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Hiring, Training, and Retaining Mental Health Professionals at Rural Wisconsin Correctional Facilities

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Walden University

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Walden University

College of Psychology and Community Services

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Jessica Kallenbach

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Walden University
2024

Abstract

Hiring, Training, and Retaining Mental Health Professionals at Rural Wisconsin

Correctional Facilities

by

Jessica Kallenbach

MA, Walden University 2013

BA, University of Phoenix 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

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Abstract

Correctional facilities in rural Wisconsin have noted a shortage of trained mental health professionals to provide care. Common barriers to providing mental health services in rural areas are the availability and accessibility of mental health professionals. Due to limited access to financial and career benefits, mental health professionals tend to avoid working in these areas. The purpose of this qualitative phenomenological study was to explore the lived experience of mental health professionals, administrators, and supervisors in hiring, training, and retaining staff in rural Wisconsin correctional facilities. Bandura's social learning theory was used to guide the study. Data was collected from semistructured interviews with four mental health professionals and one administrative support person from three prisons in Central Wisconsin. Findings from thematic analysis indicated there are limited mental health professionals applying for positions at correctional facilities because quantity is prioritized over quality. Participants expressed concerns about not being provided with additional training, and several participants had taken training outside of the department of corrections to stay current on treatments, services, and assessments. All participants reported that the department of corrections does not do enough to retain quality staff and assumes that staff will be retained because of government benefits. Findings may inform how a correctional facility provides resources to train and retain their staff. Findings may also be used to address the mental health needs of inmates in rural Wisconsin correctional facilities.

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Appendix A

Previously approved interview questions were used when conducting interviews.

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Chapter 1: Introduction to Study

Rural Wisconsin communities face many challenges with adequately staffing a correctional facility with mental health professionals. According to New York Time's journalist Christina Carson (2021) there has always been of a higher demand for mental health services than available providers. Many rural facilities face a higher turnover rate due to mental health professionals feeling burned out. Resources are limited in rural areas, and even more limited with mental health professionals. Correctional facilities must compete with other facilities and urban areas that can provide higher rates of pay, better benefits, and additional opportunities for growth in their profession. This study focused on the lived experience of mental health professionals, administrators, and supervisors.

Background

Selected articles relating to recruiting, hiring, and retaining professionals for mental and substance abuse treatment in rural Wisconsin were reviewed. The Federal Bureau of Prisons have viewed the hiring competition within the United States as a war for talent between and among employers (Cully et al., 2012). The same issues and hiring concerns noted in 2008 are true today. Typical challenges consist of how to appeal to the new generation, rural geographical locations, diversity of staff, and the quality of the employee. Retaining staff especially close to retirement age is another challenge. The Federal Bureau of Prisons uses different incentives offered by the government to retain staff.

Oliver and Owens-Fifield (2016) discussed the competency and training needs of mental health professionals in rural communities, based on feedback from mental health practitioners in rural Illinois. An instrument and corresponding study were approved by the institutional review board at a small midwestern university. A survey was electronically distributed via email to the Illinois Counseling Association and its members. This article discussed the challenges and benefits associated with rural mental health practices and competency of the training a provider had. The authors recommended enhancing competency for mental health professionals in rural Illinois.

Foster et al. (2012) described the partnership between a community-based rural mental health clinic and an academic health center to provide telepsychiatry services in rural Alabama. This article discussed the benefits and challenges in forming a community-based partnership using telepsychiatry.

Casile et al. (2015) examined the experience of participating in an online peer consultation group. Using a grounded theory framework and an analysis of a focus group interview, Casile et al. revealed several emergent themes regarding the benefits of the online peer group. These themes include geographical and accessibility, lack of privacy, dual relationships, and professional isolation. Quantitative measures were used to collect descriptive data to gather information on burnout, satisfaction with supervision, and self-efficacy on counseling.

Centers for Disease Control and Prevention (2017) discussed working together with children in rural communities to thrive. Centers for Disease Control and Prevention collected information from parents on children's mental health in urban and rural areas.

Findings indicated that one in seven children in the United States between the ages of 2 and 8 have some form of a mental health, behavioral, or developmental disorder. The findings also indicated parents in rural areas feel isolated and/or have reported struggling to meet the needs of their children based on the family income.

Within the next two decades, there will be a 20% physician shortage in rural hospitals. Unlike urban hospitals, rural recruitment specialists have a unique challenge of trying to find individuals who want to work in rural areas. A study completed by Lee and Nicholes (2014) suggested that mental health professionals who were raised in rural communities will want to continue working in rural areas to help provide resources that were not available when they were younger. Lee and Nichols (2014) noted that the foundation of how and where a person was raised will be more important for future employment than self-actualization, spousal perspectives of where to practice, and community sense. Individuals raised in rural areas will want to continue with that small town feel for their future practices. When recruiting staff, creating marketing materials and programs could be ideal to gain attraction for mental health professionals by focusing on positive aspects of rural areas and the effect that individual would have on the community.

Problem Statement

There are many challenges in meeting the needs of adequately staffing a facility in rural Wisconsin. For instance, mental health and substance abuse treatment facilities often have a higher turnover rate in employment, which can lead to burn out among other staff members due to longer hours. Another challenge for mental health facilities can be

limited resources within a certain area. In rural areas of Wisconsin, there tends to be a shortage of trained specialists to provide care within a community setting (Affricot et al., 2018). Once hired, the facility staff must then train and work toward retraining that individual. Rural facilities often must compete with larger facilities that offer more employment opportunities. Increased competition includes telehealth, where a clinician can use technology to meet clients in their rural homes. Rural facilities need to offer an individual growth within their career to retain that mental health professional, but often the facility cannot due to lack of fundamental resources (Lee & Nichols, 2014). Training and retaining staff in rural Wisconsin is critical to providing quality of care services to inmates.

Common barriers to providing mental health services in rural areas often are availability and accessibility of mental health professionals (Bank & Jameson 2007). Rural areas tend to have more individuals who are considered meeting state poverty levels. Due to the limited financial means, mental health professionals tend to limit their accessibility in these areas. Over 60 million United States residents live in what is considered a rural area, representing over 20% of the U.S. population according to the U.S. Census Bureau in 2017 (Centers for Disease Control and Prevention, 2017). Over half of the counties in the United States do not have mental health professionals. The federal government has noted a constant shortage of mental health professionals in rural areas. Residents living in rural communities continually face challenges to find behavioral health care treatment. Barriers of working in rural areas that mental health professionals may experience often include the commute to and from a facility and long

hours due to staff shortages. In rural Wisconsin, additional barriers include winter snowstorms, road accessibility during a winter storm, distance of office location, and funding for services.

Previous research discussed the demand for service delivery by mental health professionals in rural areas. Due to the lack of resources, lower income communities have more problems providing mental health and substance abuse treatment (Devarapalli et al., 2018). Some have suggested utilizing a concept of telecommunication. An individual would be able to log on to a computer or a smart phone and have a meeting with a mental health professional. This would allow both parties to see each other through the web camera and limit some barriers currently experienced in rural areas. Technology can provide more access to behavioral health care and bridge the divide (Mackie, 2015). A gap in the literature was not addressing how effective this method is or could be in a correctional institution. With a nontraditional form of treatment, an individual would have more access to several service providers. The individual seeking treatment would also be able to choose an effective provider in whom they could build rapport and have a better therapeutic experience. Another gap in the literature was not addressing the struggles of being able to have technology and internet services. Dial-up internet is still used in many rural areas. If an individual can get Wi-Fi internet services, often there is a noticeable lag time, especially during a winter storm. If telecommunication is the answer to meet the service delivery needs for correctional institutions in rural areas and there is a struggle with technology, the needs may not be met. The current study addressed that problem.

A qualitative approach was used to explore how a correctional facility trains and retains mental health professionals in rural Wisconsin. Administrators, supervisors, and mental health professionals, and clinical staff in a correctional institution were interviewed for this study. These interviews were conducted in Central Wisconsin at a medium and minimum adult security prison. The communities in which the two prisons are located are similar in many aspects. These aspects include the community population, ethnicity, labor force, and funding sources. The comparison of these two rural areas provided comparable challenges in service deliveries, barriers, and proposed solutions.

Purpose of the Study

The purpose of this study was to explore barriers in hiring, training, and retaining prison staff in rural Wisconsin to provide services for mental health and substance abuse treatment. Results of this study may show similarities of barriers throughout rural areas in the United States. Scholars have noted some disparities with mental health services between rural areas and urban areas (Brannan et al., 2015). The study for this dissertation focused on common barriers an employer must contend with in Central Wisconsin. The barriers noted between the two prisons in Central Wisconsin were compared to determine the most common barriers for hiring and retaining prison staff. After determining the common barriers within this region, these barriers were then compared to urban areas. To address the barriers, I conducted semistructured interviews with administrators, supervisors, and mental health professionals in correctional institutions. A barrier in performing the study could have been the availability of administrators, supervisors, and mental health professionals working in the mental health division in rural Wisconsin.

This study focused on how the facility hires, trains, and retains prison staff in rural Wisconsin, as well as the common barriers the employer encounters when trying to find and maintain adequate staff.

Research Question

What are the lived experiences of administrators, mental health supervisors, and mental health professionals on the hiring, training, and retention of quality mental health professionals in rural Wisconsin prisons?

Theoretical Framework

Bandura's social learning theory was used in this study. I applied social learning theory when observing how a facility member trains other employees to perform better in the workplace. The trainee will learn more from the trainer if they socially accept and engage with the trainer (Ferguson, 2012). Modeling good behavior for new employees, especially while training them, will affect their behaviors and attitudes in the workplace. Employees' behaviors are influenced by workplace role models who foster feelings of obligation to the facility (Maerz et al., 2018). When other employees see the expected behavior through social learning, they will mirror that behavior and expectations.

Nature of the Study

This study focused on meeting the mental health needs of inmates in rural Wisconsin and how a facility trains and retains their staff. To determine whether the mental health needs were being met, I used data collection instruments. To comply with Health Insurance Portability and Accountability Act (HIPPA) regulations, I gathered information from administrators, mental health supervisors, and mental health clinical

staff to discuss their lived experiences on barriers of hiring and maintaining mental health professionals in rural Wisconsin. A semistructured interview protocol and a demographic questionnaire allowed me to maintain consistency while focusing on professionals who were currently employed at two local rural correctional facilities in Central Wisconsin.

Through the semistructured interview, I was also able to gather additional information on how the correctional facility hires and retains staff for their facility, especially their mental health services department. I was able to determine whether the needs of the individuals within the correctional facility were met through the training process and during the individual's employment at the facility. I was also able to determine whether additional resources were needed in rural areas to educate the current employees and future employees about the population they serve with mental health and substance abuse disorders. Through these assessments, I was able to assess a positive behavioral change in the environment at the facility by the high retention rate of staff, lower turnover rate, and overall staff satisfaction.

The nature of this study was qualitative with a phenomenological design. Qualitative methodology was used to gather information from participants to determine whether the delivery of mental health services was meeting inmates' needs in rural Wisconsin prisons. Data was gathered from administrative, supervisors, and mental health professionals regarding their experiences regarding hiring and retaining their staff (see Perry, 2013). I focused on rural prisons about 30 minutes from each other with similar populations in Central Wisconsin. The proximity of these prisons creates a challenge to hire the best candidate and even more of a challenge to retain that person.

Exploring participants' lived experiences, I was able to obtain credible information about the challenges of hiring and retaining staff. This information was gathered from a sample of five individuals who were human resources staff and mental health professionals currently working at a correctional facility in rural Wisconsin. Due to COVID-19 pandemic, limited access was provided all correctional facilities to prevent the spread of the virus.

The data were gathered and analyzed to determine whether facilities were meeting the needs of the inmates by providing adequate care for mental health and substance disorders treatment by hiring and retaining adequate staff in rural Wisconsin. Technology-based health service delivery was reviewed to determine whether this approach was assisting in bridging the gap to meet the needs of the facility (see Gloff et al., 2015). Prior longitudinal studies were used to assist in determining whether maladaptive behaviors had diminished. This study addressed the effectiveness of services provided to meet inmates' mental health needs in rural Wisconsin based on how the facility recruits, hires, trains, and retains staff.

Possible Types and Sources of Data

Possible sources of data included information gathered from administrators, mental health supervisors, and mental health clinical staff. I also reviewed federal and state databases. In addition, I reviewed and analyzed peer-reviewed journal articles that addressed a shortage of mental health professionals in correctional facilities. One of the state documents that was in this study was The Wisconsin Policy Forum. This document identified a barrier in mental health and substance abuse treatment, and how it impacts

the service delivery in rural areas. Out of 72 counties in Wisconsin, 20 have no practicing psychiatrist. This likely contributes to the gap in practice in which more than half of Wisconsin adults suffer with mental health or substance abuse disorders with little to no local treatment options. There are 1.3 psychiatrists for every 10,000 state residents (Forum 2018). Due to the severe shortage, primary care providers are currently prescribing mental health and substance abuse medications to meet the needs of those seeking services.

