

CORRECTIONAL OASIS

**A PUBLICATION OF DESERT WATERS CORRECTIONAL OUTREACH
A NON-PROFIT FOR THE WELL-BEING OF CORRECTIONAL STAFF AND THEIR FAMILIES**

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When Ignorance is Not Bliss

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Imagine this conversation.

Two correctional officers are chatting. One blurts out, "You wouldn't believe what a wimp Pete turned out to be! He's being treated for diabetes! I have no use for him anymore now that he's on insulin!"

"I have no respect for him anymore either!" exclaims the other officer. "What a weakling! Why doesn't he just get a grip? Dave is also a big loser. He was just diagnosed with skin cancer and high blood pressure. Can't trust him with *my* back anymore!"

This exchange sounds totally ridiculous, doesn't it?

Now, replace the words "diabetes," "skin cancer," and "high blood pressure" with words such as "depression," "panic attacks," and "Post-traumatic Stress Disorder."

Do the put-downs of correctional employees struggling with psychological conditions sound more justifiable than of those struggling with physical illnesses?

Sadly, if you believe so, you're not alone. More times than I can count I have been told by corrections staff that to them admission of psychological turmoil equals weakness. Repeatedly I have also heard staff share how ashamed they feel for not being able to "get over it," not being "strong enough to pull themselves up by their bootstraps" when it comes to battling with the darkness of depression or the torment of Post-traumatic Stress Disorder (PTSD).

Many have added that they would lose their coworkers' respect and perhaps even jeopardize their chances for promotion if it became known that they were experiencing psychological difficulties.

Consequently several corrections staff who need help decline recommendations to start psychotherapy or to be evaluated by their physicians for psychotropic medications. Instead, some choose to self-medicate with alcohol or even illegal drugs, preferring to risk their health, career and family rather than to seek appropriate treatment.

In some tragic cases the reluctance to seek pharmaceutical or psychological help has cost lives. Other staff keep existing in a "blue" zone, with diminished quality of life and chronic under-functioning.

The myth that a correctional worker who struggles emotionally is weak is a cruel and dangerous prejudice. It is especially destructive when we consider that many correctional workers serve in environments that are breeding grounds for psychological trauma and turmoil. Catch 22! Your soul (and brain, as we'll see later) are highly likely to get affected, but you've been indoctrinated to believe that you can't admit to your predicament or seek help if you want to enjoy the respect of your peers.

This prejudice against psychological struggles is based on lack of understanding of what "mental" conditions are about. I hope that the more corrections staff comprehend about these conditions, the more they'll seek appropriate treatment, just like they would had they been diagnosed with a tooth infection.

So here is a brief sampling of information about biological underpinnings of what we call "mental illnesses."

In reality, a more accurate term for these conditions might be psychobiological or brain disorders.

IN MEMORIAM

Anthony Richards
Senior Officer Specialist
August 23, 2008
ADX Florence

DWCO MISSION

To increase the occupational, personal and family well-being of staff of all disciplines within the corrections profession.

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THE CORRECTIONS VENTLINE™

866-YOU-VENT

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From the Trenches

by Anonymous CO

I work at a maximum security prison. It is an understatement to say that it can be a very unsafe place. Today was the perfect example of what I mean.

At 8:05 AM a staff member was standing by a door monitoring inmates as they came into the area. One inmate approached with his shirt unbuttoned and untucked. It is one of the rules that all inmates between 8AM and 4 PM will be in complete uniform, buttoned up, and tucked in. It is a constant battle. Anyways... This staff member let the door to the area close as the inmate approached and reminded the inmate to tuck in his shirt before coming into the department. The inmate seemed to comply and started to tuck in his shirt. Right in the middle of this the inmate reached up and grabbed the door and pulled back on it, striking the staff member on the shoulder with the handle. All the inmate had to say after this was, "That is what you get for standing in front of the door."

The staff member proceeded to apply hand restraints to the inmate and other staff escorted the individual to the Lieutenant's Office and ultimately Special Housing. The incident is under investigation.

The staff member was not hurt and the situation did not intensify. The staff member and another employee standing next to him during the incident completed memos for the "simple assault." The staff member also had to go to medical to get a medical assessment, where medical staff check out injuries and assist the staff if injured. I remind you the staff was unhurt and claimed it felt more like getting a charley-horse, where the hand goes numb, and then all gets better in about an hour.

At least everything but the adrenaline.

During this incident, there was no increased violence or retaliation. Just action to control the situation and bring it to a conclusion with as little injury as possible. It sounds to me like the staff's response was successful. It could have been much worse, and has been in similar situations all over the U.S. Prisons are not the safest places to work. Of course the staff member was told later he could have gotten away with a more physical reaction. If that would have occurred, he

would have been under investigation for a while. And I am not sure it was necessary to do more, when less took care of the situation. The rest of the day was like any other with nothing major happening. Tasks completed as planned.

I pass all of this on to ask for positive thoughts and prayers for those of us who choose this line of work. Most of us do the best we can and hope/pray on a daily basis to get home to family and friends. All else is out of our control. So we keep plodding along, hoping and praying. We have keys, a radio, and not much else as we monitor and manage murderers, bank robbers, gang members, and the like. I still have not heard of one group of kids playing correctional officers and inmates while growing up. ☺

I hope you enjoyed a peek into the day of the life of a correctional worker. On that day we all walked out of the prison in good shape with no one being seriously hurt. Sounds like a good day to me. And for those of you wondering, I was that staff member who was subjected to the "simple assault." Not my idea of a good time, and certainly not the way to start the day. For that matter, there is nothing simple about any day in prison. Praise to the Lord above for keeping us all safe. And may He continue to do so!

