Working in Corrections is an interesting occupation to say the least. When encountering friends or family who find out for the first time that you work in corrections the first question raise is always "is it like the movies?". The truth of the matter is that in most instances Corrections can be boring for the most part, exciting for some of it and always very stressful.

Unfortunately the corrections profession has the dubious distinction of being one of the most stressed out jobs in law enforcement. Studies have shown that the work environment affects correctional staff and with this are higher levels of job stress with negative outcomes including: death, health problems, illness, mental health problems, social problems and decreased job performance (Paoline III, Lambert, & Hogan, 2006). Alarmingly Correctional Officers die far sooner than average and have a higher than expected likelihood of: hypertension, heart attacks, ulcers, and other stress related illnesses (Paoline III, Lambert, & Hogan, 2006). These have been accounted for the probability of an overall lack of job satisfaction and can lead to; increased absenteeism, turnover intent, and actual turnover among correctional staff. Low levels of job satisfaction have also been linked to burnout (Paoline III, Lambert, & Hogan, 2006). With job stress there is job burnout and this ultimately leads to a little known concept of compassion fatigue.

Compassion fatigue is defined as “the formal caregivers reduced capacity or interest in being empathic or bearing the suffering of clients and is the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experience or suffered by a person” (Adams, Boscarino, & Figley, 2006). It is the “reduced capacity or interest in being empathic” that we can distinctly attribute to Corrections Officers.

In Corrections we face hardened criminals on a day to day basis in shifts that may stretch from eight to sixteen hours at a time. During these hours Officers go head on with inmates as they face their stressors and attempt to control there own throughout their shift. Now if it isn't stressful enough that we know what the inmates are capable of add in a cornucopia of other stressors that come from home, coworkers and from administration. Then we find that most officers tend to be walking time-bombs.

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Listen

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Once an Officer has reached the stage in his career in which all the stressors has culminated to a point beyond their capabilities they tend to become what I call an Empty C.O.. What this means is that the Officer disassociates themselves from those around them and eventually comes to work in body but not in mind. Therefore, they are empty when at work. We have all seen this condition when an Officer is no longer the “go getter” and can eventually care less about why they are there or why they should even care. Ultimately just completing the goal of “doing my eight and hitting the gate”. This condition can be very dangerous in insurmountable ways. It is not good for the Officer, their friends, their family, their coworkers, or even the inmates.

There are two major factors at work when an Officer finds themselves in the burnout stage. The first is what is known role conflict in which the Officer finds themselves in a position in which the have one or more roles to play that go at odds with each other. Most generally one would save this description for the nursing staff of an institution in which they receive their education on the premise of helping others, however, when placed in an institution they find themselves in conflict with their basic fundamentals in comparison with the enforcing the rules and regulations of an institution. This can further be extended to an Officer that may have multiple roles that incorporates security and a caring role such as a crisis negotiator or hostage negotiator. Most often the Officer does take on more roles than that and includes roles outside of the institution. The complexities of making the role change once outside the institution are dramatic for some Officers, however, most Officers do make the change with ease and do not show their emotional stress to their loved ones.

The second factor in job burnout is what role ambiguity. This condition is when the officer no longer understands their function or role in the institution. This comes from a variety of reasons but most generally from a dysfunctional role on the part of administration when they place undo hardship on the officers through the changing of rules and regulations. These changes are the type of changes that have no rhyme nor reason for them other than the simple fact of change.

Fortunately, this process can be eliminated through ACA accreditation. By keeping with these standards the institution will make changes with ease. However, it is up to the administrators to make sure that all job changes are gradually phased in and communications remain open with those Officers that are on that job regularly.

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Overall is up to the Officer themselves to manage their stressors to the best of their ability. It is not disgraceful to seek outside help and even counseling to help make the transition. However, for those that do see the changes made in their coworkers must take the steps necessary to ensure they do not fall further into the cloud they are under. Do not be afraid to offer help in anyway. That is what we as Corrections professionals are here for to help each other.


The patron of prison guards, prison officers, and prison workers, is St. Hippolytus, a 3rd century Roman soldier assigned to guard Christian prisoners. He was converted to the Faith, and according to legend, martyred by being strapped to two wild horses who dragged him to death.