Limitations

Providing treatment for mental health and substance abuse in rural Wisconsin has created several limitations, challenges, and barriers. A limitation that may have occurred during this study was the number of participants who were able to interview. Recruiting a sample in rural areas creates difficulties due to smaller populations. Mental health professionals may also work at more than one facility, creating again a shortage of individuals to interview. This dual relationship allows mental health professionals to provide services that might not otherwise be available. The COVID-19 pandemic created additional difficulties for recruiting a sufficient sample. Many facilities budgets are limited, leading to place staff on a permanent leave of absence. The pandemic created a strain for those working in the health care field, causing more providers to feel burned out. Caseloads became larger, and staffing was limited. When the pandemic closed the world down, correctional facilities became more isolated, and families were not able to visit their loved ones in the facility. With the increased isolation, worry about families, concerns about health and COVID-19 in the facility, and other stressors the pandemic

created, inmates may have had additional mental health issues that were not previously diagnosed. With the limited sample size, the results of the study could appear biased. Mental health professionals providing information about their lived experiences due to the pandemic could have also caused bias in the study. Pre-pandemic lived experiences may have been different than the lived experiences during the pandemic. The results of this study may be difficult to reproduce due to the detrimental effects of the pandemic.

Significance

The purpose of this study was to determine how a correctional facility provides resources to train and retrain their staff. This research assisted in filling the gap in the literature regarding service delivery for mental health needs of inmates in rural Wisconsin correctional facilities . Dwindling populations and eroding economic bases in many rural areas have led to a shortage of funding for public mental health, substance abuse treatment, and correctional institutions. With the 2010 Affordable Care Act (McIntosh & ATTC, 2011), rural areas should have had appropriate funding to provide service delivery of mental health and substance abuse treatment. Telecommunication technology has assisted in reducing disparities in providing service delivery to rural areas (Benavides-Vaello et al., 2013). The results from this study may provide insights on how facilities in rural Wisconsin recruit, hire, and retain quality mental health staff. With the results and insights into where the service delivery could improve, the facilities could assess how to meet these needs. The research may reveal barriers that need immediate change to provide mental health and substance abuse treatment to inmates in rural Wisconsin.

Chapter 2: Literature Review

Frontier states in the United States are remote and have a sparse population. Individuals residing in a frontier or rural area must travel a distance to receive health care, access mental health providers, attend school, and obtain everyday necessities. The frontier is often defined in terms of population density and distance by minutes to resources such as hospitals (Health and Healthcare in Frontier Areas, 2020). Frontier areas are typically located in the Western part of the United States and tend to cover large geographical areas. Within the frontier counties, there may be rural areas that have a hospital, grocery stores, and a school. These rural areas are often isolated from other rural towns and have a small population. Rural areas struggle with finding health care providers, especially for mental health. In a frontier area, it is nearly impossible to find a mental health professional. Deng and Naslund (2021) found that mental health illnesses are the leading cause of disability worldwide. It is estimated that 80% of people who live with a mental illness reside in low-income areas such as the frontier states (Deng & Naslund, 2021). According to Rural Health Information Hub (2020), the challenges for a professional in health care are greater in the frontier and rural areas than in any other populated area.

The stigma surrounding mental health is noticed all around the world. The stigma of mental health is often felt in frontier areas throughout the United States (Deng & Naslund, 2021). Frontier areas of the United States struggle similarly to rural areas with maintaining workers in the health care field. Frontier and rural areas cannot compete with the benefits and wages of facilities in metropolitan areas. Many frontier counties do not

have hospitals or satellite clinics. Some frontier counties will create a makeshift hospital during certain times of the year. Larger highways in Wisconsin with access to a hospital are beneficial during spikes in tourism, when seasonal workers move to the area to complete farm work, or a few times a year to meet the needs of those residing in that area (Health and Healthcare in Frontier Areas, 2020). Transportation infrastructure has impacted population growth (or decline) and road development in rural areas (Foster, Parris-Barnes, T., & L, 2012). Readily accessible larger highways allow people to travel farther to obtain amenities than smaller unkept roads. Weather is a barrier in frontier areas for providing health care services. Hammond, Roberts and Warner (2005) noted that people who live in frontier regions appear to be affected by geographic and climatic barriers. Winters can be harsh with the amount of snow, subzero temperatures, and icy roads. During the spring, areas of low-lying land will often flood from the melting snow resulting in roads being washed out from flooding. Mental health professionals in rural areas face special ethical challenges, which are not normally present in urban areas. These challenges are related to dual relationships within the communities. The professional must balance patient, and community needs over limited resources, dual relationships, confidentiality, and providing care within the scope of clinical competence (Hammond, Roberts, and Warner, 2005). Frontier clinicians often face ethical problems more frequently than clinicians who practice in rural and urban populations.

Frontier and rural communities struggle to find and maintain mental health professionals. To meet the high demand for mental health clinicians, some frontier counties have created different recruitment and retention strategies. New Mexico's

Pathways to Health Careers is a workforce program designed to recruit and retain mental health professionals. The goal of the program is to provide mental health professionals throughout the frontier communities while also providing academic advancement (Health and Healthcare in Frontier Areas, 2020). Telehealth is a new form of communication to place mental health professionals in the frontier and rural areas. Telehealth allows a person who typically would not have the opportunity to be provided with specialized care to meet with a medical professional without having to travel an extensive distance. A barrier to providing health care services through telehealth is the use of the internet (dial-up) and Wi-Fi. Rural areas struggle to have internet access, much less adequate and strong access for audio-to-video synchronization. Without a strong signal, a delay in communication occurs, if a video call can be initiated. Many individuals in frontier and rural areas do not have a phone or electricity according to Finston (1985). HIPPA compliance has been a barrier for mental health professionals wanting to provide services in rural and frontier communities because it is directly related to dual roles one must provide in these areas. Limited access to the internet (dial-up) and Wi-Fi in a secure private location limits the utilization of telehealth for mental health and confidentiality.

This literature review addressed hiring, training, and maintaining forensic mental health professionals in rural areas in Wisconsin. Wisconsin has many similarities with frontier states. Wisconsin is considered to have a rural population and many climatic barriers. Wisconsin's southeastern portion is credited for most of its population. As of 2021, 5.9 million people resided in the state of Wisconsin, with Milwaukee being the highest populated city (Quick Facts Wisconsin, 2021). During the summer months,

Wisconsin's population surges with travelers heading to different remote areas of Wisconsin and several tourist traps. Wisconsin Office of Rural Health (WI-ORH) was created in 1975 to address the shortages of health services (WI-ORH Mission and History, 2019). WI-ORH has been developing rural clinical sites at universities. The primary goal of the WI-ORH has been to provide more rural physicians and clinics. While providing additional support to meet the medical needs, WI-ORH has overlooked the mental health needs of its residents. WI-ORH's mission and history state its emphasis on rural health and the association with family medicine (WI-ORH Mission and History, 2019). Gibbons (AHW Endowment, 2021) noted that 38% of Wisconsin physicians practice only in primary care, leaving populations in need of mental health services severely underserved. In 2035, 40% of primary care providers will be expected to retire, according to Gibbons, leading to higher burnout rates for other practicing providers. Wisconsin already has a shortage of mental health providers, and they will soon experience a shortage of primary care providers.

During the COVID-19 pandemic, health care professionals were at risk for several negative well-being outcomes due to their roles. Throughout the pandemic, many mental health providers sought treatment for themselves due to increased depression, loneliness, anxiety, and other mental health concerns (The Mental Health of Healthcare Workers in COVID-19, 2023). The pandemic had a profound negative effect on mental health providers who felt the direct effect of the pandemic and national shortages through staffing and budget cuts. According to The Mental Health of Healthcare Workers in COVID-19 (2023), 93% of health care workers were experiencing stress due to being

stretched too thin. About 76% of these individuals reported exhaustion and burnout while feeling overwhelmed. Over half of these health care workers did not feel that they had adequate emotional support, and therefore could not adequately meet the needs of their patients because their own mental health was suffering.

Since the arrival of the coronavirus in the United States, mental health services have surged. Many individuals state they are on waitlists, or the messages asking to seek treatment go unanswered. Before the start of the coronavirus, mental health professionals were in short supply, and now those professionals are stretched thin. Since June 2019, the Centers for Disease Control and Prevention have seen a 40% increase in substance abuse, depression, and anxiety (Caron, 2021). According to the *New York Times*, 190 million more emergency room visits between mid-March and October 2020 compared to same time period in 2019 were due to mental health conditions, suicide attempts, child abuse and neglect, and drug overdoses.

The pandemic posed many unique risks and challenges to individuals in correctional facilities. Correctional facilities often have a population with higher rates of mental health and substance use disorders. These disorders led to an increased risk of morbidity and mortality during the coronavirus pandemic. Psychiatric Services estimated that from the start of the pandemic to May 13, 2020, 32,000 inmates and staff tested positive for COVID-19 (Burton et al., 2021). San Quentin State Prison (SQSP) provides mental health care for a 40-bed inpatient psychiatric unit and 10-bed inpatient medical unit. Fifteen full-time psychiatrists treat inmates in the psychiatric unit and provide services for the emergency psychiatric services for nearly 4,000 inmates. SQSP also

employees several psychologists, social workers, psychiatric technicians, and recreational therapists. During the pandemic, some inmates were able to transfer to different prisons or jails, lowering the population at the correctional facility. SQSP's psychiatric care remained the same; however, their inpatient census rose by 30% (Burton et al., 2021). With additional psychiatric needs, temporary mental health units' reassignment of roles for mental health staff were created to meet this demand. Populations within the dormitories were reduced by one third to provide separation and space to allow a slower spread of the COVID-19. Utilizing telepsychiatry assisted in providing psychological services to the inmates.

California's Department of Corrections and Rehabilitation had state telepsychiatry services to assist in meeting the mental health needs in rural areas. SQSP did not have any telepsychiatry service, creating the need for in-house staff to meet the mental health needs. SQSP identified the needs for telepsychiatry services within their facility and created their own internal telepsychiatry. Computers and web cams were set up throughout the housing unit to limit the amount of movement throughout the facility. As of March 2020, 60% of all psychiatric services were moved to telepsychiatry. The COVID-19 pandemic forced the staff at SQSP to adapt their services to meet the mental health needs of the correctional facility. Adaptations were made not only for treatment but also how an individual would receive treatment. If treatment needed to be done face-to-face, staff needed to wear personal protective equipment to lower the transmission rate throughout the facility. The state of California recognized the need to assist rural correctional facilities due to the limited staffing of mental health professionals prior to

the pandemic. Telepsychiatry services assisted in meeting the mental health needs of those currently incarcerated. Telepsychiatry was able bridge the gap for the time being, but best practice is the mental health professional and the inmate engage in face-to-face treatment. This allows for better engagement and rapport building. The pandemic allowed mental health professionals to treat inmates at correctional facilities in ways that were not previously available. Through the use of technology and telepsychiatry services, inmates were able to have their mental health needs met regardless of location of the facility.

Rural Wisconsin

Wisconsin joined the union on May 29th, 1848, as the 30th state of the union. Wisconsin's borders are the states of Minnesota to the west, Illinois to the south, Lake Michigan to the east, and the Upper Peninsula of Michigan and Lake Superior to the North. Wisconsin was originally covered by large glaciers over 12,000 years ago. The glaciers created a diverse geographical landscape. Wisconsin is made up of geographical areas of flatlands, steep and rolling hills, and over 15,000 inland lakes equaling 1,500 square miles of water (Finley & Vogeler, 2024). Only one fifth of these lakes are accessible to the public, with the other lakes being surrounded by private landowners.

The State of Wisconsin is divided into four sections: Northern, North Central, Central, and Southern. Wisconsin's Southern section has the highest population made up of a few larger cities created by manufacturing. Milwaukee has the highest number of people per square mile according to the 2012 Census: Wisconsin Profile (Finley & Vogeler, 2024). As of July 1, 2021, Wisconsin's population was almost 5.9 million (Quick Facts Wisconsin, 2021). Wisconsin's top five major cities are Milwaukee with a

population of 592,025; Madison with 258,054; Green Bay with 104,879; Kenosha with 100,164; and Racine with a population of 77,432. The four largest cities in Wisconsin have a little over 1 million people. Several other large cities are in Southern Wisconsin. In Milwaukee County, the 2010 Census estimated there were on average 5,000 to 50,310 people living per square mile (2010 Census: Wisconsin Profile, 2010).

