20 YEARS

HELPING CORRECTIONAL AGENCIES BUILD A MORE ENGAGED WORKFORCE

CORRECTIONAL OASIS

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

FROM THE DIRECTOR'S DESK

Greetings, from Florence, Colorado! In this issue we revisit a subject of primary importance – that of psychological trauma on the job, usually a reality only too familiar to correctional staff.

This time we emphasize a topic that is not often discussed, even though it can shape staff's health outcomes, and we introduce and explain a term that is unfamiliar to many – the term "peritraumatic dissociation."

This topic is about what takes place in the brain and soul of the exposed staff member during traumatic events and shortly afterwards. We also discuss best practices, based on current research findings, for addressing these issues, and why they should be addressed by correctional agencies.

In this issue we also describe Desert Waters' efforts to address staff's trauma-related issues through our course ***Improving the Wellbeing of Corrections Professionals: Understanding, Acknowledging, and Overcoming Traumatic Stress™ (IWCP).***

In our award-winning, flagship course From ***Corrections Fatigue to Fulfillment™ (CF2F)*** we also address work-related trauma, but there is a key difference between the two courses. CF2F addresses all types of occupational stressors in corrections, including traumatic stressors. IWCP focuses exclusively on the subject of occupational trauma, doing so in considerable depth.

And once again, we visit the perennial and foundational issue of creating and maintaining healthy workforce cultures in correctional agencies. If cultures are not healthy, the destructive impact of high-stress events on all involved is likely to be amplified; and unhealthy staff may inadvertently increase the risk of escalation of conflict, ensuing stress, and even perhaps violence. On the contrary, healthy, supportive workforce cultures act as shock absorbers, helping colleagues heal and bounce back after high-stress events; and they may even act as shields, so that these events are curtailed or do not even happen in the first place.

Caterina Spinaris

SHELL SHOCKED: DISSOCIATION DUE TO THE EXPERIENCE OF TRAUMATIC STRESS

BY CATERINA SPINARIS, PHD, LPC

If I told you that a certain individual was "shell shocked," you'd probably have certain images or ideas come to mind. The term "shell shocked" is somewhat of an archaic term that originated in World War I, before the advent of what we've come to know as Posttraumatic Stress Disorder (PTSD). Yet most of us have heard it, and associate it with behaviors and conditions that play out in a person as a result of having experienced a traumatic event.

One of these conditions is dissociation. This refers to disruptions in the way incoming information that impinges on our senses is processed by our brain. Dissociation has been studied extensively regarding the processing of information that impinges upon the senses during a traumatic event, resulting in altered states of consciousness.[1]

By trauma we are referring to life-threatening experiences that involve exposure to actual or threatened death, serious injury, or sexual violence.[2]

Let's unpack these concepts of dissociation and trauma by looking at a real-life example from the correctional workplace.

Peritraumatic Dissociation:

"Peri" in Greek means "around." So this term means dissociation that happens around the time of a traumatic event. Or, said another way, **this is a fragmentation of incoming information experienced by the receiver of that information around the time of a traumatic event.**

Correctional Officer Mike Brown was caught in a 600-strong disturbance during recreation at the yard of his facility, with only a handful of staff present. The tower had been closed a few years prior.

As soon as the fights erupted, the thought that flashed through his mind was, “So this is how it’s going to end for me.”

He tried to radio for help, but it was as if his limbs were heavy as lead, immovable, and his throat was constricted. He could make no sound and felt glued to the ground.

The noise around him sounded to him like he was in the midst of a giant beehive with hundreds of angry bees madly buzzing around stinging one another. The sounds at first were deafening, like a roaring torrent, but they soon became muffled, like they were coming from a very deep well.

With tunnel vision his eyes locked onto one scene playing out in front of him, taking in every detail of the horrors unfolding before him. Everything else around it went dark.

Time slowed down, as he stared wide-eyed at what was happening, with frame after frame slowly dropping into his awareness. Then once in a while time would time would speed up, and what he was observing came in jerkily, like a speeded-up cartoon.