**Easter Prayer of St. Hippolytus**

Christ is Risen: The world below lies desolate  
Christ is Risen: The spirits of evil are fallen  
Christ is Risen: The angels of God are rejoicing  
Christ is Risen: The tombs of the dead are empty  
Christ is Risen indeed from the dead,  
the first of the sleepers,  
Glory and power are his forever and ever.
“Words, words, words. I’m so sick of words.” Many of us are familiar with this cry of exasperation by Eliza Doolittle. They are the opening lyrics of the song “Show Me” from the 1964 screenplay, “My Fair Lady.” Upset that life has become a matter of empty words and sounds, with little attention to the heart’s deeper desires, Eliza goes on to express her frustration and loss: “Here we are together in what ought to be a dream; say one more word and I’ll scream.” That sentiment is wonderfully reflective of the wisdom of the inspired author of Ecclesiastes: “There is an appointed time for everything … a time to be silent and a time to speak” (Eccl 3: 1, 7).

One day each of us will stand directly in the presence of the Holy Trinity – the Father, the Son, and the Holy Spirit. I suspect our first vision of the Divine will not provoke a lot of chatter on our part. On the contrary, I can only imagine myself – ourselves – as speechless, as utterly silent before the One who created us and loves us. This is a silence that arises in us not out of an emptiness or lack, but out of our experience of the fullness of God.

*It is the silence that is born of awe.* Over the centuries so much has been written and said – beautifully and with depth of insight – about the Trinity. Yet not a human word ever written or spoken has captured or encapsulated the truth of the Trinity. The Trinity is simply beyond us. Had God not revealed himself to us as Father, Son and Holy Spirit, we never could have discovered or known this truth about him. The Trinity is completely outside our imagination and our understanding. This is why we speak of the Trinity as a mystery. How could being in the presence of this mystery – the One who is Three – not leave us awestruck and speechless?

*It is the silence that allows us to witness the extraordinary.* In the presence of God we witness firsthand the truth of Love itself – Father, Son and Holy Spirit in a perfect communion of love. How often does it happen in life that we still or quiet those around us so that we can be more attentive and watchful of something we consider important? While the inspired words of Saint John, “God is love,” are well known to us and easily roll off our lips, imagine the experience of being in the presence of Love itself. How could that encounter not leave us silent, totally absorbed, and drawn into that communion of love?

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It is the silence that gives birth to listening. As we are drawn into the communion of God’s love, our attentiveness allows us to hear and to recognize a word that the Father speaks. The Word is Jesus Christ, equal to the Father, but present distinctly as the Father’s only begotten Son. The Holy Spirit assists our ability to listen to the Word. Moreover, it is the Holy Spirit, the Advocate promised and given to us by the Lord, who draws us to embrace the Word as “the way and the truth and the life” (Jn 14:6). How could our hearts not be silent and at peace?

The great thing about this kind of silence before God is that we do not have to wait for heaven to experience it. By the grace of the Holy Spirit within us, it can be achieved in this life. In fact, it is in prayer that we experience a silence with God best. In the silence of prayer, whether alone or with others – and always most perfectly at the Eucharist, we experience here on earth our unity with God. When, with the help of the Holy Spirit, we let our human words fall away in importance and truly accept the Lord Jesus – the Word of the Father – as the Word that guides us in life, we begin to share in the communion of God’s love to which we were called from the moment God created each of us. In that moment, the Holy Spirit opens our understanding to the truth and the beauty of the song of the angels and saints:

Holy, Holy, Holy Lord God of hosts.
Heaven and earth are full of your glory.
Hosanna in the highest.
Blessed is he who comes in the name of the Lord.
Hosanna in the highest.

St. Andrei Rublev composed and proclaimed the Gospel with paints rather than with words — he was an iconographer (a person who writes/paints icons). For nearly 600 years his icons have shown forth the Divine splendor, radiance, joy and love that have surpassed so many other icons of any era. Born in Moscow, Andrei demonstrated early in his life that he was destined for greatness not in the ‘worldly’ sense, but in a sense of humility and great love. Through his most famous icon, the “Holy Trinity”, he has eloquently preached a sincere and magnificent sermon about the nature of the Holy Trinity. It is believed by the holy that Word and Light can be proclaimed just as powerfully in paint icons, as in written words. St. Andrei lived to serve God above all else, and worked hard to overcome self-centeredness, and any other forms of sin that would detract him from this devotion. It is said that none but a true saint could have produced such marvels of beauty and truth.

https://www.catholiccompany.com/holy-trinity-rublev-icon-8x10-i37041/
When my younger son was in third grade, I was tucking him into bed one night, and he asked me, “Mom, is it hard to be a nurse?” I answered him honestly, “Yes, Tim, sometimes it IS hard to be a nurse.” As you may or may not know, in addition to being the Faith Community Nurse Educator for the Archdiocese, I am also an Emergency Department nurse and a school nurse (and obviously an excellent example of modeling poor behavior, but that is an article for another season). I have spent the past fourteen of my 27 years as a nurse in the ER, and I have exhibited most, if not all, of the stereotypes of ER nurses: we are abrupt, loud, uncompassionate, crass, stern, angry, and even sometimes, downright mean.