According to the 2010 Census Bureau, Wisconsin is divided into three divisions of people per square mile. An individual who resides in a square mile area that has a population of 1,000 to 50,310 individuals is considered urban. A population of 30 to 999 individuals residing in a square mile is suburban, and no population to 29 individuals per square mile is rural. According to the 2010 Census, 21.8% of the population was made up of individuals under the age of 18. Further, 17.5% of the state's population consisted of individuals 65 years of age or older. According to the 2020 Census, the state's population grew 3.6%, but its youth population declined by 4.3%. Census numbers show Wisconsin's youth population declining, 2021 (Quick Facts Wisconsin, 2021). According to the 2010 Census, 92.2% of individuals have a high school diploma, and 30% have a bachelor's degree or higher. According to the 2010 Census, the average household income in 2019 was \$61,747 and 10% of individuals residing in Wisconsin were in poverty.

Wisconsin's lakes and rivers have been used to stimulate the economy. Wisconsin's economy is as diversified as its land. Wisconsin's primary economic means include manufacturing companies, agriculture, and tourism/recreational activities. According to the Encyclopedia Britannica (2021), Wisconsin ranks among the top fourth

of agricultural and manufacturing income among the states. In the mid-1990s, the state government provided aid to racial minorities and small businesses to assist in maximizing the value of raw materials before exporting them out of state. The Northern portion of Wisconsin is rural due to its dense population of hardwood. Currently, two fifths of Wisconsin is forested and cleared and reforested for lumber (Encyclopedia Britannica Inc., 2021). The trees in Northern, North Central, and Central Wisconsin are cut, harvested, and exported for papermaking products. Specialized semitrucks go deep into the forest to gather the tree logs, but only during certain times of the year. Early spring and fall make it hard for the trucks to maneuver their weight on mud and dirt trails in the woods. Wisconsin will also halt the transportation of items of extreme weight depending on the weather. This halt is typically from February to April as the ground is thawing. Halting the movements of heavy loads is one way to prevent the roads from deteriorating from the weight of the trucks. It is not uncommon for loggers and tree haulers to spend months in most rural areas of Wisconsin. Mental health needs of these individuals more than likely will not be met until logging season is over due to the limited mental health resources.

Wisconsin has experienced a surge of population increases in some rural communities due to immigrant workers. Mexican immigrants came to Wisconsin to work on large dairy farms and in meat packing and manufacturing plants. Cambodians, Vietnamese, Laotians, and Hmong have settled in Wisconsin as refugees. Wisconsin currently has the largest number of Hmong refugees residing in a state (Encyclopedia Britannica Inc., 2021). The refugees have also followed in the footsteps of the Mexican

immigrants for employment. These individuals typically find work at farms or manufacturing plants. Communication is often a struggle because very few of these individuals speak English. Farms and certain plants allow the individuals to earn an income while having a language barrier due to minimal need to communicate. Work becomes routine or can be demonstrated for that task to be completed. Wisconsin has seen a decline in dairy farms partially due to fewer people of younger age entering agriculture. In the past 40 years, milk prices have decreased, leading to dairy farmers having to sell their farms and livestock.

Wisconsin's climate has a direct impact on those who reside there. Wisconsin's winters are long and cold, while the summer is relatively short. The average temperature in the middle of summer ranges from mid-60s F to the low 70s F. Typically Wisconsin will see a week or two with the temperature in the low 90s F, but with the humidity, the temperature can spike to 102-130 F. Growing seasonal agricultural products for Wisconsin varies depending on the region. The central portion of Wisconsin to the South will have an average of six months for growth while Northern Wisconsin typically has three months as a growing season (Encyclopedia Britannica Inc., 2021). January is considered the coldest month of the year where temperatures can range from 10 degrees Fahrenheit to the low 20s. In January there are more days with the temperature below zero than above it. When Arctic Blasts beat down on Wisconsin the temperature can be -30 degrees Fahrenheit or colder. Schools in Wisconsin are closed for temperatures below -20 degrees Fahrenheit and when there is snow. The average number of days in which it snows in Southern Wisconsin is 85 and in Northern Wisconsin 140 days. Southern

Wisconsin will average around 30 inches of snow per year, while Northern Wisconsin will receive 50-60 inches per year (Encyclopedia Britannica Inc., 2021). Cold temperatures and heavy snowfalls can place Wisconsin at a standstill during the winter months.

Training and Retention of Quality Forensic Mental Health Staff

In rural areas, individuals are not able to have appointments with mental health professionals as soon as an individual need help. Due to the lack of resources, residents may have to wait for several weeks to see a primary care professional and even months to see a specialized professional. The shortage of mental health professionals in rural areas of Wisconsin and other resources force many primary care physicians to provide for severe mental health diagnoses. If a primary care physician will not follow the individual, then he or she will need to travel to see a specialist in an urban area or go untreated. A Canadian data collection from 2002 analyzed data to determine if individuals residing in rural and urban residences had anxiety or mood disorders (Hardy Kelly, and Voaklander, 2011). Professional mental health services were examined in correlation to social, health, and demographic factors to predict the use of services. Rural residences were defined by a population of 1,000 or less in a community. Professional services were defined as any services used for mental health such as psychiatry or therapy. Professional services for mental health for this study could be provided by a family doctor or general practitioner; social worker, nurse, counselor, or psychotherapist (psychiatrist or psychologist). The National Population Health Survey determined that only 1% of rural residents utilized therapy from a psychologist the previous year compared to the reported 3% in urban

residents according to Hardy et al. findings. Hardy et al. wanted to determine if the rural residences utilized a different type of professional mental health services based upon the population, demographics, and health status of the individual. To meet the demand for mental health services, Canada must continue to provide a variety of professional services to a diverse population. This study also determined that professionals need to provide appropriate support for the non-specialist who takes care of individuals with mental health disorders. The limitations of this study discuss the generalization and interpretation of the results. Individuals who participated in this study did not represent the diverse genealogy make-up of Canada and therefore results were generalized.

The objective of Hardy, Kelly, and Voaklander (2011) study was to determine if rural residents utilized different mental health services. Mental health services could be provided by a medical professional such as family doctors, general practitioners, nurses, social workers, or a psychiatrist/psychologist. Predictors of this study included social and health status, and demographic variables. Cross-tabulated counts and adjusted odds ratios with 99% confidence intervals were based on bootstrapped variance to evaluate the predictors for the study. A multivariable logistic regression model was used to determine if an individual used family doctors, general practitioners, nurses, social workers, or a psychiatrist/psychologist within the last year for mental health needs. It was believed the location of an individual's residence was not a factor in utilizing services in comparison to age, race, sex, level of education, disorder, and the intensity of the disorder. Null findings need to be noted related to geographic residence due to the small sample of rural residents who sought mental health services. Data was gathered by using a multi-stage

stratified cluster designed with the Canadian Labor Force Survey. One person was randomly selected from a sample of households in a certain geographical area. The individual who was randomly selected was at least fifteen years old. Interviews were conducted in person with a few interviews conducted via phone. Data was analyzed using SPSS at the Canada Research Data Centre. The survey questions for the interview were specifically designed to identify individuals who have anxiety or a mood disorder. Dichotomous variables reflected a participant's use of professional health services for mental health and alcohol or drug problems within the past year. Cross-tabulated count and confidence intervals of 99% on bootstrapped variance estimates were used to examine the absence or presence of anxiety or mood disorder, utilization of services within the past year, and rural/urban residences. The survey determined that about 8.3% of participants would have been diagnosed with having anxiety or a mood disorder based on their responses. Participants who are considered to reside in an urban area had a rate of 42.5% probability of having anxiety or mood disorder (Hardy, Kelly, and Voaklander, 2011). Analyzing the data, it was determined participants in both rural and urban areas were similarly equal in seeking treatment from professional services. Researchers in this study did not believe that health or social status and demographic location factored into an individual seeking treatment for mental health professional services. However, the researchers determined that individuals who participated in the survey were more likely to see their family doctor/general practitioner versus seeking a mental health professional. They could determine that age, ethnicity, and level of education did play a factor in who was willing to see treatment.

The purpose of the population-based study was to determine if an individual residing in a rural or urban area would be more likely to seek professional mental health services. According to Hardy, Kelly, and Voaklander (2011), findings individuals who were believed to have anxiety or mood disorders sought treatment with the same consistency as those who resided in the rural or urban areas. The researcher concluded that younger Caucasian participants would seek treatment from the general practitioner or the family doctor versus mental health professional. The limitation of this study is the generalization including the interpretation of the results. The research was gathered from individuals who reside in rural or urban areas of Canada. The participants in the study did not reside in Aboriginal reserve communities, remote communities, or northern territories within Canada. The study could be questioned if the researchers were even meeting with participants in actual rural areas. The researchers did not discuss what determined the population size when determining if an area was urban or rural. The participants who were determined to be from rural residences were a relatively small percentage in comparison to those individuals residing in urban areas. Using a small percentage of rural residents resulted in large confidence intervals. If the study were to be conducted again, some residents who were originally determined to be rural may now be considered urban. The authors noted that population changes could skew their results. Future research will be needed to focus on identifying elements required for treatment success within a particular size and diversity of a community. Smaller-scale studies need to be specially designed for rural areas to understand how to serve rural areas more effectively.

Correctional facilities have started internship programs within their facility to decrease the shortage of mental health professionals. In 2007 correctional facilities had a turnover rate ranging from 35 to 67 percent in forty-four states (Geiman, 2010). This will allow the facility to hire specific individuals, train the person for their specific needs, and continue to provide education throughout their career. Federal Correctional Institution (FCI) in Greensville, IL partnered with the St. Louis Hispanic Chamber of Commerce to assist in finding staff with a specific skill set. The Federal Correctional Institution was looking for bilingual staff to meet their requirements (Cully, et al., 2012). Some correctional facilities will also help pay for an individual's education to help retain them and to ensure they meet the facility's needs. Interns who start in a correctional facility and then obtain a professional degree in Forensic Psychology will likely maintain a job in the same facility. In rural areas, this could specifically meet the needs of the facilities where the current mental health professional may not know what a Forensic Psychologist possesses. Dr. Marina Gamo believes that dynamics within a correctional facility are filtrated beliefs that start from the administrators. She believes that present-day correctional facilities function under that regime of punishment, therefore not meeting the mental health needs of the incarcerated (Gamo, 2013). Despite the need for mental healthcare professionals in a correctional setting, very little attention is provided to training those individuals who have a desire to work in a correctional setting. Gamo (2013) examined 25 years of interns working at a correctional facility and their post-internship hiring outcomes. The study suggests that more than half of graduate students who completed an internship at a correctional facility will often be hired at a correctional

facility. Eighteen percent of healthcare workers in a correctional facility are psychologists. It is believed that psychologists are the most versatile professionals in a correctional setting. It was determined that psychologists with a higher level of security in a facility found more satisfaction with their work environment. A psychologist working in a federal institution reports a higher level of satisfaction in comparison to state facilities. The study was designed to examine psychology interns in a federal correctional institution to answer the following questions. Who are the mental health professionals? Where did they come from? Where did they go upon completing their internships? The researchers wanted to link the training an individual receives during an internship to career choices upon completion of the internship. The case study relied on data that was gathered from students who completed predoctoral internships in psychology for 25 years from 1985 to 2010. This internship training consisted of implementing training to students through different cohorts through internship programs in a correctional facility.

To understand the different characteristics of an intern, the researchers divided 25 years' worth of data into five equal segments of five years' worth of data (Magelitta, et al., 2012). The researchers used a statistical test to examine the differences between the cohorts within the five-year segments. The researchers also examined the characteristics of the interns over time compared to doctoral programs that the students participated in. Lastly, the researchers examined the employment outcomes of the interns. Of the participants in this study, 36% were male and 64% were females, with an age range of 24 to 57 years of age. Magelitta, et al., study found that 80% of the interns had a clinical

psychology background with 60% of those interns having a common degree of a Ph.D., and 40% having a PsyD (Magelttta, et al., 2012). Two-thirds of the interns in this study had a background of criminal justice experience, while the other 33% of interns had no prior experience. It was noted that prior experience was obtained from multiple sites, but most interns gained their experience at one facility. Prior criminal justice experience came from the State Department of Correction, Bureau of Investigation or Prisons, Law Enforcement, and Federal Judiciary or probation. The researchers then used entry logistic regression to determine the variable related to hiring in a correctional position. The analysis subdivided the different variables related to hiring outcomes within a correctional facility. Variables included age, gender, characteristics of the intern, experience within the criminal justice system before internship, clinical or non-clinical, and the type of doctoral degree. Magelttta, et al., also used Quantitative and GRE Verbal scores and cumulative GPA for variables (Magelttta, et al., 2012). Characteristics for facility-level included security level (high, medium, low, minimum), RUCC (urban or rural), and administration type (mainline, detention, medical). The results suggested a negative relationship between internship cohort year and age. None of the graduate program characteristics showed evidence of a relationship of an intern being hired in a correctional facility. Facilities offering internship training displayed evidence of the facility hiring the intern after their internship was completed.

