

19
YEARS

HELPING CORRECTIONAL AGENCIES BECOME WORKPLACES OF CHOICE!

CORRECTIONAL OASIS

A Desert Waters Publication

JUNE 2022

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Volume:19

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A non-profit for the health of correctional agencies, staff and families

FROM THE DIRECTOR'S DESK

In correctional circles, it is increasingly more frequently recognized and accepted that, for multiple reasons, staff are experiencing a health crisis on all fronts – psychologically, physically and even spiritually.

Roadmaps to increasingly healthier working conditions are direly needed, as well as resources, and examples of resilience and recovery in the face of trauma and other high-stress events.

In this issue of the Correctional Oasis we introduce a new column that looks at how research findings translate in practical terms, applicable to where you live. After that, we present material on ways that individual staff can rebound and grow as persons following traumatic events. We also offer suggestions as to how administrators can support staff in the immediate aftermath of an assault. Additionally, we present examples of how training on Corrections Fatigue and ways to overcome it can help reduce the stigma of seeking help for emotional struggles and open the door so distressed staff can reach out to others for resources and support.

May the following aide you as a compass, a guidepost, a light on your pathway to lead you further on your wellness journey.

Caterina Spinaris



THE RESEARCH BENCH – THE BODY KEEPS THE SCORE

BY GREGORY MORTON, M.SC.

With this edition of the *Correctional Oasis*, we start a semi-regular series of articles designed to interpret the academic research that supports the work that DWCO does, including the scientific background for the concept of Corrections Fatigue.

And if that seems like an overly stressful experience all by itself, please know that we will do everything we can to make the language and logic as clear as possible. Not to “dumb it down.” You guys are too sophisticated for that. But to explain how the science applies to you, as a corrections professional. Which, trust me, academics almost never do.

We believe that the only way scientific research is ever useful outside the academic setting is if it can be shown to apply to real people in the real world. That’s our plan. We intend to end each article with a paragraph or two headed SO WHAT. That will be where the interpretation and application come to life. If you find these of value, please let us know. Write to me at greg@desertwaters.com.

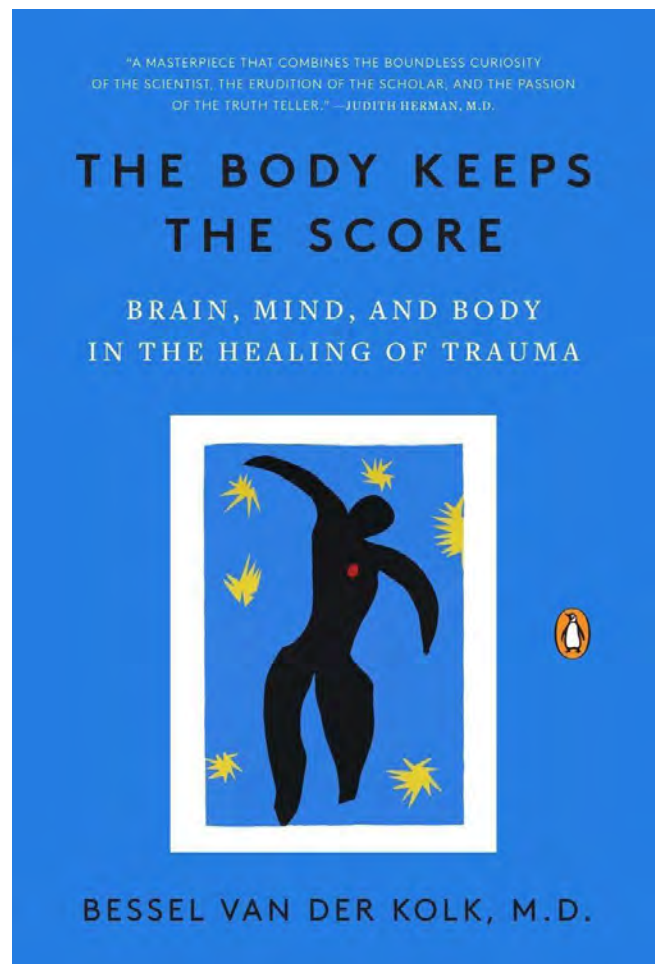
THE BODY KEEPS THE SCORE: BRAIN, MIND, AND BODY IN THE HEALING OF TRAUMA – by Bessel van der Kolk, M.D., Penguin Publishing Group, 2015.

