to speak to supervisors and managers. Before I go into my rant for the month, I want to say that anything I talk about in my articles, you can be sure I have either done it, experienced it, or had it done to me. I am speaking from my own experiences, so just know I am not judging anyone. Most of the things I discuss I have done myself and I continuously learn from them.

With that being said, let me get to the point. I feel we as supervisors and/or managers need to be better at follow up care with our staff. I am guilty as charged and I am really trying to get better at this. Some of us

hired in so long ago, that prison work has continuously changed over the years, and it's a whole different world than when we started. When I hired in over 24 years ago, you had to be tough. There was no whining or complaining about your assignment or your partner. At least not to a supervisor. And when we were involved in a critical incident, we weren't allowed to be human and acknowledge that it affected us. But it did affect us. We just couldn't show it because that would make us look weak. We would deal with what we call a Significant Emotional Event, and, as expected, we would go right back to work like nothing ever happened. Oftentimes the Significant Emotional Event was never spoken of again. If we did make a comment about a serious situation we were involved in, we might have been told to suck it up, get back to

FOLLOW UP! *Cont.*

work, stop whining, just quit, McDonalds is hiring—the list goes on and on.

Right or wrong, I've said these things at times myself. Thankfully I've become wiser over the years and don't make these senseless comments anymore. What we need to do is BECOME BETTER AT FOLLOW UP! If we have a serious assault such as a stabbing, after the scene is handled and my staff have control, I will absolutely ask if everyone is okay. Of course, they are going to tell me "Yes." At that moment, with adrenaline pumping and other staff members around they are going to tell me they are fine. What I need to work on, and I am, is follow up. Maybe they are okay, but maybe they aren't. Instead of pretending it wasn't a traumatic event, instead of telling them to just get back to work, I'm going to ask if everyone is okay. Their answer at that moment will dictate my next move. But what I do differently now is, I go back to these people a week later, 2 weeks later, a month later, and just check in.

I might say something like, "That stabbing we dealt with last week was pretty brutal. Are you doing okay with it?" Maybe they are fine, and that is great. Maybe they haven't slept more than 2 hours at a time since that stabbing. Maybe they are paranoid at work thinking they may be next, and it's affecting their job

performance. Maybe that was their first stabbing and it was such a culture shock compared to the world they come from, that they are having nightmares about it or are having anxiety over it.

Should these people just "suck it up," "get back to work," "stop whining," "quit," or "apply at McDonald's?" Absolutely not. These people should be able to come to a supervisor and express what they are going through. They need to be able to reach out to someone, anyone, and know what they are telling you is confidential, and they won't be judged. It is essential that they can trust their supervisor in times like this, and not have to worry about repercussions or being treated differently. Obviously if they are an immediate threat to themselves or others then that would need to be addressed differently.

I can already hear some of you "old heads" now. "Please tell me this isn't one of those 'tell me about your feelings' articles." I understand exactly where you are coming from. I used to feel the same way. I don't share stories and experiences to brag or share my resume, but I have done a lot, experienced a lot and been through a lot. I was letting this job bring me down and make me hardened. Instead, I now like to use my experiences to relate to people that may be struggling with things they have seen and/or done.

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FOLLOW UP! *Cont.*

We as corrections employees are excellent at putting out fires. We get called to emergencies and we handle it like pros. We lay our lives on the line every single day for our partners, prisoners, non-custody staff and maybe even visitors. We risk our lives daily without a second thought, but when it comes to self-care, we hesitate to seek help or don't reach out at all.

Just one year ago I was the miserable, hard-nosed supervisor telling people to quit if they couldn't handle the things we see. We had a prisoner die in a dramatic way. It wasn't natural causes. Two of the officers that performed CPR took a couple weeks off after this event. In all my wisdom, my advice was, "If you can't handle that, this may not be the job for you." This was the first time these new officers had dealt with a prisoner that had died right in front of them, and that's the best I could do! I cringe every time I think of the words I spoke that day. I hope they don't remember me saying that to them, but they probably do. I sure can't forget it. They were dealing with things that they have never seen before, and had to do things they'd never done before. These officers deserved and were owed my support, not my great advice to quit.

So, what was my turning point in my thought process? Why the sudden change from old, grumpy veteran supervisor to empathetic and caring supervisor? The

number one reason is because it's just human decency to be supportive of our fellow brothers and sisters. But most importantly, I am tired of burying Corrections Officers due to suicides. It crushes my soul to hear of another staff suicide. In my state, the numbers grow every year, and this must stop! We must let officers know we are there for them. They should be able to come to us with concerns, and open up honestly about things they are going through. I am working hard to let staff know I care, and that they can come to me. And guess what, when staff know they can trust you and they can speak openly with you, they will. I've had staff thank me for just listening to them about their situation, and that is rewarding in itself. I may never know if any of my words or actions stop anyone from committing suicide, but I will work every day to be there for anyone that needs an ear.

Please be there for each other. This is a dangerous and stressful career. We don't need any added stress. Instead of criticizing staff, let's reach out. And FOLLOW UP! Check in more than once or twice. I promise you will be surprised how soon someone will open up to you. We all need someone to trust and depend on. We need someone to care. Who better to look out for each other than us?

Be safe, be vigilant and have each other's backs!

Corrections Officers ARE at High Risk

by CO Carla Elkins

*First posted on the Correctional Officer Brotherhood FB page.
Reproduced here with Carla's permission.*

Sadly, I felt I had to write this rant and post to my personal page. As several people I personally am friends with and other strangers have been making comments that we are not in harm's way, like medical staff. So here are my thoughts and please NO ARGUMENTS. I won't participate. This is just me and my thoughts and what I know.