To better understand who is applying for the internship programs Magelttta, et al., (2012) had three main questions they wanted to be answered. Who are the individuals completing the BOP internship? Where did the applicants for the internship come from?

Following the internship where did those applicants go? The researchers believe their longitudinal study was the first study to follow an applicant from the start of their doctoral internship to a career. Correctional facilities having predoctoral internships have been a capable and robust recruitment strategy for potential careers in mental health. The conclusion of this study suggests that an internship within a correctional facility developed a strong uniquely qualified individual for this specialized field. A trend was noticed that between 1996-2005 students who had more exposure to the criminal justice experiences before the internship continue with a career in the criminal justice field (Magelta, et al., 2012). A literature review would suggest that students obtained more exposure to the criminal justice facilities and populations starting in the mid-1990s. It is believed that individuals who provided treatment in correctional facilities would continue their practice within the criminal justice field. A vast majority of psychologists working in a correctional facility are trained to screen, assess, manage, and treat offenders. The typical workload of a psychologist in a correctional facility involves facilitating offender change. A collaborative goal amongst psychologists in a correctional facility is reflected in approaches to creating public safety through cognitive behavioral changes before and following the release of an inmate from the facility.

During the research of a longitudinal study, several limitations were noted. The first limitation noted was the intern's willingness to relocate for his or her career in corrections at a different facility. Magelta, et al., (2012) also questioned the knowledge the intern had during the hiring process. This information was not available to the researchers even though the researchers had a vast majority of information and outcomes

of providing an individual with an internship and then being hired. The information provided appeared to have an oversimplified process of hiring. The researchers noted that their findings should not be generalized beyond matching and completing an internship in a federal corrections facility. Lastly, the researchers did not investigate all students who had a doctoral degree and were seeking an internship within a correctional facility. They only focused on individuals who already were offered an internship within a correctional facility. For future studies, it will be imperative to understand the selection of an intern and correctional intern competencies. The researchers noted that the selection of an intern warrants closer attention for future research. They also believe that additional research would benefit from an expanded human resource management approach. The influence of social atmosphere within a prison can profoundly influence the intern if he or she were to be offered a position at the facility. Each internship program's attitude, expectations, rules, ideologies, and hiring process can influence an intern's commitment to working at that facility. The researchers also believe more emphasis on the relationship of internship to workforce retention needs additional exploration. The retention rate among interns who had previous criminal justice training in comparison to those who had no prior experience also needs additional investigation in the future. The researchers did not feel that the type of internship nor the geographical location of the correctional facility had any influence on training or working at a correctional facility.

The researchers determined individuals who have personal and professional goals are facilitated by the experiences through an internship program. Correctional hires generally link back to those who participated in the internship programs. Federal

correctional facilities have been able to offer students a stipend as high as \$40,000 to complete their internship at the facility (Internships in Prisons, 2004). Magelttta, Marc, and Norcross, believe psychologists in a correctional facility who had correctional experiences before their doctoral internship often developed correctional career platforms earlier than previous research suggested (Magelttta, Marc, and Norcross, 2012).

Individuals may be choosing correctional internships to bridge previous criminal justice experiences to their early careers as a psychologist. Human Resource personnel that continue to engage in the process of vetting and assessing a good fit among the internship individuals to further be selected may find a lifelong professional who will continue working at that facility until retirement. The researchers discovered that the younger the intern's age the more likely the correctional facility was to offer employment to him or her. Typically, the interns who were offered a position within the correctional facility were 37 years of age or younger. This could reflect assumptions when marketing for a certain type of employee. The findings showed a direct link between the training facility and hiring in urban areas. It is believed that due to the population being denser than in rural areas the urban locations tend to have more professional networks for facilitating and recruiting correctional employees.

A common practice among many facilities is to team a new employee with a mentor. The Behavior Model is based on Social Learning and began being used in training sessions in 1970 (Hunter, Russell, & Wexley, 1984). The mentor's prime objective is to train the new employee and role model the company's vision and mission statement. Ethical leadership has been associated with a positive attitude, job

performance, and job satisfaction (Ogunfowora, 2014). Through this training process, the new employee will be shaped into the ideal employee and will be vested in the company. When a company does not have an ideal mentor, will the employee have the same buy-in to the company as they would if trained by an effective mentor? Hunter, Russel, and Wexley created a study to improve behavior modeling effectiveness by having trainers replace the management team. Forty-four male supervisors determined the effectiveness through evaluating the reaction, learning, behaviors while at work, and job performance. The researchers divided this group of 44 male supervisors in two. The non-controlled group of 22 supervisors were trained with six behavior modeling modules (Hunter, Russell, & Wexley, 1984). The behavior modeling modules are based on Bandura's social learning theory. Based on the interaction of the trainer, the employee will exhibit his or her behavior through modeling and increase their job performance. Individuals with lower self-esteem will encompass more of the supervisors' values and beliefs.

The quantitative study focused on 44 managers in an industrial plant divided into three different classes' trainers' class, managers' class, and control. Twenty-two of those managers were in a controlled group. The company is a Fortune 500 company with approximately 1,500 staff members who participated in the training (Hunter, Russell, & Wexley, 1984). The management is broken down into five different levels. The three basic levels of management are general supervisors, superintendents, and divisional managers. Individuals who train new hires and continue to provide continuing education were divided into two levels called Plant Training Director and Manager of Organizational Development. Hunter, Russell, and Wexley feel that behavior modeling

should be questioned if it changes the way a person changes their behavior at work. Modeling behavior has been an effective teaching skill, but counseling studies have determined that behavior does not change outside of the training environment. Training through structured interviews was determined to have more of an effect than traditional training. However, it was determined no evidence supported improvement in their job performance. With both negative and positive results, there is a need to identify which factors contribute to the effectiveness of behavior modeling. An individual's level of self-esteem also contributes to how well the individual incorporated the modeled behavior. Individuals with lower self-esteem tend to adopt the values and behaviors of successful supervisors.

Hunter, Russell, and Wexley (1984) determined through the study that none of the participants had a negative reaction to the training. All interactions of training had positive reactions from the two groups. This study also determined that there is little to no effect of behavioral change based on the person's self-esteem. There was no significant change between trained classes and the control group, therefore leading to the conclusion that self-esteem does not play a factor in mirroring the behaviors of a supervisor (Hunter, Russell, & Wexley, 1984). The basis of this study assumed that behavior modeling would display effective behavior change. The design of this study assessed the merits of training by those who did the training. The study showed no evidence supported their hypothesis that an individual with lower self-esteem would change his or her behaviors based on a successful supervisor due to modeled behavior. The evidence did show that behavior changes while using structured interviews. This was evaluated through a double-blind

technique. It was concluded that while behavior modeling is effective to produce positive reactions and concrete learning, it has little implication to change behaviors or performance changes. Utilizing the knowledge from social learning theory, it has been determined that supervisors can exhibit wanted behaviors, but often lack the motivation. The researchers believe that more motivation would have been exhibited if there had been a reward. Seeing other supervisors being rewarded or initiating self-reinforcement would have placed more motivation in the supervisor, therefore leading to more acceptance from other employees.

Job duties of clinicians in a correctional facility are frequently changed based on the needs of the facility. The idea of a well-rounded clinician also evolves as the job continues to change. With a shortage of mental health professionals at a doctorate level, facilities are looking at master's degree level clinicians to fill the void and meet the needs of providing mental health services in correctional facilities. Eno Loudon, Ferreira, and Rick collected data to assess current correctional clinicians' attitudes and emphasize their role. The authors wanted to explore the changes in demographics and roles of clinicians over the last several years. Eno Loudon, Ferreira, and Rick used several ways to gather information for their study. They sent out surveys via work emails, in the mail, and secondary emails to different correctional facilities and agencies with mental health workers in the correctional facility. They met with several government agencies, private companies, and professional organizations to gather additional information for their study. The primary author of the assessment used first sent out information in May 2014 to all states. Forty-three states responded while the other seven were not reviewed due to

time constraints. In this current study, only six state correctional departments assisted with the survey (Eno Louden, Ferreira, & Ricks, 2019). Of the six state correctional institutions, only three institutions allowed access to staff contact information. Seven agencies declined to participate. Of the companies contacted, only two participated. One company was a university hospital whose employees work at state prisons. The other company has employees in 38 states.

The quantitative study focused on mental health workers' characteristics in a correctional facility and their duties in 2000. A sample selection came from 104 prison facilities in 12 different states. Participants in the study had to be at least 18 years of age, with the average age being 45.2. Psychiatric nurses and psychiatrists were excluded from this study. The sample size of this study was 261 participants (Eno Louden, Ferreira, & Ricks, 2019). Mental health professionals consisted mainly of master's degree level individuals that had gone to school to become psychologists or social workers. The researchers discovered that individuals who are hired within a correctional facility often lack experience or practicum training within a correctional facility. Eno Louden, Ferreira, and Ricks recommend that graduate schools and correctional institutions work together to create corrections-related practicums to prepare clinicians who have a desire to work within a correctional facility. Eno Louden, Ferreira, and Ricks recommend that students pursuing a career in a correctional facility prioritize their knowledge and understanding of cultural competency within a prison. It was discovered there was no meaningful change in pre-employment and correctional training between the periods. According to these researchers, they believe psychotherapists in a correctional facility have the highest

rate of client-related burnout among all human service positions. Structured pre-employment training could assist with the emotional strain that is felt by mental health professionals. The researchers believe multiple benefits to contractual work will reduce the role duality for the therapist and this would better serve both the offender and the institution.

Eno Louden, Ferreira, and Rick's study did not have a large sample size, as it had only 261 participants in 12 different states. The names of the states that have correctional facilities participated in the study were not discussed. The authors recruited individuals who performed psychotherapy with offenders to complete their survey by defining the role of mental health professionals. For this study Eno Louden, Ferreira, and Rick excluded psychiatrists and psychiatric nurses as mental health professionals. The study targeted master's and doctoral-level psychology staff but not social workers. The authors reported from their sample size 24.5% report that their major in college was social work. Job definitions between psychology staff and social workers were not defined nor were their job duties (Eno Louden, Ferreira, & Ricks, 2019). This study has shown the dynamics of hiring, and training, individuals without previous training in a correctional facility. Individuals who are hired to work in this type of environment and do not have the full understanding of the safety measures that are needed to be in this type of facility burn out faster than those who have previous experience. This type of harsh environment in which a person always has to look over their shoulder and question an inmate's behavior such as manipulation and safety of oneself can be very taxing on an individual leading to a faster burnout rate in the mental health field.

In rural and urban areas of America, mental healthcare providers can feel burned out. Data has indicated that some United States residents residing in rural counties often have poorer health than residents who reside in urban areas (Anderson, Saman, Lipsky, & Lutfiyya, 2015). Mental health providers specifically in rural areas typically report feeling burnt out sooner than those providers in urban areas. The reason for a sooner burnout feeling could be related to a higher turnover rate, lack of resources, and high-stress situations. Oddie and Ousley investigated the negative impact of burnout among healthcare professionals in both Britain and the United States (Oddie & Ousley, 2007). The burn-out rates indicate low standards of healthcare provisions, difficulties in recruiting and retaining staff, healthcare costs, and personal reasons for the turnover. The authors specifically investigated occupational stressors and experiences of clinical burnout among a group of qualified and unqualified mental health nurses and therapists. Through using the CPN Stress Questionnaire-revised it was determined that high-stress levels were caused by organizational and environmental issues instead of patient care.

It is hypothesized that aspects of the occupational environment will be perceived as high stress, therefore causing more burnout among mental health professionals. A quantitative study was completed to determine the level of burn-out in comparison to how stressful the job is perceived. The study could determine that almost half of the selected sample size of individuals was suffering from emotional effects of the stress to some extent (Oddie & Ousley, 2007). The authors could break down their findings to determine whether a person who was stressed and overwhelmed due to his or her feeling often felt over-extended or over-whelmed. A large portion of respondents reported having

a low burn-out feeling because he or she feels competent as a mental health professional and has an adequate work life balance. The authors have noted that problems of stress and burn-out have been reported for almost 40 years. It is believed that this could be a failure for other mental health services and a lack of finding an effective form of intervention related to this feeling. The authors made some suggestions of ways they believe communication and supervision could be improved. Additional research may determine if these suggestions have been tried before. Additional information could be gathered from current staff on their views of feeling burnt out. Additional open-ended questions could assist in gathering more in-depth information.