He felt a thud and realized that a rock had hit him in the back of his head. He could tell that blood was running down his back, but he felt no pain.

Feeling lighter than a feather, he experienced the scene as if he were slowly rising off the ground and floating above the yard, witnessing the mayhem with a peculiar mix of indifference and horror. It all felt like a dream.

When the Crisis Intervention Response Team stormed into the yard, with a couple of members rushing to him, he looked at them with a vacant stare, and then joined them, robotically rushing for cover into the building.

Mike did not come out of his dreamlike state until he got to the facility’s medical clinic, and a nurse started to talk with him about what happened. He closed his eyes while trying to explain, hoping to gather his wits about him, but he found he had no words to describe his experience.

At the back of his mind, he vaguely dreaded the thought of having to write an incident report soon after his medical check-up. He absolutely did not want to revisit the incident, not even in his mind, and did not know how to translate the video in his head into words. And he knew he had memory gaps about the event. Would his administrators believe him that he really did not remember, or was not even aware of some of what happened? He felt like parts of his brain had shut down on him, so even though he was physically present, he was not consciously present to take in the information. His major concern at that point was for the safety of coworkers that may still be in the yard.

WHAT DID MIKE EXPERIENCE?

What Mike experienced during the large group disturbance at the yard of his facility falls in the category of dissociation.

Dissociation is defined as the **fragmentation** of or **disconnection** from one's consciousness, one's experience of self, time, and/or external circumstances.

Dissociation that happens during or up to several hours following exposure to a traumatic event is called **peritraumatic dissociation**. ("Peri" in Greek means "around." So this term means dissociation that happens around the time of a traumatic event.)

Two types of dissociation are highlighted in this article:

1. Experiencing one's outer world as being fragmented:

When this happens, incoming traumatic sensory data are experienced as separate, "choppy" bits of sensations. At that point the perception of the traumatic event consists of disorganized fragments of information based on our senses—visual images, sounds, smells, skin sensations, limb and body movements and position, taste, temperature, and pain sensations. Not words. We see this in the example of Mike's story when he experienced tunnel vision, focusing on fragments of incoming information.

As a result of experiencing a fragmented outer world, incoming data about the event remain separate from one another and are jumbled, instead of being integrated in a meaningful, coherent narrative (story) of the event. (On the contrary, non-traumatic material is processed as an integrated whole event, as an orderly story.) Unintegrated memory fragments of the event can torment trauma survivors for years to come in the form of intrusive sensory, non-verbal memories, nightmares, and flashbacks.

2. Experiencing one's inner world as being fragmented:

When this happens, the self of the person experiencing the trauma is divided, "split" between the traumatized person's "experiencing self" and their "observing self." In other words, the traumatic event is processed as if two different people are witnessing it, the person observing the traumatic event and the person enduring it – when in fact the event is experienced by two parts of the self of one and the same person. A practical example from Mike's story above would be when he was struck at the back of the head with a rock, and was aware that he was bleeding, yet he felt no pain.

In sum, peritraumatic dissociation refers to changes in the way people who are overwhelmed by a traumatic event process information about their experience of person, place, events, and time around the time of that event, with the outcome being altered states of consciousness.

Here are some manifestations of peritraumatic dissociation:

- "Spacing out," when persons experiencing traumatic events stop keeping track of what is occurring;
- Emotional numbing/blunting;
- Confusion, not being able to make sense of what is happening;

- Disorientation regarding time or place;
- Acting on "automatic pilot," engaging in actions without having consciously decided to perform these actions;
- Experiencing time distortions, with time either speeding up or slowing down;
- Derealization, when the traumatic event is experienced as unreal, like being in a dream, or like watching a movie or a play;
- Depersonalization, when victims feel like spectators, watching the event as if they were floating above the scene or as outsiders looking in;
- Body distortions, with the body feeling very large or very small, or separate from the person;
- Confusion between what is happening to others and what is happening to oneself, e.g., an injury sustained by others feels like it happened to oneself;
- "Tunnel vision," resulting in not taking in information that one ordinarily would have noticed during the course of events;
- Reduced pain perception.

