

CORRECTIONAL OASIS

HELPING CORRECTIONAL & OTHER PUBLIC SAFETY AGENCIES BUILD A MORE ENGAGED WORKFORCE

VOLUME: 21

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A NON-PROFIT FOR THE HEALTH OF CORRECTIONAL & OTHER PUBLIC SAFETY AGENCIES, STAFF AND FAMILIES

THE DIRECTOR'S DESK

Another year has passed since we last celebrated the National Correctional Officer and Employee Appreciation Week. This year's celebration spans from the 5th to the 11th of May. Given the pressures correctional staff operate under—with demand exceeding supply, and with high level of chronic stress having become a way of life—correctional staff deserve to be thanked and to be shown appreciation every single day of the year. Without them, critical criminal justice operations will come to a grinding halt.

That is why in this issue of the Correctional Oasis we celebrate the great courage and resilience of correctional professionals and other public safety personnel. The average person on the street would not last a week in correctional environments, and yet correctional professionals serve there for decades, often at the risk of experiencing harm to their person physically, psychologically, and spiritually.

So, in this May 2024 issue we feature the stories of hope of two such brave correctional professionals. I am particularly struck by the way that both of them are using their traumatic experiences for good, displaying post-traumatic growth, and being a blessing to others because of the way they have chosen to respond to horrors and trials they have experienced.

Caterina Spinaris



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“I RECOGNIZED MY ISSUES AND I AM DEALING WITH THEM”

BY SGT RICHARD A FITZWATER, JR

I attended Desert Waters’ instructor course for **CF2F** in 2014. The following spring, we taught everyone in our division the materials we learned. It was a very positive experience with tons of very positive feedback. The follow up was easier said than done. I have committed myself to maintaining my mission of taking care of my team with the focus on their wellness.

During that process, I have had some rough times of my own, and my own mental health and outlook declined. I went through a divorce; I didn’t get chosen for promotion; I bumped heads with my supervisor severely; and I had a string of critical incidents in a very short period of time.

When things with my supervisor began causing me to have disturbing dreams, I sought therapy. This helped me quite a bit to reframe my way of thinking about things.

Shortly after “graduating from therapy,” I had an inmate “die on me.” I was doing CPR when “it was called.” I didn’t have much of a reaction to that, but then I had three critical incidents within about six hours spread out over two shifts. I performed CPR on two of the inmates (both fentanyl overdoses), and I, along with the efforts of my team and medical staff, was able to save their lives. After the last one, I began crying uncontrollably. I had chest pain, difficulty breathing, and I was shaking uncontrollably. Thankfully, my Sheriff and Undersheriff were present, recognized this, and sent me home for the rest of my workweek.

The next week, I began working in my current assignment as the Training Sergeant. I thought everything was OK until I just happened to be walking through the jail when a medical emergency happened in a unit where I was talking with officers. I had to do CPR again. The entire time I was doing CPR, I was thinking how my body was going to react this time. Unfortunately, the inmate died.

Thankfully, I didn’t have the same physiological reactions. However, about a month later, I began having terrible dreams of the incident. I am now (again) in therapy. Having a wife (I remarried) who works in the same facility I do also helps. We are able to relate to each other, and talk about things when times are rough. We “talk each other down” when we get spun up about something. We support each other. For those whose significant other doesn’t work in the same field, it is important to educate them about the things you face on a day-to-day basis.

The point is, I recognized my issues and I am dealing with them. I have been very open with everyone I talk to about recognizing when you aren't right and it's OK to seek help. I am trying to knock down any of the stigmas related to seeking help. It isn't a weakness. We are affected by cumulative trauma. I didn't choose how my body reacted. Over my 23-year career, I had never been directly affected by critical incidents (that I knew of) until these incidents. My mind/body/soul had reached its limit, I guess.

I don't have a problem sharing my story at all. I want people to know there is a struggle and we can get through it. You can have your "bubble bursting" phase and recover. I still struggle from time to time with dreams or feelings about myself, but I'm making it, and I am finally starting to feel like I am doing more than just surviving.