The purpose of this study was to determine if the suggested reasons for burnout among mental health professionals are true because of the environment. The belief is that the daily hassles of the job become irritating and then turn into stressful demands that affect a person's non-work life. The study tried to determine if there was a connection between burnout and life stress (Oddie & Ousley, 2007). Individuals could feel that the workplace may not be satisfying due to low morale, poor atmosphere, lack of communication, low staffing coverage, and limited resources to perform the job itself. Individuals who have more staff conflicts due to the high level of stress within the job may feel burned out sooner than those who have fewer conflicts. The atmosphere within a correctional facility may lead to burnout faster when a person believes there is negative morale and a lack of support from the supervisors.

Mental Health Staff in Rural Wisconsin

Wisconsin is facing a shortage of mental health professionals, especially in rural areas. Wisconsin's behavioral health system is currently struggling to meet the needs of those who reside in the state. According to the Wisconsin Department of Health Services, between 2013 and 2017 the use of crisis services provided to adults and children raised by fifty-eight percent (People First: Invest in Behavioral Health, 2021). A report by the Wisconsin Policy Form determined that more than seventy-five percent of rural counties in Wisconsin have a significant shortage of psychiatrists (Mathew, 2018). While it is known that Wisconsin has a shortage of all mental health professionals in rural areas, most data gathered focuses on psychiatrists, psychologists, and therapists in the urban area. The lack of mental health providers often leads to overcrowding in ERs and police officers having to assist in handling those who need treatment. Unfortunately, police officers also have limited resources within rural areas. Rural areas typically have an economic disadvantage leading to struggles with trying to cover the expensive medical cost when seeking mental health treatment. The opioid epidemic in addition to alcoholism has increased in rural areas, increasing the need for mental health support. In 2019, Wisconsin was ranked third in the country for the number of adults who drink (Alcohol Use in Wisconsin, 2021). More than 55.1% of adults report drinking within the last 30 days. According to the Wisconsin Department of Health Services (DHS), Wisconsin ranks third in the nation for adult binge drinking. Binge drinking is considered five or more drinks for a man and four or more drinks for a woman during one single occasion. Wisconsin's youth are not binged drinking more than their counterparts

throughout the nation. DHS reports have discovered if a youth starts drinking before they are 15 years of age, they more than likely will become alcohol dependent at some point in their lifetime. Many Wisconsin residents struggle with substance use disorders. Having limited resources to meet mental health needs can lead to deadly effects. Between 2014 and 2019 Wisconsin hospitalization increased by 69.5% for opioid emergencies, and opioid deaths rose by 45% (People First: Invest in Behavioral Health, 2021). Suicide rates have also increased annually, and currently, the suicide rate is the highest in the nation. DHS has noted that suicide rates in rural areas are higher than in urban areas.

Emergency detention has increased at local ERs and specifically at Winnebago Mental Health Institute. Winnebago Mental health Institute serves 18 out of 72 counties in Wisconsin. From 2013 to 2017 emergency detentions increased from 5% to 21% (People First: Invest in Behavioral Health, 2021). To assist in the shortage of mental health professionals, many communities are relying on primary care physicians to meet the mental health needs of the residents. According to the Wisconsin Council on Medical Education and Workforce (WCMEW, almost half of the primary care providers for Wisconsin are expected to retire by 2035 (Mathew, 2018). DHS has determined that during the current shortage of mental health professions, less than ten percent practice in rural areas of Wisconsin.

COVID-19 Pandemic

COVID-19 has had a huge impact on many businesses throughout the United States. On November 5, 2021, Occupational Safety and Health Administration (OSHA) passed a ruling that any private-sector workplace of at least 100 employees needed to be

vaccinated. If an employee or employer does not enforce the vaccination, then the employee must wear masks and test weekly (COVID-19: Businesses, Employers, and Workers, 2021). With this new requirement, employers have found even more difficulty with finding employees. Many individuals feel they should not be forced to be vaccinated to keep their jobs. While there are many reasons why a person does not feel they should be vaccinated, the healthcare field has felt the most impact. In Northern and Central Wisconsin, Wood County and Marathon County have the largest hospitals with satellite hospitals in surrounding communities. The satellite hospitals do not handle complex medical conditions and often transfer a patient to one of the two hospitals. Many injuries such as broken bones, will be outsourced to the local bone and joint clinic, or the patient will need to transport themselves to the larger hospital to seek medical treatment.

Marshfield Medical Center, located in Wood County. Specialize in heart care, trauma care, stroke care, intensive care, cancer care, NICU, and pediatrics (Marshfield Medical Center, 2021). Marshfield has 14 satellite hospitals and 42 medical centers in Central and Northern Wisconsin. This does not include dental or physical therapy clinics. Marshfield Medical center has four alcohol and drug recovery centers/mental health clinics. As of December 30, 2021, Marshfield Medical center has 132 job opportunities for physicians and 1,351 job opportunities for non-physicians. According to News Channel 7, Wood County population has 58.5% of individuals with one dose of COVID-19 Vaccinations and 55.1% of both doses of the vaccine (Tabin, 2021). The hub of Aspirus Hospital is located in Wausau, WI. According to Jeremy Tabin at News Channel 7, 57.2% of Marathon County has had one dose of the COVID-19 vaccine while only 54.0% are fully

vaccinated. Aspirus has 16 satellite hospitals and 65 clinics throughout Central to Northern Wisconsin (Aspirus Health, 2021). Aspirus has 85 physician and clinician job opportunities as of December 30, 2021. Aspirus does not mention how many nursing opportunities are currently offered, however, they are currently offering a sign-on bonus to assist with their staffing shortage. A nurse who has at least one year of experience will receive a \$20,000 sign-on bonus and a nurse with less than one year of experience has the opportunity for a \$5,000 sign-on bonus. Throughout Aspirus's Clinics and Hospitals, they have 766 open positions as of December 30, 2021. The two major hospitals in Central and Northern Wisconsin have always experienced difficulties hiring and maintaining staff, especially in the more rural areas. COVID-19 has increased the strain on finding providers to meet the medical and mental health needs of residents in a rural area of Wisconsin.

Summary

In rural areas of Wisconsin, an individual is not able to have appointments with mental health professionals as soon as he or she needs help. Due to the lack of resources, residents may have to wait for several weeks to see a primary care professional and even months to see a specialized professional. The shortage of mental health professionals in rural areas of Wisconsin and other resources force primary care physicians to follow severe mental health diagnoses. Rural residences were defined by a population of 1,000 or less in a community. Professional services were defined as any services used for mental health such as psychiatry or therapy. The National Population Health Survey determined that only 1% of rural residents utilized therapy from a psychologist the

previous year compared to the reported 3% in urban residents according to Hardy, Kelly, and Voaklanders' findings (Hardy, Kelly, & Voaklander, 2011). Correctional facilities have started internship programs within their facility to combat the shortage of mental health professionals in a correctional setting. Some correctional facilities provide a benefit of reimbursement for an individual's education to retain them. Interns who start in a correctional facility typically obtain a professional degree in Forensic Psychology and will likely maintain a job in the same facility. In rural areas, this could specifically meet the needs of the facilities where the current mental health professional may not have knowledge similar to what a Forensic Psychologist possesses. More than half of graduate students who completed an internship at a correctional facility will often be hired at a correctional facility. Despite the need for mental healthcare professionals in a correctional setting, very little attention is provided to train those individuals who have a desire to work in a correctional setting. A literature review would suggest that students obtained more exposure to the criminal justice facilities and populations starting in the mid-1990s. It is believed that individuals who provided treatment in correctional facilities would continue their practice within the criminal justice field (Magelta, Marc, & Norcross, 2012). In research from a longitudinal study, several limitations were noted (Magelta, Marc, & Norcross, 2012). The first limitation noted was the intern's willingness to relocate for his or her career in corrections at a different facility. The researchers also questioned the knowledge the intern had of the hiring process. The selection of an intern warrants closer attention for future research. They also believe that additional research would benefit from an expanded human resource management

approach. Each internship program's attitude, expectations, rules, ideologies, and hiring process can influence an intern's commitment to working at that facility. It was determined that more emphasis on the relationship of internship to workforce retention needs additional exploration. The retention rate amongst interns who had previous criminal justice training in comparison to those who had no prior experience also needs additional investigation in the future. Personal and professional goals are facilitated by the experiences through an internship program. Correctional hires generally link back to those who participated in the internship programs. Social Learning Theory was introduced by Bandura in 1969. The Behavior Model is based on Social Learning and began being used in training sessions in 1970 (Hunter, Russell, & Wexley, Questioning the Effectiveness of Behavior Modeling Training in an Industrial Setting, 1984). The prime objective is to train the new employee and role model the company's vision and mission statement. Ethical leadership has been associated with a positive attitude, job performance, and job satisfaction (Ogunfowora, 2014). Behavior modeling is effective to produce positive reactions and cognitive learning, but it has little implications to change behaviors or performance changes. Utilizing the knowledge from social learning theory, it has been determined that supervisors can exhibit wanted behaviors, but often lack the motivation. The researchers believe that more motivation would have been exhibited if there had been a reward. The job duties of clinicians in a correctional facility are frequently changed based on the needs of the facility. The idea of a well-rounded clinician also evolves as the job continues to change. With a shortage of mental health professionals with a doctorate, facilities are looking at master's degree level clinicians to

fill the void and meet the needs of providing mental health services in correctional facilities. Eno Loudon, Ferreira, and Rick (2019) collected data to assess current correctional clinicians' attitudes and emphasize their role.

In rural and urban areas of America, mental healthcare providers can feel burned out. Data has indicated that some United States residents residing in rural counties often have poorer health than residents who reside in urban areas (Anderson, Saman, Lipsky, & Lutfiyya, 2015). Mental health providers specifically in rural areas typically report feeling burnt out sooner than those providers in urban areas. The reason for a sooner burnout feeling could be related to a higher turnover rate, lack of resources, and high-stress situations. Oddie and Ousley (2007) investigated the negative impact of burnout among healthcare professionals in both Britain and the United States (Oddie & Ousley, 2007). The burnout rates indicate low standards of healthcare were provided for those having difficulties in recruiting and retaining staff, healthcare costs, and personal reasons for the turnover. It is hypothesized that aspects of the occupational environment will be perceived as high stress, therefore causing more burnout among mental health professionals.

Wisconsin's behavioral health system is currently struggling to meet the needs of those who reside in the state. According to the Wisconsin Department of Health Services, between 2013 and 2017 crisis services were provided to adults and children raised by fifty-eight percent (People First: Invest in Behavioral Health, 2021). Rural areas typically have an economic disadvantage leading to struggles with trying to cover the expensive medical cost when seeking mental health treatment. The opioid epidemic in addition to

alcoholism has increased in rural areas, increasing the need for mental health support. In 2019, Wisconsin was ranked third in the country for the number of adults who drink (Alcohol Use in Wisconsin, 2021). Many Wisconsin residents struggle with substance use disorders. Having limited resources to meet mental health needs can lead to deadly effects. Between 2014 and 2019 Wisconsin hospitalization increased by 69.5% for opioid emergencies, and opioid deaths rose by 45% (People First: Invest in Behavioral Health, 2021). Suicide rates have also increased annually, and currently, the suicide rate is the highest in the nation. DHS has noted that suicide rates in rural areas are higher than in urban areas. According to the Wisconsin Council on Medical Education and Workforce (WCMEW), almost half of the primary care providers for Wisconsin are expected to retire by 2035, leaving less than ten percent of mental health professionals practicing in rural Wisconsin (Mathew, 2018). COVID-19 has had a huge impact on many businesses throughout the United States, especially in rural Wisconsin. The two primary hospitals located in Central and Northern Wisconsin are currently offering a sign-on bonus to assist with their staffing shortage. A nurse who has at least one year of experience will receive a \$20,000 sign-on bonus and a nurse with less than one year of experience has the opportunity for a \$5,000 sign-on bonus. The two major hospitals in Central and Northern Wisconsin have always experienced difficulties hiring and maintaining staff, especially in the more rural areas. COVID-19 has increased the strain on finding providers to meet the medical and mental health needs of residents in the rural area of Wisconsin.