HOW IT HAPPENS

Peritraumatic dissociation symptoms such as emotional numbing and not feeling pain during or shortly after experiencing a trauma are believed to be brought about by the secretion in the brain of what are called "endogenous opioids."

(Remember the endorphins that are released in our brains when we exercise hard, giving us a sort of a "high?" They are the same thing – endogenous opioids.) Endogenous mean internally generated, produced inside our bodies. Endogenous opioids are our natural, brain-produced, opiate-type narcotics/pain killers. In the case of peritraumatic dissociation our opioids are secreted in our brain as a result of injury or extreme stress, and due to high nervous system arousal caused by extreme terror or horror. Systems responsible for automatic survival reactions in the body – fight, flight, freeze or faint reactions – are firing off at high rates.

Thanks to the availability of PET scans and fMRI scans, neuroscientists have been able to capture on film the biological underpinnings of dissociation in the nervous system. For example, when "speechless terror" is observed during flashbacks induced in the laboratory through the recollection of traumatic events, areas of the brain responsible for speech production become shut down/underactive.[1, 3] At that moment, the traumatized individual is literally unable to utter words.

Peritraumatic dissociation has been reported by people exposed to a variety of traumatic circumstances, such as military combat, traffic accidents, natural disasters, rape, and incest. It seems to be related to the person feeling overwhelmed by the event, expecting that they or someone else are going to die or be badly injured, or witnessing or experiencing such outcomes.

WHY ADDRESS IT

Research studies indicate that peritraumatic dissociation is a significant factor in the development of Post-Traumatic Stress Disorder (PTSD).[4,5,6,7,8] That is, the more peritraumatic dissociation trauma survivors report soon after a traumatic experience, the more likely they are to suffer from PTSD symptoms later on.

This is a very important finding when considering PTSD prevention. It is also a surprising finding, as it may have been expected that "checking out" during a traumatic event might serve to shield a person from its horrors by minimizing its impact. However, it appears that traumatic information that is not consciously processed and integrated in the victim's life narrative has the potential to "haunt" survivors in the form of PTSD symptoms.

HOW TO ASSESS

Having a way to assess the degree of staff's peritraumatic dissociation as soon as possible can help agencies identify the individuals at higher risk, and provide them with assistance, services, and resources as warranted. In addition to being an expression of caring, doing so may help reduce or prevent the onset of more chronic post-traumatic symptoms.

There are currently two peritraumatic dissociation measures available, the 13-item Peritraumatic Distress Inventory[5] (PDI) and the 10-item Peritraumatic Dissociative Experiences Questionnaire[8] (PDEQ). Both measures take less than 5 minutes to administer and less than 5 minutes to score.

After a traumatic event, an agency may ask a mental health provider on staff to assess the exposed staff's level of peritraumatic dissociation using one of these two measures, and proceeding accordingly.

HOW TO HELP

To counter peritraumatic dissociation as soon as possible after a traumatic event, one can help "ground" trauma survivors by:

- Speaking to them in a gentle, yet also firm and lively tone
- Attempting to make eye contact kindly – without staring into their eyes
- Asking them to press their feet against the floor or to press their palms together
- Offering them a glass of cold water
- Asking them to walk around the room for a few minutes
- Asking them if they would like to talk to you (or someone else), and then listening intently to them, using active listening skills
- Recounting to them what happened during the event, sequentially and in summary, while avoiding graphic details
- Asking for permission to gently touch their shoulder or hand and then doing so briefly (please note that this may not be advisable in cases of rape)

HOW TO POSSIBLY REDUCE THE IMPACT OF TRAUMA

Research indicates that having effective self-regulation skills and strategic coping skills for dealing with extreme stress can decrease the risk for peritraumatic dissociation.[7]

That suggests that providing evidence-informed resilience-promoting training to staff can act as a "psychological emergency preparedness" aid, helping reduce the likelihood that staff will feel overwhelmed and helpless during a traumatic event – and by doing so averting the likelihood of peritraumatic dissociation.