F.Y.I./P.S.A.

Corrections officers are at an extremely high risk of getting Coronavirus and EVERY other dangerous, vile, disgusting illness on the planet! Let me tell you why, since there seems to be a number of people who have stated otherwise.

We have extremely close contact on a daily basis. We often, and multiple times a day, have physical contact. Most importantly, we escort all patients to the prison urgent care and/or hospital and if necessary we ride in cars to transport sick inmates and ride in the ambulance with sick inmates. Yes, we wear gloves, and just like medical professionals we have to touch them. We may have to help them sometimes get up and

down, and have to apply, remove, adjust restraints on their hands, feet and waist. We have to pat them down for weapons regardless of what illnesses they may or may not have. We get sneezed on, coughed on, etc.

What we also get that most medical staff never have to deal with is.... we get spit on, we get feces and urine thrown on us, we get blood thrown, flung and/or spit on us. Or it may happen during an altercation. Altercations of course, can be unexpected and sometimes we don't have on gloves, not to mention a full-body suit to protect us from bodily fluids of all sorts! Especially where I work with close custody (maximum security) positions.

We go where they go. We go to all the local hospitals and spend our days there confined to tiny rooms with sick patients. We ride in tiny elevators. If they have a medical appointment, a medical procedure or a surgery we are there, right beside them. I've had someone hurl bloody vomit on my shoes. Why? Because E.R. bays in hospitals are small and put 2 officers in there with a hospital bed, we are extremely close together. I've had blood on me, I've suited up many times and spent 12 to 14 hours sitting within 2'

High Risk *Cont.*

of a patient with MRSA, C-Dif or God knows what contagious infection because tests aren't back yet.

I have seen and smelled more blood, pus, vomit, feces and urine than most people ever will. Unless of course they're medical staff who we work right alongside of.

Some of those patients hate us and make the day very difficult or even try to harm us as they are chained to a hospital bed! I once had an inmate throw a urinal in my face because I refused to let him masturbate (in the hospital bed) while he looked at me.

I've seen what appeared to be buckets worth of blood dripping down a 20' gym wall after a mental health patient somehow managed to scale it like Spiderman and then became entangled by his arms in razor wire

and dangled there until the fire department was able to cut him out.

I've also been 10' away as a man who had cut his own stomach open pulled his intestines out while 2 officers, yes 2 officers, not medical staff, rushed him to urgent care!

So PLEASE do not tell me or any other corrections officers that we aren't at high risk! Yes, I am highly offended by this because unless you have worked in a prison you have no idea what we do on a daily basis. What we are exposed to and what we have to do!

And just like 1st responders and medical personnel we do it because we want to and we do it because it helps keep the public safe!

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IN MEMORIAM

Chris Evans, *EOW 22 Feb 2020*

Stacey Merkman, *Correctional Officer*

John Okafor, *Detention Officer*

Arthur Pagles, *Juvenile Correctional Officer EOW 10 April 2020*

MT DOC

Bristol County Sheriff's Office, MA

Tulsa County Sheriff's Office, OK

Kansas Juvenile Correctional Complex, K DOC

Related to COVID-19:

Jose Diaz Ayala, *Sgt.*

Shannon Bennett, *Deputy*

Damon Burton, *Transportation Officer*

Lorraine Carlisle, *Office Assistant*

John Dawson, *Correctional Officer*

Robin Grubbs, *Case Manager*

Charles Harris, *Captain*

Quinsey Simpson, *Correctional Officer*

Ely Galan, *Correctional Officer*

Elvester McKoy, *Correctional Officer*

Hunter O'Kelly-Rodriguez, *Non-uniformed staff*

David Perez, *Investigator*

Franklin Rolando, *Non-uniformed staff*

Connie Jones-Hawkins, *Correctional Officer*

Jeff Hopkins, *Sheriff's Deputy*

Edwin Montanano, *Nurse*

Daisy Doronila, *Nurse*

Bernard Waddell, *Correctional Officer*

Nelson Perdomo, *Correctional Police Officer*

Kenneth Moore, *Youth Development Representative*

Richard Richardson, *substance abuse counselor*

Dean Savard, *Sheriff's Deputy*

Gregory Warren, *Sgt.*

Kelvin Wilcher, *Correctional Officer*

David Werksman, *Sheriff's Deputy*

Terrell Young, *Sheriff's Deputy*

Palm Beach County Sheriff's Office, FL

Broward County Sheriff's Office, FL

Detroit Reentry Center, MDOC

Queensboro Correctional Facility, NY DOCCS

Marion Correctional Institution, ODRC

USP Atlanta, Federal Bureau of Prisons

Riker's Island, NYC DOC

Riker's Island, NYC DOC

Riker's Island, NYC DOC

Riker's Island, NYC DOC

NYC DOC

NYC DOC

NYC DOC

Robert N. Davoren Complex, NYC DOC

El Paso County Sheriff's Office, TX

Wellpath - Hudson County Jail, NJ

Wellpath, Hudson County Jail, NJ

Hudson County Jail, NJ

NJ DOC

DC Department of Youth Rehabilitative Services

Central Arkansas, Community Correction Center, ARDOC

Wayne County Jail, Division 1, MI

East Baton Rouge Sheriff's Office, LA

Estelle Unit in Huntsville, TDCJ

Riverside County Sheriff's Department, CA

Riverside County Sheriff's Department, CA



Desert Waters
Correctional Outreach

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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

<http://desertwaters.com>

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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.**

Quote of the Month

"We can pray for the hard
thing to go away, and we must
never stop praying for a
bravery that's BIGGER than any
hard thing."
~ Ann Voskamp

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