Conclusion

Wisconsin is facing a shortage of mental health professionals. Rural areas are those that are specifically suffering the most due to this shortage. Wisconsin Policy Forum reports that the average age of the psychiatrist population in rural areas is older than those in urban areas (Forum, 2018). Additional resources such as early screen tools, additional funding sources, and treatment options could assist in combating the shortage. Wisconsin's mental health shortage not only affects the rural population but stems from the correctional facilities. Individuals in rural areas who do not have their mental health needs met can engage in criminal activity. Alcoholism, the opioid epidemic, increased emergency detentions, and increased suicide rates demonstrate the need for more mental health professionals. Governor Evers announced that his budget for Wisconsin in 2021-2023 will invest more than \$150 million to increase access to care for mental health (Poltrock, 2021). This plan is to address substance use disorders, and access affordable healthcare through the Badger Care Program. This budget increase will also focus on telepsychiatry for individuals with private insurance. The current support for mental health in Wisconsin lacks cultural competency and translation services. This prevents many transient residents from accessing services before and during a crisis (People First: Invest in Behavioral Health, 2021). The new proposal for additional mental health services in Wisconsin does not address this issue. Governor Evers' budget will assist in funding treatment and training for mental health professionals who wish to practice in rural Wisconsin.

Chapter 3: Research Method

The purpose of the study was to determine barriers to hiring and training prison staff in rural Wisconsin to provide services for substance abuse treatment and mental health. Correctional facilities have been forced to house larger portions of inmates who have serious mental health and substance abuse issues than ever before (Ferrell et al., 2000). The current study may show similarities of barriers in rural areas throughout the United States. I determined the common barriers and compared them to urban areas in Wisconsin. To address these barriers, I conducted semistructured interviews with mental health professionals, administrators, and supervisors in rural correctional institutions in Wisconsin. I focused on the lived experiences of administrators, mental health supervisors, and the mental health staff on hiring, training, and retaining quality mental health professionals in rural Wisconsin prisons. A barrier to completing this study in rural Wisconsin was finding administrators, supervisors, and mental health professionals who did not have a dual relationship working in more than one county or correctional facility. The study focused on how the facility hires, trains, and retains prison staff in rural Wisconsin, and the common barriers the employer encounters when finding and maintaining adequate staff.

The study focused on meeting the mental health needs of inmates in rural Wisconsin and how a rural facility trains and maintains its staff. Complying with HIPPA regulations, I gathered information from mental health clinical staff, mental health supervisors, and administrators to discuss their lived experiences and barriers they faced when hiring, training, and retaining staff. A demographic questionnaire and a

semistructured interview protocol allowed me to maintain consistency when gathering information from currently employed professionals at three rural prisons in Central Wisconsin. I sought to determine how a correctional facility provides resources in rural areas in Wisconsin to train and retain its staff. The research assisted in filling the gap in the literature regarding service delivery for mental health needs of inmates in correctional facilities in rural Wisconsin. The COVID-19 pandemic added additional hardships to the economic struggles affecting many rural prisons. The adoption and use of telehealth services has been slow, especially in rural areas, for several reasons (Schroeder, S., Roberts, H., Heitkamp, T., Clarke, B., Gotham, H., J., & Franta, E 2021). Rural areas often do not have high speed internet for telehealth services. The increased shortage of public funding for mental health and substance abuse treatment in correctional institutions has caused undue hardship for employers to fill vacant positions. This hardship leaves inmates having to manage their mental and substance abuse struggles with little assistance, if any, making the inmates more vulnerable to other inmates and potentially additional mental health anguish.

Research Design and Rationale

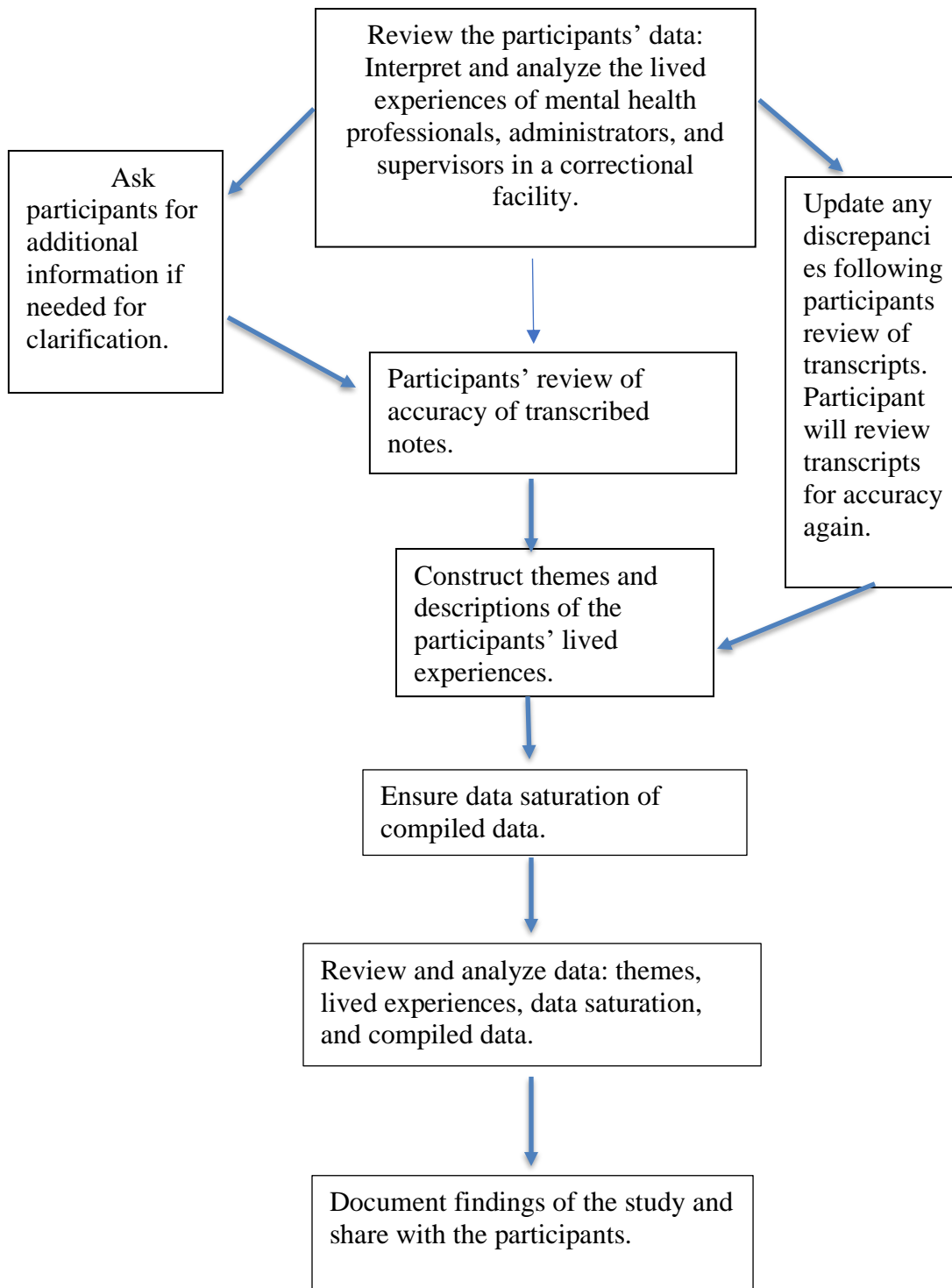
As the researcher, I met with supervisors, administrators, and mental health professionals to discuss their lived experiences with hiring, training, and retaining quality mental health professionals in rural Wisconsin. I used a demographic questionnaire and semistructured interview protocol to obtain information about real-life experiences with working in rural Wisconsin. I met with mental health professionals, administrators, and supervisors at two prisons in Central Wisconsin. The first correctional facility was the

Chippewa Valley Correctional Treatment Facility, a minimum-security prison with an operating capacity of 450 inmates located 30 minutes from Stanley. The second correctional facility was the Black River Correctional Center with an operating capacity of 114 inmates.

With a dual relationship in rural areas, many mental health professionals work in neighboring correctional facilities. By gathering information from individuals who work at different facilities, I was able to determine whether the lived experiences are similar to both facilities. After transcribing and reviewing the data from each participant, a copy of the transcript will be sent to the participant to ensure that their thoughts or words were expressed accurately. Establishing the validity of data was conducted through participants reviewing their transcript to determine the accuracy and precision of the content. Figure 1 provides an illustration of the data analysis procedures.

Figure 1

Example of Data Analysis Procedures



The construction of common descriptions and themes of lived experiences become a catalyst for inductive analysis to ensure the findings made sense to the participants. I shared my compiled findings with the participants to ensure trustworthiness. The participants determined whether the transcripts contained what they meant during the interview. This occurred when the participants reviewed their responses and acknowledged they agreed with the information presented.

Methodology

I chose a phenomenological design to gain an understanding of the lived experiences of mental health professionals working in correctional facilities in rural Wisconsin. The phenomenological design enabled me to describe the lived experiences of mental health professionals working in rural Wisconsin correctional facilities (Noon & Hallam, 2018). Using a qualitative phenomenological design, I examined the responses from the participants to determine any themes or patterns from the data gathered from the mental health professionals, administrators, and supervisors. Quantitative methodology would not have met the needs of my study because I did not seek to examine positive or negative correlations between variables. Throughout the interviews, the participants were able to expand on their responses to provide more in-depth descriptions of their lived experiences. The interview process allowed me to explore participants' genuineness and true feelings about their experiences. Monitoring nonverbal cues allowed me to obtain additional information based on what participants said and behaviors I observed.

A phenomenological design was appropriate because it aligned with the purpose of my study to explore the lived experiences of participants. I sought to understand how

correctional facilities hire, train, and retain mental health professionals in rural Wisconsin. To obtain information, I used a semistructured interview protocol. The interviews took place in a private area in a public setting, which was mutually agreed upon by both parties. If there had been a COVID-19 outbreak at the facility, interviews would have been held through telecommunication, such as Zoom. The interviews were also conducted via Zoom at the request of the participant. Interviews were recorded and transcribed to ensure accuracy of the responses from the participants. The research question used to guide the study was the following: What are the lived experiences of administrators, mental health supervisors, and mental staff on the hiring, training, and retention of quality mental health professionals in rural Wisconsin prisons?

The sample size was five mental health professionals, administrators, or supervisors working in correctional facilities in rural Wisconsin. I placed flyers in public areas near Stanley, Black River Falls, and Chippewa Falls, WI. I also placed flyers on social media sites such as LinkedIn and psychology groups in Wisconsin. A demographic survey was sent to the participants to obtain demographic data before the interviews. Some information I obtained from the demographic survey was level of education, years working in the correctional facility, years working as a mental health professional, years working as a mental health professional in a correctional facility, and additional training provided by the correctional facility. The Department of Corrections webpage provided information on how the facility recruits, hires, and retains their mental health professional staff.

Due to the limited number of mental health professionals in rural Wisconsin, random sampling was not feasible. By choosing mental health professionals and administrative staff employed at a correctional facility in rural Wisconsin, I ensured accurate findings by recruiting a purposive sample. I recruited individuals by placing flyers near the facility and placing flyers in public forums. Interviews were conducted to determine common themes related to the participants' lived experiences in hiring, training, and retaining mental health professional at correctional facilities in rural Wisconsin.

COVID-19 were barriers to finding a larger sample size of participants and conducting the interview face-to-face. If the pandemic prevented face-to-face interview, I completed them via phone call or Zoom meeting. COVID-19 added additional hardship in correctional facilities; funding for mental health departments had diminished because the resources and funds had been reallocated to other areas. A department that may have run with four mental health providers now had only two. COVID-19 was also a barrier for administrators, supervisors, and mental health professionals because they were not able to participate due to having to take on larger caseloads and other jobs that were not typically assigned to them.

Instrumentation

In this qualitative study, I was the primary data collection instrument. A demographic survey was used to gather preliminary information followed by a semistructured interview. The open-ended questions elicited the participants' lived experiences while working at a correctional facility. By using a demographic survey, I

was able to gather information before the interview and use my time effectively to explore the participants' lived experiences during the interview. In-depth questioning allowed me to probe deeper beyond the initial scope of the open-ended questions (see Glaser & Laudel, 2013). Having the ability to ask additional in-depth questions allowed me to focus on the participants' attitudes and their significance regarding the lived experience of hiring, training, and retaining mental health professional in a correctional facility. The open-ended questions elicited unique responses from the participants so I could find commonalities among their answers.

Procedure for Data Collection

Data collection was done in several steps to ensure confidentiality and professionalism. I placed flyers near Stanley Correctional, Chippewa Valley Treatment Facility, and Black River Correctional Facility, and electronic flyers in rural Wisconsin public forums to discuss the reason for the research and request participation. I sent out demographic surveys to participants willing to participate in the study. I sent an email to set up the interview date, time, and location. Interviews took place at the agreed time, date, and location. I transcribed the recorded interviews and then sent the transcript to the participant to review for validity. Data analysis and interpretation occurred to determine common themes, patterns, or trends. The main question guiding the research was the following: What are the lived experiences of administrators, mental health supervisors, and mental staff on the hiring, training, and retention of quality mental health professionals in rural Wisconsin prisons? As the data collection instrument of the study, I needed to monitor all possible biases. Because I had no affiliation with anyone who

worked at the three facilities, I was able maintain confidentiality without bias. The participants and I met in a private room or through Zoom, and privacy and confidentiality were a priority. Participants were advised that their answers would not affect their work performance or compensation. Participants could choose not to answer a question, or could exit the study at any time. The participants' responses were included in the study unless they decided to no longer participate.