I first learned about compassion fatigue in the ER. A coworker was sharing a brochure offering continuing education workshops, one of which was entitled ‘Compassion fatigue’. I had only been working in the ER about two years at that point, and I remember reading the brochure and telling my coworkers, “Hey..guys? Listen to this: Compassion fatigue… I’m pretty sure I have it!” We all laughed. I’m pretty sure we were all experiencing it, and yet, none of us knew what to do about it.

Fast forward to today, twelve years and three ERs later, I have witnessed a lot of tragedy, trauma and triviality in the ER. I’d like to share a few of the tamer stories with you. In the interest of patient privacy, I must tell you this: None of these stories is retold exactly as it happened. Most of these are compilations of a number of similar situations. Sometimes ages and/ or genders have been changed.

- 12 year old boy, accompanied by his mom, came into the ER with 6 months of kidney-area pain. He had not seen his pediatrician at any point during the six months. His pain was no worse that night. His mother wanted an answer to the cause of his pain. It was 2 AM. His mother asked: “How long is the wait?”
- 30 year old woman ran into the ER yelling “Emergency! Emergency!” …because she had an ingrown toenail. On a Saturday night. Of July 4th weekend.
- Person (any age, any gender) came to the ER in an ambulance, because they vomited. Once.
- 40 year old male, abdominal pain for two days, on a 0-10 scale, rated his pain level “20”, while eating a jumbo sized bag of chips, drinking a 32 ounce Coke and incessantly texting
- Body fluids
- Odors
- Bugs- the really tiny ones that can’t be seen with the naked eye (aka ‘germs’), and the creepy-crawly kind (lice, crabs, scabies, fleas, roaches) that infest bodies and belongings

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• Homeless people—refer to the three prior items on this list
• Kneeling on the floor praying with the sister of a 20-something, who had been in the ER three times already that week; all three times the staff urged him to go to rehab. Now opioids have taken his life
• The distraught mother of a baby who died in her sleep. Mom’s grief, palpable. Her cries, a primal wailing sound that came from somewhere deep in her soul, as I wrapped my arms around her, and she put her head on my shoulder, and sobbed
• Holding the hand of the woman delivering a baby, when she insisted she couldn’t possibly be pregnant…consoling her as she acknowledged that the baby was the product of a rape she had tried so hard to pretend hadn’t happened

These are but a few of the snapshots in my mind, the tamer snapshots that I can share with ‘normal’ people. Normal people inevitably comment “You work in the ER? How do you do it? I could never!” I think these snapshots illustrate the circumstances that can give rise to Compassion Fatigue. Day after day, dealing with the tragedy, trauma and triviality can take a toll on anyone. While most Faith Community Nurses don’t include the ER as their ‘territory’, the reality is, some of these examples I highlighted involve people who will be part of our faith communities. And many will be recipients of our ministry. In order to do our ministries, in order to care, in order to be compassionate, we must actively manage that fatigue which can sap our energy and our desire to do the good works we have been called to do.

Mark 6:31 And he said to them, “Come away by yourselves to a desolate place and rest a while.” For many were coming and going, and they had no leisure even to eat.

During the past few years, I have been trying to remember to see Christ in each of the people I encounter in the ER, and if I can’t see Christ in them, to try to be Christ to them. It doesn’t always work, and when I find myself getting fatigued, I go on retreat. I go to a place that is quiet and peaceful, a place that refills me, and I rest awhile.

P.S. Will you do a favor for me? I don’t know who, if anyone, actually reads my articles. Will you email me (kwenger@rcab.org) and share an ER story with me? It could be you as the patient, you as the family or friend at the bedside, or you in a ministerial role. Your story can be positive, negative, funny, sad, whatever. Please just let me know you’ve read this. And then… go Rest in the Lord.

Please see article on Health Care page in reference to Code Lavender
Eight Things About Grief

1. **Continuing Bonds: it’s a thing and it’s totally normal.**
   In the first half of the season we saw evidence of continuing bonds in Kate’s Sunday football ritual and in the family’s Thanksgiving traditions. In the second half of the season we saw it Randall looking for ways to continue bonds with his biological father, William. Randall struggles to figure out how he will keep his dad’s legacy and his connection to his father going once his dad is gone. The writers left us with a bit of a cliffhanger when Randall decides to quit his job, inspired by his father’s advice to slow down and enjoy life. This leads right into the next thing This Is Us gets right: grief can change your priorities, for better or worse!