Most of the time this series will deal with single research articles, typically 20 to 25 pages in length. But we start the series with a review of a 356-page New York Times best seller for the same reason builders lay a foundation before building the home – so that what comes next will have stability, balance, and a solid footing.

For the past three plus decades, Bessel van der Kolk has studied the consequences of traumatic stress on

human beings. **The Body Keeps the Score** recaps this multi-decade history. He starts with “Lessons Learned from Vietnam Veterans” (chapter 1) and continues by weaving in multiple stories about the clinical experiences he has had with real life patients.

Yes, he can easily introduce a scientific explanation of how the stress experience works in the brain. Chapters 3 is titled “Looking Into The Brain: The Neuroscience Revolution,” and in it you will be introduced to the amygdala, the prefrontal cortex,



Broca's area, and how neuroimaging changed the science. But most of the time he makes those scientific explanations come to life with real stories: Vietnam vets who refused to continue treatment because their early era therapy was re-traumatizing; children who survived 9-11 and thereafter always drew a trampoline at the bottom of pictures of buildings in case anyone had to jump to safety; the differing long-term emotional consequences of a couple sitting next to each other in a serious car accident because of the different types of trauma each had experienced earlier in life.

Dr. van der Kolk ends the book with eight chapters captured under the heading, Paths to Recovery. These conclusions include *"At the core of recovery is self-awareness"* (p. 208), *"moment-to-moment self-awareness is based primarily in physical sensations"* (p. 236), and *"One of the clearest lessons from contemporary neuroscience is that our sense of ourselves is anchored in a vital connection to our bodies"* (p. 272).

SO WHAT: *"All trauma is pre-verbal,"* meaning it is non-verbal, experienced, captured and encoded in our memory through body-based sensations, not

through language (p. 43). The title of the book is not just a catchy phrase. Dr. van der Kolk is serious and accurate in his observations. Every emotional experience, from happiness to trauma, is stored in our brains and in our bodies in non-verbal terms—without words, and can be relived in kind.

Red-faced chest tightening tirades? Yep. Body shaking belly laughs? Those too. Most of these emotional expressions are easy for us to manage. We incorporate them into our life stories and move on.

You, as a corrections professional, are trained to respond instantly, efficiently, and seemingly without emotion to a body hanging, or shots fired, or a fight involving multiple incarcerated individuals. And good for you. That's you operating as an experienced, dependable and successful corrections employee. But somewhere in there, your body keeps the score. At some point, these emotional experiences will need to be reckoned with and addressed directly.

A STORY OF RESILIENCE AND GROWTH

BY JEFFREY RUDE

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 the questions: Does self-care really work? Can you build resilience? Is resilience an attainable goal?

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 Investigator, 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"- establishing 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 that my body had physically healed with only a couple scars. The other conclusion was that 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 someone different; maybe even something someone better. The first step in this is the choice to seek help from professionals. 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 (a term originated by Tedeschi and Calhoun). You see, Post-Traumatic Growth 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 (e.g., "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, and may 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 I use 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 your personal growth. So, how about it folks, who's willing to take the challenge? Who's willing to experience Post-Traumatic Growth as a result of how they respond to their having been traumatized?

ACTION STEPS - ADMINISTRATORS' IMMEDIATE ACTION STEPS FOLLOWING A CRITICAL INCIDENT

BY CATERINA SPINARIS, PHD

At times I receive questions from corrections staff on a variety of topics. One such item, along with my response, is below. We hope you find this helpful.