Data Analysis Plan

Data analysis occurred by examining the responses from the semistructured interviews. All interviewees were asked the same questions. The interviews were recorded and transcribed. I had the participants review their transcribed interviews for accuracy. If there was a discrepancy, I revised the transcript as the participant requested. The transcript was not considered final until the participant was in full agreement with its accuracy. The information from the interviews provided the data that were used for the study. The data were analyzed to identify themes originating from participants' feedback. During the data collection and analysis process, data saturation can occur. Fusch and Ness (2015) stated that data are saturated when information and themes become repetitive and have commonalities with other data. Data collected were analyzed to identify meaningful themes regarding the lived experiences of the administrators, supervisors, and mental health professionals employed at a correctional facility. Data were analyzed to determine the weight of each statement and to identify its relevance to the full meaning of the participant's lived experience. During data analysis, I noted that not all information provided by the participant was appropriate or relevant to answer the research question.

Issues of Trustworthiness

Credibility

Thematic analysis was utilized as a thorough and concise approach to analyzing the data. This type of analysis emphasizes identifying and interpreting patterns through analyzing qualitative data. Trend analysis will provide freedom and flexibility to create a collection method that lacks ambiguity and is rich in detail of the lived experience through data responses. A table of themes provided to participants can be reviewed for accuracy and cross-referencing of the participants' responses during a thorough analysis (Ando, Cousins, & Young, 2014)

The table of themes allows the participants to determine and analyze the credibility to the study. It also allows the participant to assess the questions, and if they were purposeful to the study. The reviewed data will ensure the accuracy of the dictated responses. Participant checking and data saturation are utilized to increase the credibility of the study through the participants' responses of their lived experiences of hiring, training, and retaining in a correctional facility.

Transferability

The utilization of a transparent process throughout the study, especially during the data collection stage allowed for critical issues to be evaluated openly and discussed for future research, increasing the validity for the study. Open transparency through the study will provide an opportunity for participants to review the interpretation of their data and allow for clarification of the data gathered. Through analysis of the data, the participants determined if transferability occurred. Further studies of the lived experience of mental

health professionals, administrators, or supervisors with hiring, training, and retaining mental health professionals in a correctional facility expanded and built upon the developing trends and themes that have been present in this study. This will increase the level of validity using an open-ended qualitative approach.

Confirmability

Participants analyzed the themes and data created by the study to ensure the interpretations of the responses were accurate and to limit bias. The data grid was created to limit me from placing a personal perspective on themes that have been noted in the participants' responses. According to Fusch and Ness (2015), if a data grid were not used, then themes would be gathered from personal reflection rather than created from the responses of the participants. Setting boundaries initially, prevents the study from answering questions that were too narrow or too bold and allowed for replication of this study in the future.

Ethical Procedures

Before data is collected or analyzed, a consent form will be sent to all participants detailing the purpose of the study, requesting for their participation, and ensuring anonymity of the participants and their responses. Following the agreement to participate in the study, an email will be sent explaining the length of the interview sessions and place for the interview, and duration of the study. A week-long time frame will be provided to obtain consent from participants who have verbally stated that they would be interested in participating in the study. Participants will be reassured that their anonymity and confidentiality will be a priority to understand their lived experiences in hiring,

training, and retaining mental health professionals at a correctional facility. A participant is allowed to withdraw from the study at any time. With the result of a person withdrawing from the study, the desired sample size is not achieved. If too many participants withdraw, then I will expand my research to other correctional facilities.

The participant will receive a copy of the research questions before the interview. During the interview, I will read the question to ensure that the participants have a full understanding of the question being asked. After transcribing the participant's information, I will provide the participant with a copy of their interview. I asked the participant to review the information to ensure accuracy. The participants ensured that I have accurately and truthfully dictated their thoughts and responses. Upon the approval of the participants, a thematic table to explore the results of the study will be created. The data in this study was collected from the responses of consenting participants. Each participant knew through an explanation that at any point they could end their participation in the study without any retaliation. All documentation from the study was saved on an external hard drive and a personal computer will be utilized in the security of my residence. Following the completion of the entire study, all paperwork will be saved in a locked file cabinet for five years and then will be shredded. Data will be shredded through my home shredder. Following the shredding process, the paperwork will then be used as a fire starter for the fireplace.

Summary

A qualitative phenomenological approach with an exploratory study is used to gain an understanding of the lived experiences hiring, training, and retaining mental

health professionals from current administrators, supervisors, and mental health professionals at local correctional facilities. The data will be gathered from consenting participants who will first answer demographic questions followed by a semi-structured interview. The semi-structured interview will gather information about the lived experiences an administrator, supervisor, and mental health professional had while hiring, training, and retaining mental health professionals at a correctional facility in rural Wisconsin. Chapter 4 will contain the exploration of the participants' demographics, data collection, data analysis, evidence of trustworthiness, themes developed, and the exploration of the results from the participants.

Chapter 4: Results

The purpose of this study was to understand the lived experiences of administrators, mental health supervisors, and mental health professionals in hiring, training, and retaining mental health professionals. In rural Wisconsin there is a challenge in hiring professionals due to limited resources in many areas. With limited availability of mental health professionals, it is important to retain them when hired. This study explored the lived experience of hiring, training, and retaining mental health professionals, including distance travel for employment. Commonalities of lived experiences were reviewed and trends were noted.

Setting

Following the review and approval of Walden University's Institutional Review Board 12-27-23-0334630, I placed flyers on social media such as Facebook and LinkedIn. Several participants asked not to use their correctional facility emails for additional confidentiality to reduce the possibility of the correctional facility knowing they were participating in a study. The participant gave verbal consent to participate before answering any questions, and then provided consent through email. Personal emails were used to schedule Zoom or FaceTime calls. I met with each participant via Zoom or FaceTime in the privacy of our respective homes outside of working hours. Five participants met with me to provide information. Four of these participants were mental health professionals, and the fifth participant worked in human resources, also known as administrative support.

Demographics

The mental health professionals were all considered psychologists according to the Wisconsin Department of Corrections (Department of Corrections, 2024) job description. Psychologist positions are defined as licensed, psychological associated with interim psychology license, doctor level psychology associate, master's level psychology associate. A licensed psychologist could earn \$124,924, a psychology associated with interim psychology license could earn \$105,123, a doctor level psychologist could earn \$98,883, and a master's level psychologist could earn \$86,403 annually. These positions require a candidate to have experience with treatment and assessment as defined by the current *Diagnostic and Statistical Manual of Mental Disorders*. In addition to these qualifications, a master's degree candidate must have completed three thousand hours of clinical experience under a licensed supervised clinical psychologist with at least 1,000 hours being face-to-face. A psychologist with a doctorate must possess a doctoral degree from a regionally accredited university or be within 4 months of completing all requirements for the doctoral degree except for dissertation. A qualified candidate must have 1,500 hours of clinical experience under a supervised licensed psychologist. Administrative support is considered human resources. Depending on the department and location, an administrative support wage is \$16.41 to \$27.04 an hour. The benefit package for administrative support and psychologists is the same. Qualifications for the administrative support job require a person to have experience using modern office methods, procedures, and technology.

Participants in this study included four mental health professionals and one administrative support. Two participants worked at the same facility, and the other three participants worked within two and a half hours of the facility where the two participants worked. Four participants worked at medium security correctional facilities, and one participant worked at a maximum correctional facility. Three mental health professionals were born and raised within an hour of their current facility. One mental health professional previously worked at a correctional facility that was within 45 minutes of where they were born and raised. This participant relocated to another facility due to budget restrictions with the COVID-19 pandemic. The administrative assistant was born and raised out of state but had resided in Wisconsin for the past 20 years.

Participants notified me via private messages on social media sites that they wanted to participate. One participant, who was participating via Zoom, asked if they could have their face be off camera due to interview being recorded. I scheduled times with participants to meet via Zoom or FaceTime after hours or on weekends, within the privacy of our respective homes. Previously approved interview questions were used when conducting interviews. Additional questions were asked for clarification based on the participant's response. All interviews were recorded via phone recorder and transcribed. The transcribed interviews were then given to participants to review. One participant was interviewed twice because additional clarification was needed. This participant worked at more than one correctional facility, and additional information was needed to determine which facility the participant was referring to.

Data Analysis

Data was collected through semistructured interviews with mental health professionals and administrative support professionals. Interviews were recorded and transcribed for accuracy. One participant was interviewed twice for additional clarification before the transcript was released for their review. Participants reviewed their transcripts and reported that they accurately reflected what they stated. Demographic data included education level, location where they were born and raised, experiences of training, ages, and distance to and from work. Three participants were working at one facility, and a fourth participant relocated to another facility two and a half hours away when the COVID-19 pandemic started. The last participant was born and raised out of state but had resided in Wisconsin for the past 20 years. This participant had lived near the rural correctional facility for the past 10 years and was employed at the correctional facility for over 5 years. All participants were 40–50 years of age. Four participants identify as female. One participant identified as male. All participants stated they were born the gender they identified with.

All participants lived within an hour of the correctional facility where they worked. Two participants stated they traveled to other correctional facilities based on mental health needs. Of these two participants, 1 traveled up to 2 hours, and the other participant stated they travel to any correctional facility within the state based on the facilities' needs to have a mental health professional. All participants currently reside within an hour of the correctional facility where they work. All participants reported that the distance from their home to the correctional facility was within acceptable driving

limits. Three participants stated that a person living in rural areas is used to driving longer distances for jobs, shopping, and everyday accommodations (see Table 1).

Table 1*Data Gathered from Demographic Survey and Interviews*

Demographic	P1	P2	P3	P4	P5
Born	Medford	Stanley	Medford	Black River Falls	Kansas City
Raised	Medford	Stanley	Medford	Black River Falls	Raymore, MD
Reside	Medford	Stanley	Wautoma	Black River Falls	Nekoosa
Age	43	52	42	38	45
Sex they identify with	Male	Female	Female	Female	Female
Highest level of education	PsyD	PhD	PhD	Master's	Bachelor's
Continuing education	No	No	No	Yes	Unsure
Work at more than one facility	Yes	Yes	No	No	No
Miles traveled a week between facilities	Up to 80	130	0	0	0
How often travel	2 times a week	2-4 times a week	NA	NA	NA
Years worked at facility	12	10	2	3	6 months
Internship completed	No	Yes	Yes	No	No
How they discovered job opening	Website	Internship	Website	Website	Website
Family employee at facility	No	No	No	No	Yes

All of the mental health professionals had doctoral degrees. The mental health professionals stated the qualifications for mental health professionals had changed since they were hired. The previous requirements were to have doctoral classes completed and working on the dissertation. One participant, human resource, stated since the department of corrections had changed the requirements of having clinical oversight before being hired as a mental health professional, “it is believed to have placed hinderance on applicants applying for the position.” Two participants stated they were able to obtain their clinical supervision hours while being employed at the correctional facility. One participant stated they had clinical supervision but had never officially been “signed off” on the clinical oversight requirement. This participant shared when they complete reports and assessments, the psychology supervisor reviews their work and signs off.

All participants stated when they were hired the title for the position and pay was not categorized as it is now. Most participants reported that labeling a person with a certain title for mental health professional created a superiority complex among their coworkers regardless of the length of time the person had been employed at the correctional facility. A common theme among the participants was noted among the title labels. Participants felt a person should be considered a “psychologist” regardless of their level of education. The participants all stated they did not do an internship at the correctional facility where they were currently employed. The administrative support participant stated it is very rare for anyone to be able to complete their clinicals at a correctional facility. The administrative support participant stated that while they had been employed at the correctional facility, only one student had been allowed to complete

an internship. This participant reported that this occurred because of that student's persistence with the psychology supervisor. The administrative support participant noted that in her opinion the correctional facility considers it too much of a liability to allow clinicals at the correctional facility.

All participants reported that their hiring, training, and retraining process could be better. All participants recalled completing the typical human resource paperwork, being shown their office, and starting their position. One mental health professional stated they worked at the correctional facility for 2 years before they received the official tour of the correctional facility. They recalled having simple training on how to talk with inmates, monitoring what is said to an inmate, how/what to document for conversations, and the schedule for when headcount/lockdown occurs on their unit. The mental health professionals all stated they had to do some of their own training to understand expectations and which personal to go to for different concerns. All participants agreed the training period needs extensive improvement. All participants reported that the Department of Corrections does little to nothing to retain staff. A common theme that participants shared was that the Department of Corrections feels that a person will stay at their job due to the state benefits.