Such training can also help staff have overcome unwarranted feelings of shame if they froze or fainted during the incident.

TAKE-AWAYS

For correctional staff, direct exposure to potentially life-threatening, violent incidents is a matter of *when* and *how many times*, as opposed to *if*. Consequently, the risk of peritraumatic dissociation occurring is high.

It behooves agencies to address this issue with their staff and assist them, both practically after the event, and in terms of specialized training on an ongoing basis, prior to such events occurring.

Agencies should also consider that their recollection of traumatic events by surviving staff may be spotty due to the occurrence of peritraumatic dissociation, and their incident report may have gaps, or seeming contradictions or other inconsistencies.

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IWCP MULTIPLYING THE IMPACT OF DESERT WATERS' MATERIALS: A LOOK AT THREE ASPECTS

BY DARIA MAYOTTE, MA

An Implementation Success Story

Last summer 2022 we had the amazing privilege of training 209 corrections staff in New York to teach **Improving the Wellbeing of Corrections Professionals: Understanding, Acknowledging, and Overcoming Traumatic Stress (IWCP)**. We are grateful that 75% of them successfully completed their coaching to become fully certified IWCP Instructors or Co-instructors.

The rollout of this material to the approximately 24,000 staff throughout the state is going very well, with corrections staff there providing positive feedback, and enthusiastically volunteering to be part of the class! It is an amazing encouragement to hear they have already trained 2,147 corrections staff in IWCP. Plans and dates are in place such that they anticipate training 6,000 corrections staff yearly with this curriculum!

Additionally, they have received approval for the curriculum to be part of the Governor's Office Training Enhancement Initiative. This allows IWCP to be an official training with an approved course code that can be used in all facilities during training enhancement days once a month! We are grateful that these life-giving materials are receiving such strong backing and support.

Just this month the New York State Department of Corrections and Community Supervision utilized their Desert Waters' trained Instructors to again offer IWCP to their staff in 39 of their 44 correctional facilities simultaneously, with an exceptional turnout as a result. New York is truly leading the way, meaningfully investing in their staff through the multiplicative impact of Desert Waters' trained instructors and DWCO's wellness materials.

An Explanation of Reasoning and Content

Due to all-too-common incidents of violence, serious injury, and death within correctional systems, a large percentage of corrections staff suffer from varying degrees of psychological trauma. In some respects the environment can be worse than a war zone with the knowledge that staff are daily returning, quite literally, to the "scene of the crime," never knowing what unforeseen incident the day might hold.

How does one cope as the first to arrive at the scene of an inmate suicide? What fears taunt you when feces and other bodily fluids are thrown in your face? How is one to cope, both emotionally and psychologically,

following an assault that leaves you physically altered for life? Unfortunately, as you well know, these are not rare events.

Further complicating these traumatic experiences is the fact that corrections staff are, more often than not, steeped in a culture of "toughness." Admitting that such incidents might bother them is quickly perceived as "weakness" by colleagues. Psychological walls of protection can keep an individual from seeking the help so desperately needed. And this "false resilience" can have detrimental consequences including anxiety, depression, physical ailments, and PTSD, among other concerns.

It is for these reasons, among many others, that we off the course *Improving the Well-Being of Corrections Professionals: Understanding, Acknowledging, and Overcoming Traumatic Stress™* (IWCP). It's a course that thoroughly underscores what it is to be both trauma-informed as well as trauma-responsive.

Through *Part One* of this course, *The Assault on Staff Wellness*, participants learn to define psychological trauma and the impact it has on corrections staff and workforce cultures; what post-traumatic symptoms they should be alert to; how trauma affects functioning; the impact of anniversary reactions and moral injury; and how incarcerated individuals are also impacted by trauma.