2. **Grief can change your priorities, for better or worse.**
   We don’t know yet how quitting his job will impact a self-admittedly Type A guy like Randall, but one of the reasons this impulsive act doesn’t feel outside the realm of possibility is because so many grievers have been there. You may not have actually quit your job, but you sure may have thought about it. Even if William hadn’t told Randall to roll the windows down and turn the music up, grief has a funny way of causing people to look at life through a new lens. Things that seemed reeeeeally important before don’t seem so important. Risks that didn’t seem worth taking seem worth it. This one will be interesting to see play out in season two.

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3. It’s important to talk to kids about death when someone is dying, and adults often won’t agree on when and how to do that.

While watching *This is Us*, I was really worried that Randall’s daughters weren’t being prepared for the day when William’s illness got worse. Randall and Beth’s disagreements about when and how to communicate with their daughters about this seemed to mirror many real-life conversations I have had with family members about when and how to talk to kids about the realities of a loved one’s illness. There is no easy answer about exactly the right way and time to have these conversations, but *This Is Us* highlights the fact that they need to happen and that they are not one-time conversations, rather ongoing dialogues about illness, death, and grief. Unfortunately, just as in the show, families don’t always agree on those conversations.

4. Everyone wishes they could have had a goodbye-road trip with a loved one before their death! (okay, maybe not everyone, but a lot of us)

Right? Many of you commented about this when I asked on social media. Yes, it may have been a little bit Hollywood, but who doesn’t wish they could have gotten some road trip time together with their loved one before being forced to say goodbye. Sometimes a show deserves a shout out not for being totally realistic, but for giving us what we want or wish we could have had in our own lives.

4. Denial that someone is actually going to die . . . it happens.

The moment in the hospital when Randall suggests his dad still has a few months to live and the doctor explains his dad is never leaving the hospital – let’s talk about it. If you don’t know loss and grief, this may have felt a very unrealistic divide: how could Randall have such a distorted idea of his dad’s condition? On the one hand you could argue it was the Hollywood-style moment when his dad was healthy enough to jam with the band the night before this conversation with the doctor. On the other hand, we could argue it is a not-totally-inaccurate portrayal of how denial can look. Sometimes family members struggle to accept the reality of a disease and how it is progressing. You think you have more time than you do, no matter the signs and what people are telling you.

5. Talking about losing someone is hard, even with someone you love.

If you haven’t known grief it could be easy to find Kate’s unwillingness to talk about her dad’s death with Toby, someone she loves and is going to marry, to be weird. If you have known grief, you may know that for some people it is a door they have to be very ready to open. We can tell watching the show that Kate wants, in theory, to be able to open up to Toby. In practice, that isn’t always easy. This becomes even more ‘real’ when we learn that, to this day, Kate feels guilty for believing that she caused her dad’s death (another cliff-hanger we’ll all have to wait until season two to understand).
6. Stillbirth grief is devastating, and not just for few weeks or months.

This Is Us has gotten a lot of press for tackling stillbirth, something we don’t see on TV a lot. As we discussed in the podcast, I appreciated this fact in and of itself. What I appreciated even more, though, was that this loss wasn’t depicted as 5 minutes of one episode, rather they returned to it throughout the season to show the stillbirth’s impact on the lives of the characters.

7. For kids (even adult kids), a parent remarrying someone they were friends with before their spouse died is . . . complicated.

This is something we don’t know the details and circumstances of yet, but it is clear that the kids are not all that comfortable with their mom having married Miguel, their dad’s best friend, after their dad’s death. Even without the circumstances known, it is easy to imagine that this may not have been an easy thing to accept, even for adult kids. For me it has felt a little hard to fit Miguel in without the backstory of their relationship, but I did appreciate that near the end of the season we were finally able to see Miguel’s own grief around losing his best friend in his conversation with Kevin. I don’t know about you, but this gave me a new sympathy for Miguel that I hadn’t felt earlier in the season.

8. Grief evolves, but it impacts us in different ways forever.

In the episode of William’s death, we learned his whole story. The show, IMHO, built an amazing picture of William’s relationship with his mom through flashbacks in just one episode. What was incredibly powerful was seeing the impact his mom’s death had on his life, but also the impact of their continued bond up until the day of William’s own death. When William said that the two most important people in his life were the person with him at the beginning and the person with him in the end, he captured the reality that we don’t “move on” and close the door after people have died. Rather, we carry them with us throughout our own lives.