Q: I wanted to check in with you to ask if you have any ideas on where I can find some basic beginning steps on how administrators can act the first moments after a critical incident. Not about the debriefing, not the referrals to EAP. Rather what steps should be taken in the first 1-30 minutes of an event? After talking with someone who was recently assaulted by a client, it really hit me that so many administrators just don't know what to do. So they avoid the situation – they freeze rather than act. I don't think this is done on purpose; it's like a reflex, automatic. I feel if we can begin sharing ideas with all department heads on how to even respond to the incident just after it occurred (for example, don't have them continue to see more clients on that day!! Duh! But so many do to make sure the job is getting done), we can begin to help show the importance of administration being involved in the addressing of the problems.

A: Thank you for your commitment as an administrator to keep moving the corrections profession forward by looking for effective ways to respond to potentially traumatized staff. Appropriate supportive responses can reduce the toxic effects of occupational hazards in corrections work, such as a staff assault.

Please note that my reply here only addresses ways to respond to the assaulted employee, not the need to lock down units, arrest clients, take offenders to segregation, etc. In a nutshell, the focus immediately after the incident needs to be on **ensuring staff safety, tending to staff's urgent needs, and beginning the process of staff re-stabilization.**

The first step is a medical examination to assess the employee's condition, and to provide them with immediate medical care as needed. This is to be followed by access to higher-level emergency medical treatment as their condition requires, which may include transportation to a hospital by ambulance. In that case, administrators should visit the staff

member at the hospital as soon as their condition allows, to offer them emotional and moral support.

After a medical checkup, and if no further medical care is recommended or is deemed to be warranted, the next step consists of the **removal of the assaulted employee from the area of the incident**. This is done in order to secure their physical safety, to reduce the likelihood of their exposure to possible ongoing threat, and to reduce the risk of them being re-victimized. That may mean getting them away from all offenders/clients, and also from trauma reminders (such as the location, certain items, or individuals.) There will be time to “get back on the horse” again later. Immediately after the event, the person needs to be able to begin calming down. Distancing themselves from threats and reminders—the perception of danger—is one way to do that.

Make it possible for the assaulted staff member to change clothes, and get cleaned up ASAP, if they have been soiled (such as by having body fluids thrown on them), or if their clothes have been torn. That will reduce their exposure to triggers (incident reminders), and help them feel like they are regaining their dignity. Indeed, some facilities stock care packages for staff that have been assaulted. These may include a pair of sweats, socks, a shirt, a towel, shampoo, toothpaste, and a token for a snack or beverage from a vending machine.

Have the assaulted staff member come to your office or go where they are and **spend some time with them one-on-one**. Offer them water to drink. Sit down with them in an area where you can close the door. If they come to your office, move from behind your desk and sit in a chair next to them. Make eye contact. Express to them your caring about what they just went through, and your concern about their welfare. Absolutely do not drill them about details of the incident.

Just **listen empathically**—that is, listen with a frame of mind of putting yourself in their shoes, trying to understand what the experience was like for them. If they froze, remind them that this is an involuntary and unpredictable brain-based reaction. Absolutely do not reprimand them for it. **Point out what they did well, and what went well overall.**

The employee, pumped full of adrenaline, may be angry at this point, perhaps blaming themselves and/or others, including administrators. **Give them space to vent.** Listen, acknowledge, and validate the horror of what they have just experienced. Suggest that they most likely did the best they could at the time, under the circumstances, and that, like in every situation, lessons will be learned from this incident as well. Reassure them that their immediate reactions are understandable and to be expected/normal.

Absolutely refrain from arguing with the employee, or threatening them with discipline for being disrespectful. Do not tell them to correct their attitude or watch what they are saying if they want to keep their job. **The general stance of administrators needs to be supportive**—not judgmental, critical, angry or blaming. At this point self-control needs to be exercised by administrators if their own buttons are getting pushed by the assaulted staff's angry reactions.

I personally know of one such a situation that was handled in an exemplary fashion. The assaulted CO went "off" on his warden who met with him after the medical check. The latter, having come up through the ranks, and having experienced being assaulted himself, remained calm and quiet during the employee's tirade. When the CO finally ran out of words, the warden gently expressed to him his understanding of the CO's state of mind, and verbalized to him his sincere compassion for what he'd just been through. In turn, the CO took it all in, waited for a few moments, and then apologized for coming unhinged.