Part Two of the course, *Enhancing Staff Wellness*, journeys with participants on strategies for appropriately responding to different aspects of consequences of trauma, anniversary reactions, and moral injury; how to plan for continually returning to dangerous environments; implementation of preventative measures at the organizational, team, and individual levels; and best practices for managing the incarcerated in regard to their trauma as well.

Although the IWCP content can be quite "heavy" at times, the course is also interspersed with many quotes directly from corrections staff, leveling the playing field, assisting in building community among participants, and making it far more personal than it might otherwise feel for this type of material. There are also opportunities for quiet reflection, interaction with other participants, and moments for actually practicing in real time some of the suggested strategies – including self-regulation and strategic coping skills.

IWCP provides both the content and tools so desperately needed to not only cope, but also to heal and even begin to thrive in the face of all-too-frequent traumatic experiences in the corrections setting.

A Roadmap for Your Department

This tool to assist corrections staff in regards to understanding, acknowledging and overcoming traumatic stress is right at your fingertips. Literally it's a click away. You might just be the key opening the door for yourself or other corrections staff to step into the vital resource needed through IWCP.

How might you go about this? Here are some options:

- Check out the IWCP flyer in this issue of the *Correctional Oasis* for the upcoming online live Instructor Training scheduled for December 2023, and forward it to your Supervisor or Director of Training.

- If you would like to become an IWCP-certified instructor, contact your Director of Training about that so you can be vetted and, if cleared, register for this training.
- If you are an administrator, contact us at admin@desertwaters.com if you would like us to offer this 8-hour course directly to your staff either in person or online.
- Contact us if you have additional questions and to discuss best options for your department or facility.

It's time we take care of our own. We look forward to hearing from you, so we can help you begin (or continue) the journey towards wellbeing.

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MORE INFORMATION

WELLNESS CULTURE – PART 2

Click here to read part 1

BY GREGORY MORTON, MSC

Training-to-Life Transfer

From the examples provided in Part 1 of this series on wellness cultures in correctional work environments, it is clear that an employee's motivation to align personal behaviors with wellness training content can be influenced by the workplace culture, either positively or negatively.

This is frequently known as "Training-to-Job Transfer," describing the process by which work-related training content is transferred from the training environment to the workplace. However, since wholistic wellness also extends to our off-duty lives, here we are calling it "Training-to-Life Transfer."

This raises strategic questions, such as:

- Is the wellness training content consistent with current practical application and commentary by both formal and informal leaders?
- If the answer is no, what would it take to bring the two closer together?
- Or perhaps, who?

Let's examine that layer by layer.

Frontline Staff

Where is "forget what you learned in training, here's how we do it" born? Is here where you hear "this is how it was for me, this is how it's going to be for you" to new employees? And "keep quiet until you've learned the job and I'll be the judge of when that happens."

Is it at this level or the next level up? Since the answer is probably "both," we will focus for a minute on how the frontline staff work culture might either support or devalue wellness training content for all employees, regardless of time on the job.

As much as anything, we are now talking about an individual's personal habits – nutrition, exercise, sleep, supportive relationships, substance use, stress management, etc. If an individual's personal habits support the wellness

training content, the issue solves itself. All it takes is for the motivated employee to encourage something similar in others.

The question becomes more complicated when the frontline employee is seen generally as an informal leader in the workplace culture, but one not intrinsically motivated towards wellness choices. Then the role model influence may be of the "forget what you learned ..." type.

Here we would recommend that other informal leaders remember three things:

(1) To add the word "yet" to these sentences – "one not intrinsically motivated towards wellness choices yet." The influence of both aging and unexpected health challenges can be supremely motivating.

(2) That people can have very deep-seated reasons for not taking care of themselves, whether at home or at work. Perhaps because they have tried before and failed, as in quitting smoking. Or perhaps because family members have.

(3) That wellness advocates need to be as open in their support of the agency wellness plan as adversaries are in criticizing it. If an agency culture is fatigued, it is often that the most fatigued are the loudest. Kind of a "misery loves company" approach to life and work. Desert Waters' experience with fatigued employees is that arguing with and debating them is probably going to be unsuccessful and counterproductive. Instead, we recommend being patient, doing the deeper listening to discover the hidden reasons for the criticism of wellness efforts, and being both humble yet openly positive about the overall plan.