The post 8 Things “This Is Us” Gets Right About Grief (and a few things it doesn’t) appeared first on What's Your Grief.
Listen

Do you have Compassion Fatigue?

Compassion Fatigue symptoms are normal displays of stress resulting from the care giving work you perform on a regular basis. While the symptoms are often disruptive, depressive, and irritating, an awareness of the symptoms and their negative effect on your life can lead to positive change, personal transformation, and a new resiliency. Reaching a point where you have control over your own life choices will take time and hard work. There is no magic involved. There is only a commitment to make your life the best it can be.

Normal symptoms present in an individual include:

• Excessive blaming
• Bottled up emotions
• Isolation from others
• Receives unusual amount of complaints from others
• Voices excessive complaints about administrative functions
• Substance abuse used to mask feelings
• Compulsive behaviors such as overspending, overeating, gambling, sexual addictions
• Poor self-care (i.e., hygiene, appearance)
• Legal problems, indebtedness
• Reoccurrence of nightmares and flashbacks to traumatic event
• Chronic physical ailments such as gastrointestinal problems and recurrent colds
• Apathy, sad, no longer finds activities pleasurable
• Difficulty concentrating
• Mentally and physically tired

http://www.compassionfatigue.org/pages/symptoms.html

Many times caregivers to those they share a home or visit often, find themselves overwhelmed and experiencing Compassion Fatigue. Be aware of these signs when you are ministering at home visits. Someone might need encouragement to get professional help or learn how to balance life in their present difficult situation. Your Pastor can give you direction for the appropriate resources.
The Amazing Way This Hospital Is Fighting Physician Burnout

By Carolyn Gregoire

Hospitals have procedures and alerts in place to deal with practically anything that could possibly go wrong: “Code Red” for fire, “code blue” for medical emergencies, and “code white” for behavioral disturbances, to name a few. But the Cleveland Clinic in Ohio has introduced a new alert, “Code Lavender,” for a more unlikely and much more common threat: stress and burnout.

Code Lavender — which has also been employed at North Hawaii Community Hospital in Waimea — is a “holistic care rapid response” serving patients and physicians in need of intensive emotional or spiritual support, according to Amy Greene, director of spiritual care at Cleveland Clinic.

“It was an idea to indicate that we were going to respond as quickly as possible to a need for intensive emotional and spiritual support,” Greene tells The Huffington Post. “We thought originally that it would be for patients and their family members, but as it turned out, we started doing them mostly for staff.”

The Clinic is consistently ranked among the best hospitals in the world, and as such, it houses some of the sickest patients, including both children and adults, in the country and beyond.

The Code Lavender program, which has been in place since 2008, aims to support nurses and physicians during emotionally troubling or exhausting times, often after experiencing the death of one or several patients.

“[Cleveland Clinic] caregivers are used to seeing really difficult cases, but even they are going to buckle when they get hit two or three times in one day,” Greene says. “Code Lavender is a holistic team approach to going up and saying, ‘Hey, we’ve got your back.’”

“I love the whole concept of Code Lavender. It makes us feel appreciated and valued,” one nurse wrote in a Cleveland Clinic survey, while another noted, “It is helpful because it’s nice to get your stress out. It’s also good to know that our workplace feels our pain and is willing to be there for us.”

Continued on next page
The Code Lavender program is just one of a growing number being created to address burnout among physicians and health care providers. One 2012 national study found that nearly half of all physicians experience burnout, more than any other type of U.S. workers. Emergency care, critical care, and family medicine workers experience the highest rates of burnout among health care providers.

“[Compassion-based care] does go against an old style of medicine where it was just, ‘Go go go, stay tough, don’t be impacted by it, keep moving,’” says Greene. “We’re seeing that this is long-term not sustainable. Doctors and nurses are human beings.”

Referred by NACC
http://www.huffingtonpost.com/2013/12/02/the-amazing-way-this-hosp_n_4337849.html
Listen

Mass for Public Safety Personnel and Families
No. Roxanne
Preparatory to Mass of St. Michael Archangel
Martyr
October 29
St. Peter Parish of Joyville

SAVE THE DATE
ALL ARE WELCOME

Vacation

Moral Theology: Our Compass for End of Life Issues
Saturday, June 17, 2017
Pastic Depute Brainne
Join us for a Breakfast Meeting
9:30 a.m. to 12:30 p.m.

Happy 4th of July!

Summer 2017