The next step of "being there" for the assaulted employee is to **tap into the employee's support network** by having their friends at the facility be relieved of their duties so they can come to express their support to the staff member. In some cases, staff may not be comfortable talking extensively to an administrator, but they will talk to a friend. If

you have trained peer supporters, call on them to come by as well and talk to the employee.

Ask the assaulted staff member if they want to make a phone call to family members and/or significant others in their community, and make it possible for them to do so privately. If the assaulted staff member wants to make a round of the office or unit to show the clients/offenders that they "are keeping it together"—to walk with their head up in spite of the assault—honor them by accompanying them in doing so.

Additionally, as part of the support you offer, **have the assaulted staff member be checked confidentially by a mental health provider at the facility, or allow them access to a room where they can shut the door and call your EAP hotline.** These professionals can check for safety concerns, assess the employee's current functioning level and frame of mind, remind the staff member that acute reactions after an incident are normal, and tell them what signs might indicate that additional care/treatment is needed. They can give/email/fax them handouts with relaxation exercises and other coping strategies, and remind them to avoid using substances to cope, as these can destabilize their mood further.

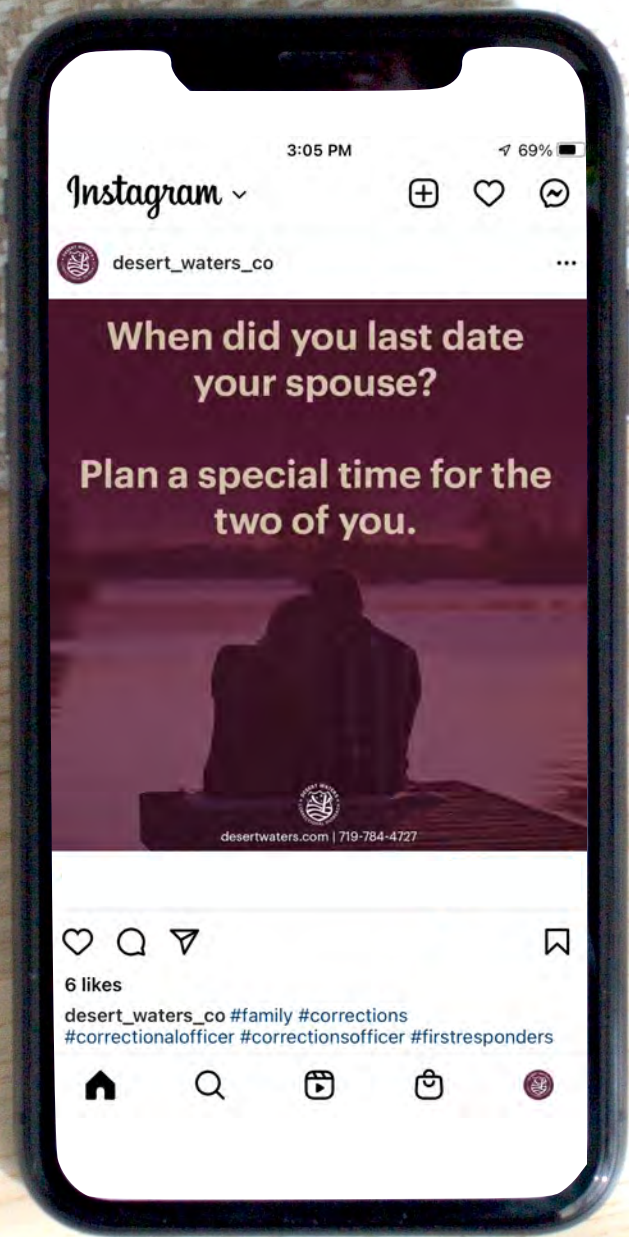
Relieve the assaulted staff member of their duties for that day. Ask them if they'd like to take a day off of work. If they decline that, allow them to spend time as needed with peer supporters and/or mental health providers. If

they insist on working, assign them to an area where they are likely to have minimal client/offender contact. When they come back to work, do another round of the unit/office with them, to visibly express your support of them.