And before we move on to the next level, let's mention one unique frontline staff cohort: the career-minded set of employees who are eager to be the agency's next generation of supervisors and managers.

Due to their professional commitment, there is probably more growth energy and enthusiasm in this cohort than any group outside of Academy graduates on their last day of training. This pre-supervisory group sees value in the profession and has decided to become tomorrow's leaders. When that decision attaches to a problem-solving mind set, the supervisor candidate is already seeing ways to influence the agency's future. Involving them in a wholistic wellness initiative can directly impact the agency's culture for years to come.

First-Line Supervisors

First-Line Supervisors are the most immediate level of formal leadership in an agency, caught between frontline staff and middle-managers, and having to juggle relationships with both groups. In order for a wellness training curriculum to find application in the agency culture, First-Line Supervisors must understand the content, agree with it, apply it themselves, and coach it in others. A wellness training program can evaporate for an entire shift when a single evening or weekend supervisor does nothing more than shake his or her head in disapproval one time at the content or its intention.

Recognizing the influence of First-Line Supervisors on workplace culture, Desert Waters' SafetyNet Accreditation™ program [1] for correctional staff wellness recommends training curriculum that includes an emphasis on this layer of the organization.

If "forget what you learned in training, here's how we do it" has taken life in your agency, it needs to be put to sleep right here.

On the other hand, it is very likely that there will be supervisors who want to be champions for wellness efforts. These champions will actually coach frontline staff rather than simply catch them doing something wrong. Asking those champions to lead pilot projects can be a very successful motivational tool. If those pilot projects include the direct application of training content, then the training-to-life transfer can be easily measured.

Mid-Level Managers

All of the above is also true for Mid-Level Managers with the added responsibility of ensuring that their direct reports, the First-Line Supervisors, are on board with the agency plan. Mid-Level Managers must understand the training content, agree with it, apply it themselves, and coach it in others.

Should both the interest and skill be present, this is a good group to draw adjunct trainers from. And this goes double for the workplace culture training material. It brings them closer to the frontline staff workforce and can directly influence that culture.

Wholistic wellness isn't just a skill or a set of behaviors; it is also a value. And at this layer in the organization, values are the currency of policy-level decisions. In other contexts that value might be for honesty, it might be fiscal transparency, it might be professionalism. But in the context of wholistic

wellness the value is undiminished personal health, equally present in all eight dimensions of the wholistic wellness paradigm, walking the talk that "our staff are our greatest resource." Knowing the message and living the message are direct representations of living the values.