Having a Lieutenant who understands and is helpful is a great asset to me. It is a testament to how impactful leadership can be in a positive way rather than a negative way. Be that positive influence!

As the Training Sergeant, I teach **Desert Waters' new hire** class to people just hired in our facility. I am also pushing to teach the full **CF2F** class to all our staff again, as only about half of the staff is remaining since we first taught it in 2015.

Thank you for doing what you do. It helps. It has helped me, and I am trying to do my part to help those who have come before me, those who have come after me, and those who will come in the future.





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A WARDEN'S RESPONSE

We received the following candid and caring comments by a Warden in response to our article "Sick Leave Increase or Decrease Due to Wellness Programming?" by Caterina Spinaris in the **April 2024** issue of the Correctional Oasis.

"In regards to the sick time due to wellness, one crucial aspect missed was that one person's sick time means another person's hit on their wellness. That is a big portion of correctional officers' stressors—mandated overtime. When I was a line staff member my issue whether I was sick or was struggling mentally meant that my issue was more important than the person that was going to get mandated in my place. I find a lot of our officers are selfless and come to work even when sick because many correctional facilities operate under a minimal staffing, and don't have extra officers to fill in for sick time use. That means when I call in, someone misses their kids' baseball game on the next shift or gets a lack of sleep and both contribute to a reduction in officer wellness. To really curb the problem and encourage employees to use sick leave when they are sick like the statistics mention, facilities, and more so those in charge of budgeting for prisons, need to hire staff to plan for sick leave. Too many places are running right at the level needed to be staffed, which doesn't account for sick time use. This leads officers to not call in sick when they actually need it, because they are worried about getting someone else stuck. There is also a culture that you don't call in sick because you will get stuck, and pressure is put on to punitively go after someone who calls in a lot because they are creating hardship for someone else. To say the least, sick time in corrections is quite a complicated issue."

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A STORY OF RESILIENCE AND GROWTH

BY JEFFREY RUDE

(Reprinted with permission from the June 2022 issue of the [Correctional Oasis](#).)

I have been reading through some past issues of the *Correctional Oasis* about resilience, the importance of sleep, and how important it is to have a positive mental attitude. We see it in the news, in commercials, and we read about it in magazines. Dare I say, in our nation and, most importantly, in our choice of occupation, there has been a great shift in this area. There has been more and more talk about the importance of taking care of ourselves, getting enough sleep, and building resilience. With all that is happening around us and with all the “chatter” about self-care and resilience, we must ask questions like, “Does self-care really work?” and “Can you build resilience?”

Well, I am here to answer these questions, from my perspective and based solely on my experiences. I have worked in Corrections since July 1995. During my career, I have held many different positions: Officer, Sergeant, Offender Grievances, Case Manager, Stress Management Team member, Instructor, and Staff Chaplain. I have had my share of experiences while working in this field and my share of “trauma”. The most significant event in my career happened on a day I will never forget. It was August 3, 2020, and the time was 14:23. I was standing in my office working at my computer when an offender came running into my office and began assaulting me. It was a blind side attack, and I won’t go into all the details (mostly because I don’t remember them all). As a result of that event, I suffered several physical injuries, a severe concussion, and a Traumatic Brain Injury, as the doctors put it so mildly.

Thus, my journey began. I was under the care of an Occupational Medicine Doctor (Labor and Industries) which lasted for over a year. He referred me to several specialists who poked and prodded and interviewed and so on. One diagnosis led to another which led to another. I honestly thought I was never going to get better. It seemed like for every step forward I would take one or two steps back.

Over time, my body healed physically. My swollen black eye went back to normal, the cut above my eye healed with no noticeable scar (it’s hidden in my eyebrow), and my concussion headaches finally went away. But I couldn’t seem to shake things from my head. I felt trapped. However, I was open with my doctor about what I was going through and more referrals came.