UPCOMING EVENTS

DWCO's 2nd Annual Fundraising Banquet

October 23, 2008

The Abbey, Cañon City, CO

Guest Speaker: Mr. Ari Zavaras, CDOC Executive Director

<http://desertwaters.com/sept08/>

[Desert_Waters_Invit_Flyer_Banquet_08.pdf](#)

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[page1&2.pdf](#)

When Ignorance is Not Bliss

(Continued from page 1)

Research shows conclusively that “mental illnesses” are accompanied by biochemical and other brain anomalies, just like diabetes is caused by abnormal pancreatic functioning. Even if situational factors are involved, such as a chronically stressed person eventually becoming depressed, we now know that relentless stress changes brain chemistry, even causing brain shrinkage.

We have known for years that conditions such as depression have biological and genetic underpinnings. Now fascinating research using functional brain imaging shows differences between brain activity levels during periods of depression and in the absence of depression. The depressed brain shows up on scans as dark blue and green, indicating low levels of cellular activity. The normal or recovered brain shows up as yellow and white, indicating much more brain activity.

There is also evidence that in depression there is a decrease in connections among brain cells, and a decrease in generation of new brain cells. Severe mood disorders are accompanied by shrinkage in brain areas involved in managing emotions or memories, such as the frontal lobes and the hippocampus. PTSD leads to shrinkage of the hippocampus. Treatment with antidepressants resulted in re-growth of the hippocampus and improvement of PTSD symptoms.

Amazingly, brain imaging studies have also shown improvement in brain functioning following psychotherapy using cognitive-behavioral therapy for obsessive-compulsive disorder, and cognitive-behavioral therapy or interpersonal therapy for depression.

The irrefutable conclusion is that psychological disturbances co-exist with functional (software) and structural (hardware) brain anomalies. Healing involves addressing both the psychological and the physical aspects.

Treating coworkers who show psychological symptoms of, for example, depression as if they are weak is just as outrageous as showing contempt to a colleague with muscular sclerosis. Both conditions are tied into brain biology in ways we are still identifying.

Why then expect depressed or traumatized people to keep running on a brain “out of juice,” but not go get it jump-started through medications or psychotherapy?

It is important to also note that people can be in treatment for mild to moderate psychobiological disturbances yet remain effective on the job. They are in good company. Sir Winston Churchill and Abraham Lincoln battled with severe depression and led countries successfully during times of war when neither had access to therapies for depression that are commonplace today.

Corrections folks are not made out of titanium. You are human, and therefore, just as susceptible to wear-and-tear of body, soul and spirit as the rest of us. Besides, you work in a negative environment which can aggravate pre-existing tendencies toward psychobiological disorders, and which can take down even the toughest among you when exposed to enough cumulative trauma.

So instead of toughing it out, give yourself and your colleagues permission to explore the tools at your disposal for physical, psychological and spiritual healing. If you see coworkers struggling emotionally, encourage them to seek appropriate help. Be compassionate and supportive. If you are dealing with psychological issues yourself, be smart and truly strong. Seek the help of competent health care providers. Do that and enjoy better days ahead.

Links for additional information

<http://abcnews.go.com/Health/Depression/Story?id=3885728&page=1>

http://www.rmpd.org.uk/abstracts/imaging/brain_blood_flow_changes.htm

http://www.bpkids.org/site/PageServer?pagename=lrn_004

<http://www.intracarehospital.com/pages/psychotherapy.pdf>

<http://query.nytimes.com/gst/fullpage.html?res=9B0CE3DA1239F936A25751C0A960958260&sec=&spon=&pagewanted=2>

Read at a CO's Memorial Service

A little more tired at the close of the day
A little less anxious to have our way
A little less anxious to scold and blame
A little more care for a brother's name
And so we are nearing the journey's end
Where time and eternity meet and blend

Desert Waters

Correctional Outreach



*a non-profit organization
for the well-being of correctional
staff and their families*

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www.desertwaters.com/a-donations.htm

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From the Old Screw

My Rules

I can still remember how it was being a new guard way back when that's what we were called. Inmates loved it when new screws were brought in on the block. They could hardly wait to run their games on them. I don't think there is a trick in the book that wasn't tried on me. There is no cuss word that I haven't been called. I finally adopted a set of rules for myself. Here they are.

- Take no threats from inmates—write them up.
- Never let them change your mind by telling you that the threat was a joke.
- If you don't know—ask your supervisor or coworkers.
- If in doubt—ask supervisors or coworkers.
- If inmates say that the other officer let them do it, tell them to wait until you can ask the other officer.
- Never cuss the inmates. That way they have no right to cuss you. Let them know you'll make a report if they cuss at you. If they act like what you told them is a joke, tell them that you have more paper than they have good time. If they say they don't get good time, tell them that when someday they will go before a parole board or have a chance to, the reports will be there. I had a Lt. tell me once that if I could not take a cussing I was in the wrong line of work.

I replied that it was not that I couldn't take a cussing, but that, according to the rules, I didn't have to.

- Keep your word when you promise to check something for an inmate. (Inmates believe they have the right to lie to you, but set great stock in officers who keep their word.)
- Watch and learn from others. Take what they taught you in training and what you learn from watching other staff, and adapt it to work for you.
- The nicer and more helpful an inmate is, the closer you watch him/her.
- If you do something dumb (it is common practice), tell someone. It's better to tell than try to hide a mistake. If you try to hide something, you can bank that an inmate will offer to help you cover it up for a favor.
- Understand that you don't know it all and don't have all the answers, even though you have been out of training for a whole month.
- The day you think you know it all is the day you need to walk out and not come back. You are a danger to yourself and every other staff.

And as they say—enjoy your correctional experience!
Take care, *The Old Screw*