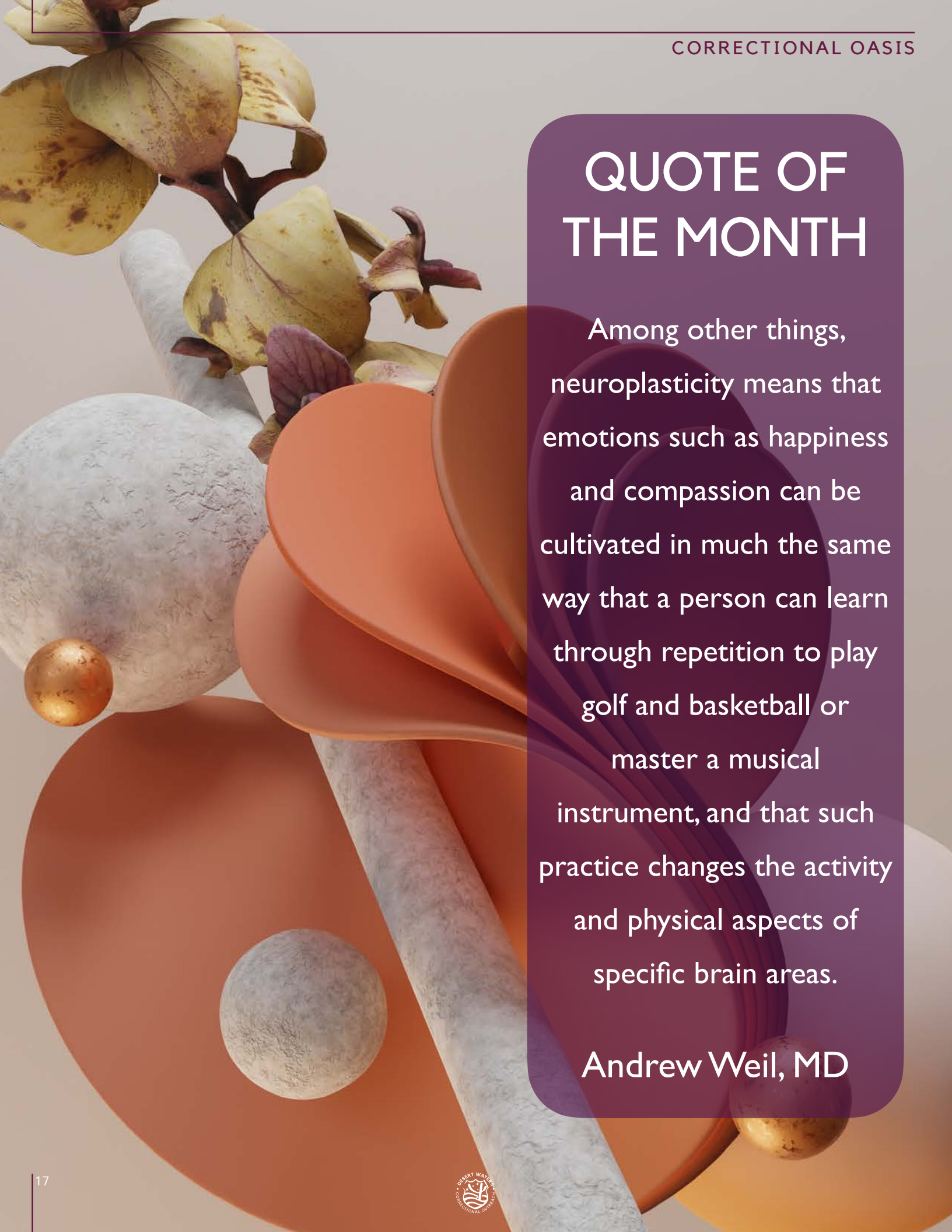
Administrative and Executive Staff

It may seem unnecessary for Administrative and Executive staff to know the content of frontline employee training, but it is certain that as the training is being developed, the agency's top leadership needs to understand the training message, if they are to support it genuinely – in word and deed. The curriculum and training staff may have the initial responsibility of describing the content to this layer of the organization, but in the final analysis, top agency leadership needs to be comfortable with their agency's training content. As such they need to make themselves available to it before it is delivered to its primary audiences.

It is also quite useful to have this understanding and agreement captured in some way during the training delivery itself. Depending on the size of the organization, the training methodology, and the frequency of live classroom sessions, having an Executive demonstrate his or her support for the content in person, in writing, or via video is a wise tactic.

As above, decisions at this level are based on agency values. When employee wellness has achieved the policy-level attention that is given to more typical corrections topics such as safety and security, the wellness program can be expected to endure. This is no little stretch for some administrative staff. If they have grown up in the agency, it is very likely that historical policy issues will carry more weight when designing programs and assigning resources. Wellness commitment at this level is crucial for long term success. If an agency's wellness initiative is just seen as another "flavor of the month" by staff, it will not succeed. Staff need to see and believe that the agency is committed to wellness as a long-term, agency value.

To be continued in the next issue of the Correctional Oasis.



QUOTE OF THE MONTH

Among other things, neuroplasticity means that emotions such as happiness and compassion can be cultivated in much the same way that a person can learn through repetition to play golf and basketball or master a musical instrument, and that such practice changes the activity and physical aspects of specific brain areas.

Andrew Weil, MD

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