If they are asked to write up their incident report immediately after it happens, keep in mind that the reported order of events may be jumbled or unclear. Therefore, this initial report should be regarded as part 1 or incomplete, with the understanding that material may be added a few days later. This may be controversial to some, primarily for legal reasons, yet we are dealing with realities of the neurobiology of human memory following exposure to a traumatic event. The brain is not a video camera. The way memory works, the assaulted staff member may recall additional accurate details of the incident at a later date.

When it is time for the assaulted staff member to leave the office/ facility, **arrange for someone to drive them home**, and for another employee to drive their vehicle to their house.

And remember, it may not only be the assaulted staff member who needs your immediate attention. **Those who witnessed the incident and those who responded also require and are likely to benefit from your expressions of caring, consideration, validation, and support.**



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STORIES ABOUT CF2F

BY ANONYMOUS CORRECTIONS PROFESSIONAL

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At the beginning while I was attending the CF2F instructor's course I was a skeptic and did not believe CF2F would ever succeed with our staff. Though I believed the material was pure at the core and hit the mark as to what we go through in this environment, I did not think there was any way in the world our officers would ever be open to participating, as we are a hardcore group in general.

That being said as my partner and I discussed how we were going to present the material we truly saw the value in the material and want to succeed. Though I can't lie, I did not see it going over well.

Well, we were quickly proven wrong, within the three days following teaching our first class we had 6 officers between us in our office sharing with us their stories and asking for references for various services and help. We were amazed and at a loss as to how receptive our officers were to the topic.

As the year went on, that became a regular occurrence. I honestly can't give an exact number of the staff that came into our office sharing their stories or asking for guidance or to how many we helped. However, I can say without question that we have officers with us today and families still have husbands and fathers as a direct result of what you have done with Desert Waters and your team.

The two stories that stick out the most to me:

Story 1

One night around 2330 I was woken up to my personal phone ringing. It was an officer who had worked for me when I was a Lieutenant on a facility and he had just been through CF2F a couple of weeks earlier. He was sobbing to the point that I could barely understand him. He told me his wife had left him that night and taken his kids, and didn't see a reason to continue.

In his rambling the officer went on and recalled an event that had occurred while he worked for me. As many of our incidents are in a maximum security prison, this one was a violent incident that resulted in some of our officers being hurt.

He told me that as he responded to the incident, what he saw caused him to freeze up, and as a result he believed his partner was hurt because he hesitated. He went on to say that he never told anyone, and that incident had been haunting him since that night, causing him to withdraw from his friends and partners and ultimately his family.

He repeatedly asked for my forgiveness for letting me down when it mattered most. During the conversation he told me the only reason he called me was he thought about the CF2F class and what we talked about and knew he needed help, and wanted to know if he could have the references to the helplines we provided during the training.

Ultimately before the night was over we were able to get a Peer Support team out to him and help him through the night. We got him connected with our Employee Assistance Program and a counselor.

I am happy to say that today he has come out the other side and is doing great. He was able to restore his family and has gotten the help he needs to cope with the hard-nosed reality this environment throws at us.

The next story is not my experience but one from another instructor we had. I do not know who the officer was. We shared our experiences, but not the specific details so that we would not jeopardize our staff.

Story 2

One night one of our new instructors who had just begun teaching CF2F received a call at home. It was from an officer that had just gone through the class the instructor had taught.

The officer was clearly drunk and agitated. The officer asked the instructor if he believed the stuff he was teaching in the CF2F class, and the instructor replied that he did and that is why he taught the course.

The officer went on to tell the instructor that his rubber band broke (an illustration used during CF2F) and he couldn't do this anymore. The officer went on to tell the instructor the only reason he called him was because he had gone through the class and the instructor was his last hope. During the call, the officer ended up hanging up on the instructor.

The instructor made several attempts to contact him with no success. The instructor knew the officer didn't live too far from him and decided to go over to the officer's house. When he arrived, the officer was sitting in the garage with a mostly empty bottle of whiskey and a loaded gun on the table next to him. The instructor asked him what he was doing with the gun and to no surprise the officer responded, "I was planning on using it tonight."