He referred me to a Neuropsychologist and a Psychiatrist. Both doctors conducted several tests and interviews which led to the diagnosis of PTSD. I continued in my treatments when, finally, I reached a plateau after about a year. My doctor then scheduled me for an Independent Medical Exam. This exam was to close my L&I claim and determine if I had reached my “max benefit”; that I wasn’t likely to further improve with more treatment. The exam came and I met with three different doctors that day. One conclusion was my body had physically healed with only a couple scars. The other conclusion was, I have PTSD as a “Permanent Partial Disability” as stated by the Psychiatrist who conducted the exam.

I learned a lot about Post-Traumatic Stress Disorder during this time. I found out PTSD comes with many differing levels of issues. There are lists of symptoms and levels of functional impairment (both of which need to be present for a diagnosis of PTSD). So, when I read the statement from the Psychiatrist I was dismayed. I thought, "Great, now I have to live with this for the rest of my life."

Allow me to add some additional context to this story. My wife has put up with all my struggles for many months now. She has endured my mood swings, my wanting to isolate, my anger, my rage, my societal anxiety. She has put up with my lethargy, my bouts of confusion, my sitting in the chair totally zoned out watching TV. She has endured the nightmares that wake me up sweating and fighting. She has heard me yell in my sleep and has, unfortunately, endured my attacking her in my sleep. I felt like I was losing my sanity all the while putting on this facade of being "fine" for everyone else. I didn't want to continue down that road. I didn't want to lose my sanity. And, most importantly, I didn't want to lose my wife.

With that, I began to wonder how I could get back to being me, back to the way I was. Would I ever get back to the way I was? The answer to that question is a resounding NO. I will never get back to the way I was, and I am finding out that's okay. You see, none of us who suffer serious trauma ever get back to the way we were. The trauma changes us at some level. Trauma has great capacity to create change; either good or bad. It will try to define us and defeat us. It can cause us to doubt and fear and shut down. It can cause us to mistrust those around us. It can cause us to feel unsafe. It can cause us to feel powerless and we can lose all meaning in our lives. It can turn us into someone we don't want to be and can lead us down a road to destruction.

The only way for us to change how trauma affects us is to choose to adapt and become something different; maybe even something better. The first step in this is the choice to seek help from a professional. The second step is to employ the tools they give you. Recovery takes work and effort and time. It doesn't happen overnight and will never happen if you don't work for it.

I know, we all want that "quick fix" but that isn't an option when it comes to recovering from trauma. Look at it this way. When we encounter a problem in our daily work, we resolve it, and we resolve it quickly. We see the problem, we figure out the solution, and we put a plan into action that will settle the issue quickly and effectively. We are problem solvers and there is nothing for which we can't find an effective resolution. Trauma is different. Trauma doesn't have a quick solution; it takes time and effort. So, "Get off your butt and work for it," is what I told myself.

I am finding, you can recover from trauma. You can come out the other side better and stronger than you were before the trauma. There is a term that expresses this sentiment. That term is Post Traumatic Growth (as coined by researchers Tedeschi and Calhoun). You see, PTG isn't an overnight process. It isn't a "once you've achieved it, you're done" process. It is a journey, a daily routine, a constant battle for your mind and your wellbeing. It means using the tools and making the effort daily.

So that is what I am doing. I am choosing to adapt, to overcome, and to work through my trauma. I am choosing to use my trauma as an avenue for growth rather than allowing it to tear me down. There are days when I do very well and days when I really struggle. There are days when I am short tempered, irritable, anxious, fearful, and the list goes on. Then there are days when I am joyous, grateful, energetic, and happy. Sometimes these are the same day. But no matter what the day brings, I use the tools I have been given.

The most effective tool for me is journaling. I write in my journal how I am feeling, and I am honest with myself. I don't write how I shouldn't feel this way or how I should feel that way. I write how I truly feel. I am open and honest. I don't judge myself; I simply write the truth. I then write my prayer for that day asking God to grant me the peace to deal with whatever is affecting me (for example, "Lord, grant me the strength to conquer this anxiety" or "Lord, give me your peace so this anger subsides" or "Lord, overwhelm me with your amazing grace and mercy that your will be done in my life.") I then finish my entry with a prayer of gratitude thanking God for the growth I am experiencing and for the growth that is yet to come.