Thankfully in the end the instructor was able to get peer support out there and get the officer the help he needed. The last update I had was the officer was doing good and has since retired, to my understanding.



CF2F, "From Corrections Fatigue to Fulfillment™," is Desert Waters' award-winning course that helps increase staff's awareness and understanding of negative effects of the job, de-stigmatizes and de-shames getting help, and provides suggestions and tools as to how to manage the emotional toll of work challenges in health-promoting ways.

*Might it be time for you to explore how to become a certified CF2F instructor for your corrections agency?
[Check out our website](#) or [contact](#) us to find out more about this!*

Click here to learn more about:

CF2F Instructor Training

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From Corrections
Fatigue to Fulfillment™

INSTRUCTOR TRAINING

Online Training &
Independent Study



2022 Online Instructor Training Dates

- > Training 1: Jan 11-14 & Jan 18-20
- > Training 2: Oct 11-14 & Oct 17-19

Times

- > Times Online: 9am–1pm MT (8am PT, 10am CT, 11am ET)
- > Independent Study: 12 hours
- > Phone Coaching: Two one-hour individual sessions following the online training

Staff called the course:

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

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

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

Upon Successful Completion of Certification Requirements Instructor Candidates Will Receive:

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

Fee: \$1,495.00 per Instructor Candidate.



CF2F

Course Author: Caterina Spinaris, PhD., is DWCO's Executive Director and a Licensed Professional Counselor with over 30 years of clinical experience. Caterina conducts research, and offers research-based trainings and interventions to corrections agencies to counter the effects of occupational stressors, and to increase organizational health and employee well-being.

In addition to CF2F, she authored the following courses: "True Grit: Building Resilience in Corrections Professionals™," "Correctional Family Wellness™," "The Supportive Supervisor™," and Peer Support Training. Caterina is the 2014 recipient of the **Colorado Criminal Justice Association's Harry Tinsley award.**

- **FIVE** customized versions for staff in (a) adult corrections or detention facilities, (b) probation and parole offices, (c) juvenile justice facilities, (d) juvenile justice community services, and (e) for new staff
- Pertinent to both frontline staff's and supervisors' interests and concerns
- Applicable to both custody and non-custody staff
- Practical and easy to grasp by both new and veteran employees, and by managers
- To be team-taught by your agency instructors and co-instructors as a full-day course

Criteria for Instructor Candidates

- Prior classroom training experience
- At least 5 years of working in corrections
- Experience working through work-related challenges
- Ability to present emotionally-laden material
- Ability to be an empathetic listener
- Ability to moderate emotionally-heated discussions
- Ability to team-teach



DESERT WATERS
CORRECTIONAL OUTREACH

Desert Waters Correctional Outreach is a 501(c)(3) tax-exempt corporation (EIN 30-0151345) with the mission to advance the well-being of correctional staff and their families, and the health of correctional agencies, through data-driven, skill-based training.

REGISTRATION FORM

Dates: Oct 11-14 & Oct 17-19 Fee: \$1,495 per Instructor Candidate

We also offer in-person instructor trainings for 10 or more.

Instructor Candidate Name(s): _____

Corrections Agency Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Method of Payment: Check enclosed, payable to DWCO, P.O. Box 355, Florence CO 81226

Credit Card: Visa/MC Discover American Express

To pay by Credit Card, call us at **719-784-4727**. Purchase Orders accepted.

admin@desertwaters.com.

Cancellation Policy: No refunds less than three weeks prior to the training. Registrations are transferable to another instructor candidate of the same agency as long as instructor candidate criteria are met.

*CF2F licenses can be renewed for another three years by passing an online exam (fee \$490).

**Instructors can teach on their own if necessary; Co-instructors must always team-teach with an Instructor.

***Instructors and Co-instructors are NOT certified to train other instructors or individuals outside of their agency.



Quote of the Month

“Love is our true destiny. We do not find the meaning of life by ourselves alone - we find it with another.”

Thomas Merton

MEET THE CORRECTIONAL OASIS TEAM



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DWCO Mission

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

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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.



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