Another tool is cognitive reframing; changing the way I think about something. I choose to embrace each day as it comes and to see every negative moment as a challenge. A challenge can be conquered whereas a bad day is just a bad day. I no longer have bad days; I now have challenging days. It is such a simple difference, but it is so profound. And it allows me the ability to overcome whatever challenges hit me that day.

These are just two of the tools I have learned to use in my daily life. They work, and they are effective. My journey is not over, it is just beginning. I will continue to use these tools, and others, in my daily life as progress down the road toward Post Traumatic Growth. Part of that growth is to use my journey as a catalyst to help others and to bring awareness to the struggles we face in corrections. I know I am not the only one who has struggles and challenges. I want to hear your stories, your journeys to healing and growth. So, how about it, folks, who's willing to take the challenge? Who's willing to experience Post Traumatic Growth?

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WHEN THE GOING GETS TOUGH – PART 2

WHY DO CORRECTIONAL STAFF NEED RESILIENCE?

BY CATERINA SPINARIS, PHD, LPC & DARIA MAYOTTE, MA

Recently, there has been an increase in the attention paid to correctional staff's wellness needs, and particularly their need for resilience, given inherent occupational stressors (Smith, 2023). Correctional staff in all job roles and ranks are continually bombarded by multitudes of occupational stressors, which can be viewed as falling in three broad categories: (a) operational stressors—technical aspects of the job, such as staffing, equipment, and certain policies; (b) organizational stressors—"people" aspects of the job, such as leadership styles, an "us against them" mindset, and personality conflicts; and (c) traumatic stressors—incidents of violence, injury and death, such as the suicide or murder of justice-involved persons, to which staff are exposed either directly, in real time, or indirectly, at a later time, electronically or otherwise (Ferdik & Smith, 2017). Elements of these three broad categories of occupational stressors may co-occur, and interact with one another, snowballing and making each other worse. For example, short-staffing may increase the likelihood of assaults where staff are injured, resulting in some staff going on medical leave. Conflict and exacerbation of "us against them" mindsets may ensue between frontline staff and administrators, and between staff and justice-involved persons, with some staff quitting and others calling off sick, worsening the short-staffing difficulties and increasing the probability of future conflict and assaults.

In this conversation on the nature of resilience and ways to promote it, it is important to point out the impact of psychological trauma. Correctional staff are at a high probability of repeated traumatic exposure, both directly and indirectly, and while their own safety is also at risk (Ferdik & Smith, 2017; Spinaris, Denhof, & Kellaway, 2012; Spinaris & Brocato, 2019). The term "burnout" (Maslach, Jackson, & Leiter, 1996; Schaufeli, Leiter, & Maslach, 2009) does not adequately describe negative consequences of correctional occupational stressors, because burnout only addresses the consequences of operational and organizational stressors; it does not include the consequences of traumatic stressors. Similarly, the terms Vicarious Traumatization (Pearlman & Saakvitne, 1995; Saakvitne, & Pearlman, 1996) and Compassion Fatigue or Secondary Traumatic Stress (Figley, 1995) do not capture the consequences of occupational stressors of correctional staff as they only address traumatic exposure that occurs indirectly (typically through listening to a person recounting their past traumatic experiences) while the safety of those exposed (typically mental health providers at their offices) is not at risk. In other words, the terms Vicarious Traumatization, Compassion Fatigue and Secondary Traumatic Stress do not adequately capture the effects of occupational stressors on correctional staff, as they do not address direct traumatic exposure, being at risk oneself, or the interactions of traumatic stressors with operational and/or organizational stressors.

The term Corrections Fatigue was originated (Spinaris, 2000) and developed over time to better address these nuances. This umbrella term attempts to capture the consequences of all types of correctional occupational stressors. It refers to cumulative negative changes in staff's personality, health, and functioning, and cumulative negative changes of the workforce culture as a result of combinations of these stressors (Spinaris, 2020; Spinaris & Brocato, 2019). Causes of Corrections Fatigue are cumulative exposure to occupational stressors in the context of insufficient or unhealthy coping strategies or resources at the individual, team, and/or administrative levels. Although not a clinical diagnosis, but rather a descriptive term, like burnout (Finney, Stergiopoulos, Hensel, Bonato, & Dewa, 2013), at the severe ends of the continuum, Corrections Fatigue may involve diagnosable health conditions such as symptoms of depression, post-traumatic stress, or high blood pressure (Spinaris, 2020; Spinaris & Brocato, 2019). In the remainder of this article, the term Corrections Fatigue will be used to describe potential consequences of occupational stressors in correctional work environments.

As mentioned in the preceding section, condoning expressions of false resilience in high-trauma workforce cultures, like law enforcement and the military, can have life-threatening consequences, when affected staff become overwhelmed by their distress, and believe that their only honorable way to deal with it is to end their lives (Friedman & Higson-Smith, 2003). Studies have repeatedly reported that the rate and risk of suicide among correctional officers is disturbingly elevated compared to other professions, and even that of police officers (New Jersey Police Suicide Task Force Report, 2009; Stack and Tsoudis, 1997; Violanti, Robinson, & Shen, 2013). The suicide rate for Massachusetts Department of Correction Correctional Officers was found to be over four times higher than the nation's highest risk demographic for men aged 25-64 (Frost, 2020). Elevated rates of suicidal thoughts have been reported in samples of correctional officers (Lerman, 2017; Denhof & Spinaris, 2016; Spinaris & Brocato, 2019). We'd like to pause at this point and say that if you, our reader, are experiencing suicidal thoughts or urges at this time, please dial 988 to contact the Suicide & Crisis Lifeline 24/7, and/or contact your agency's Employee Assistance Program and/or Peer Support Team to begin to receive the help you need at this time. We want you well!

What are Key Initiatives for Promoting Staff Resilience in Correctional Work Environments?

In correctional work environments, comprehensive, system-wide initiatives that promote staff resilience involve three target areas: (1) bottom-up, (2) horizontal, and (3) top-down initiatives. All three are essential for successful outcomes regarding promoting staff well-being and agency health.

By bottom-up we mean initiatives that highlight self-care, self-regulation, and other health-promoting behaviors that individual staff can practice on their own, independently of anyone else, on and off the job. These include what employees can do themselves, and that no one else can do for them. Only they can make these behaviors happen, and usually only they know if they have disciplined themselves enough to follow through with these activities.

By horizontal we mean initiatives that highlight training and role-modeling regarding values and interpersonal skills, so that coworkers interact with one another in constructive, supportive ways. Coworker/peer, horizontal activities include the ways staff treat one another, and the workforce culture that emerges as a result—"the way we do things around here," with formal or informal leaders setting the pace.

By top-down we mean initiatives that highlight programs, resources, and policies implemented by administrators in order to promote employee wellness and healthy work environments. Top-down, organization-wide activities are implemented by the agency through a broad variety of systemic approaches. Examples of these are strategic well-being initiatives, staff wellness surveys, policies that address identified Corrections Fatigue causes, staffing levels, messaging about and recognition of Corrections Fatigue, provision of specifically-targeted training courses, positive leadership styles, budget and resource allocations, and creation of new positions—such as wellness coordinators, staff psychologists or staff chaplains.

Meta-analyses of studies of physician burnout that compared the efficacy of bottom-up and top-down wellness initiatives reported that both bottom-up and top-down initiatives reduced burnout levels, but top-down initiatives tended to have a bigger impact (Panagioti, Panagopoulou, Bower, Lewith, Kontopantelis, Chew-Graham, Dawson, van Marwijk, Geraghty, & Esmail, 2016; West, Dyrbye, Erwin, & Shanafelt, 2016). That is, reducing or eliminating the negative impact of stressors through top-down initiatives, such as policies, tends to be more beneficial in promoting resilience than providing coping strategies, such as mindfulness techniques, to manage the effects of these stressors. Additionally, regarding the influence of horizontal initiatives, a study of correctional professionals suggested that the quality of coworker relationships significantly impacted staff well-being (Spinaris & Brocato, 2019).

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“As I see it, there are three constructive ways to deal with circumstances we don't like:

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Mission

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

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