The benefits at the correctional facility include state insurance at lower cost, a retirement program, and potential loan forgiveness, which were items that all participants discussed. One participant stated that these benefits do not appeal to them because they have a spouse with a government position and therefore receive no benefits through their job. They also stated their education was paid for, and those who believe their education

will be paid for may not qualify for loan forgiveness. Two of the four mental health professionals stated they had applied for loan forgiveness and had not heard whether they would qualify for this benefit. These mental health professionals also stated that if they do not qualify for loan forgiveness, they would be looking for other employment. All participants reported receiving enough benefits to not be looking for another job, but if they were recruited elsewhere, they would likely take that position.

Evidence of Trustworthiness

Evidence of trustworthiness was noted through common themes that all participants shared. Only two participants worked at the same correctional facility. One participant was employed over two and a half hours from the central correctional facility where two of the participants were employed. All participants felt they did not have adequate training and orientation upon first being hired. Common responses provided by the participants were used to determine the sample size and credibility of the study. Data saturation was attained based on similar statements provided by all participants.

Transferability of the findings was ensured by allowing the participants to provide additional information or clarify information as needed. When reviewing a participant's statements, I noted certain themes and asked for additional clarifying information to ensure transferability of findings. Participants felt their information would increase the validity of future studies.

Confirmability among participants occurred following the analysis of data gathered from the semistructured interviews. A data grid was created to prevent me from placing a personal perspective on themes that were noted. Conducting semistructured

interviews allowed for the study to be replicated in the future to determine whether similar themes are noted. Survey questions were precise to obtain demographic data, while open-ended interview questions addressed participants' lived experience. This allowed themes to be noted from the data analysis. The semistructure interview process allowed me to ask for additional clarification information to ensure data and themes were accurate and represented the participants' personal reflections.

Results

Most participants for this study were born and raised in rural Wisconsin. Most of the participants still reside in the same town they were born and raised in. The one outlier participant was born and raised outside of Wisconsin but has resided in Wisconsin for around 20 years. The average age of the participants is 44 years of age. The youngest participant was 38 years of age, and the oldest participant was 52. Four out of five participants were born as females and identify as females.

Education for all participants varied to some degree. The highest level of education was the participant who has a PsyD. This individual also has the most years working at the correctional facility and would be considered superior to the other participants. This participant has worked for the DOC for over 12 years. This participant travels up to 80 miles two to three times a week to assist other facilities. The next participant is a licensed psychologist with a PhD. This participant has worked for the DOC for almost 10 years. This participant also assists at other facilities and will travel around 130 miles, one way, two to three times a week. The next participant is considered a doctoral level psychologist associated with a PhD. This participant does not work at

other facilities. Participant four is a master's level psychologist with their master's degree. This is the only participant who is actively continuing their education to earn a PhD. This participant stated "I feel if I don't continue with my education and get a PhD, I will be weeded out for someone else who has a PhD. I really don't want to take on additional debt just so I can have some letters behind my name." This individual does not travel between other facilities and worries she will eventually be transferred to a different position at the facility that would be less fulfilling, due to not being a PhD. The last participant is administrative support, also known as human resources. This participant has worked for the DOC for six months and does not travel to other facilities. This individual is looking to possibly further their education in the future as they would like to have additional certification, for potential salary increase.

Travel distance from the participants' homes to work varied with the average distance of travel being 23 miles. Two participants travel around 45 miles, one way, for their employment. One participant travel 15 miles, and the other two travel around 5 miles. Of the two participants who travel to assist other facilities their average distance is 105 miles one way. The traveling participants stated that one week they travel two days then the next week they travel three days a week. Of these participants their commute to work is 45 miles. One week this participant will travel 770 miles and the other week 930. On average this individual travels around 850 miles a week between commuting to work and then traveling to other facilities. The next participant's commute to work is only 5 miles one way. However, one week this individual travels 570 miles and 830 miles to other facilities along with their commute to work. The average number of miles this

participant travels a month to commute to work and other facilities is approximately 700 miles a week. One traveling participant stated, "I feel that I need to travel to be a valuable asset. If I don't travel, I fear my position may be cut." Both participants state they start at their home base facility before traveling to another facility, and then return to their home base facility before returning to their home.

Four out of five participants discovered job openings from the DOC web site. Only one participant had a previous internship at one correctional facility but was offered employment at a different facility. This participant relocated themselves and their family for that employment opportunity. Two participants stated they had an opportunity to participate in an internship at a correctional facility. One participant stated their internship was when they were obtaining a bachelor's degree. The other participant stated it was for their clinical hours for their doctorate degree. Only one participant has family working for the DOC. This participant stated their spouse does not work at a correctional facility, but often is at minimal security correctional facility. Participant shared that their spouse is part of the probation and parole department and will meet with inmates before being released to the community.

Common themes that were noted while asking the participants about their lived experience of hiring, training, and maintaining mental health professionals in rural Wisconsin, are as follows. Many participants felt the DOC lacks proper hiring, training, and maintaining. Participants noted when they were hired, they all met in a common room with other new hires. The participants who have worked at the facility the longest, and the participants who had an internship both felt their new hire days were different

than most. Participant one stated when they were hired, the psychology supervisor spent “extra time with me and took me under their wing.” He felt that he was given more of handholding experience than what he sees with new hires at the correctional facilities. Participant two had an internship at a correctional facility. This participant stated following the completion of the internship, they applied for a psychology position and were hired. This individual stated they did not have a formal interview, and did not even know they were hired until they were shown how to punch in. Both participants felt when they were hired, they had more of a positive, upbeat experience in comparison to the process now. Both participants agreed as time went on throughout their years of employment the person focus approached ended and feel now it’s more of a “get them in and get them out” type of training process. All participants recalled completing their paperwork for human resources and then had a general orientation. The general orientation discussed topics of how to act around inmates, positioning oneself in a room with inmate/s present, and general documentation. The participants with the least amount of time working at a correctional facility recall being told to review policies on their computer, and review assessments tools in their office. Both participants stated they felt unwelcome in their position. These participants stated they felt lost for the first 6 months. The two participants who have worked at the facility for 10 years or over felt their experience was more of handholding and providing additional training. The participants felt their supervisors were trying to set them up for success and were truly invested in them and the success of their careers. The newer employees stated they felt their orientation training was “one size fits all and not personalized. It didn’t matter if we were

here or not, the presenter was just going through their slides to get through it.” When these three participants were asked to provide additional information to see if it could be determined if the presenter was bad, or if there was a lack of attention to the individual to have it more personalized to them. One participant thought it could be a combination of both. The other two participants felt as though they were just a “number going through the motions.” All participants agree that the new hiring, orientation process, and first impression of working for a correctional facility could be improved.

Another common theme noted through this portion of the interview process was hiring just to hire. High turnover rates were noted by all participants several times. One participant stated, “turnover rates is abhorrent, and retention is not a top priority.” The administrative support specialist shared that there have been several times she has questioned a person about hiring one individual verse another. The participant felt, “politics, and who you know will get you a position, even if that person is not the most qualified.” This participant shared that some people hired have a similar criminal history on their background checks as the inmates in the correctional facility. This participant states “as long as it’s disclosed, they will not disbar you from being hired.” All participants felt the bar for standards needs to be raised, and “quality employees are being hired, not quantity.” Two of the three participants have some activate role in the hiring process. One participant stated they interviewed a person following a brief review from the administrative support staff. This participant shared they have hired individuals just to hire. The administrative support participant stated often they will look at a person’s resume and assume it’s accurate. This individual stated they have hired people that are

later determined to have falsified their experience and resume, which then the DOC finds a way to terminate them.

All participants felt that the training portion for new hires, and continual training, need to be changed. Participants felt that specific department trainings need to occur during orientation, and not place people in “their role without having a mentor”. All participants agree that retention is not a priority. When asked for additional training, these training courses seldom occur for department specific. One participant stated they took it upon themselves to try and boost morale in the psychology department. The participants felt they could do more within their department to build a stronger bond, communication style, and working as a team. They stated they tried different activities, hoping it would boost morale and have better team-building experiences that could be shared in other departments. This participant stated they felt let down by their supervisor, and coworkers. This participant recalls being told by other co-workers “we just come to collect the paycheck and benefits. They don’t care about us, we are just a number, and they have proven that time and time again.” One participant nervously shared they were once told, “Our benefits are enough to keep employees. If they are not happy with that they can work elsewhere.” The mental health specialists shared they will individually sign up for additional training and they share with their coworkers. All participants agree that training and retaining current employees needs to be improved. Several participants stated if the correctional facility can display positive morale and have different team building exercises, they would feel accepted. All participants agree on orientation training, and training throughout an individual’s employment will lead to less staff

turnover and higher retention rates. All participants agree that the process for new hires needs to be revamped and provide more of a personal touch.

Summary

All participants other than one were born and raised in rural Wisconsin. Three of the five participants are currently residing in the same rural town they were born and raised in. Two of the five participants commute around 45 minutes one way to work at the correctional facility. While the other three have less than a twenty-minute drive to and from work. Two of the five participants also travel to other facilities to assist in providing mental health services. On average these two individuals travel 1,550 miles a month to assist at other rural facilities. These participants travel to other facilities due to the lack of mental health professionals employed at rural correctional facilities. Four of the five participants are considered mental health professionals qualified by the DOC and have different educational levels. The fifth participant is considered administrative support, also known as human resources. The average length of employment of the participants at the DOC was 5.5 years. The common themes noted when asked about the participants lived experience in hiring, training and retaining mental health professionals had three common themes. There are limited mental health professionals applying for positions at the correctional facility, and quantity is being hired over quality. Training is limited. Mental health professionals all expressed concerns about not being provided additional training dedicated to mental health. Several mental health professionals have taken additional training outside of the DOC to stay current and up to date on treatments, services, and providing assessments. All participants felt the DOC does not do enough to

retain quality staff. Participants felt if more attention was given to training and retaining, “burn out and turnover rates” would be significantly lowered. The theme of providing better training opportunities could potentially retain mental health professionals at the rural correctional facilities. This could lead to other opportunities, such as less travel to other rural facilities for mental health professionals. The mental health professional will then be able to provide more and potentially better services to their home base facility. Keeping mental health professionals trained and retained at one facility could have a tickling effect on inmates, as their mental health, emotional, and substance abuse needs would be able to be met and potentially maintained effectively.

Chapter 5: Discussion, Conclusions, and Recommendations

Correctional facilities in rural Wisconsin face many challenges when hiring, training, and retaining mental health professionals. The purpose of this study was to explore barriers in hiring, training, and maintaining mental health professionals in rural Wisconsin. The study focused on lived experiences of mental health professionals, administrators, and supervisors currently working at a rural correctional facility. A noted trend in rural Wisconsin had been the lack of mental health and substance abuse professionals. This had also been noted in correctional facilities in Wisconsin, specifically rural areas. Urban areas can offer benefits and additional resources that rural communities are not able to offer. Due to limited access to financial benefits, mental health professionals tend to avoid working in rural areas.

Interpretation of the Findings

Five individuals participated in the study focusing on their lived experience of hiring, training, and maintaining mental health professionals. Four individuals were mental health professionals, and the fifth individual was administrative support working in human resources. All of the mental health professionals were born and raised in rural Wisconsin and continued to reside in rural Wisconsin. Three of the four mental health professionals had their doctoral degree in psychology, while the fourth was finishing their doctoral classes. The average distance that participants traveled to work was 23 miles. Two mental health professionals traveled 45 minutes one way to work at the correctional facility. Two mental health professionals assisted at other facilities due to those facilities not having their own mental health professionals employed. These two professionals

traveled an average of 700 miles per week. One mental health professional reported that if they did not travel, their position would be eliminated, and they would no longer be employed.

Three of the participants stated they found their position posted on the department of corrections website. Two mental health professionals stated they did an internship at a correctional facility but not at the current facility where they worked. The average length of employment for the two participants who had done an internship was 6 years. The average length of employment for all mental health professionals who participated in this study was 6.75 years. The administrative support participant had been employed for only 6 months. This individual was also the only participant who had a family working at a correctional facility. The participant and their family did not work at the same facility.

All participants reported that the hiring, training, and retaining process at their correctional facility could be improved. All participants felt they did not have orientation other than completing new-hire paperwork and being shown their office. The participants who had an internship felt that maybe they did not have an orientation due to their internship. One mental health professional shared that they were employed at the correctional facility for 2 years before receiving an official tour of the facility. All participants recalled having training on how to interact and document situations with inmates, but no training for their position. All participants felt the department of corrections does very little, if anything, to retain staff.

A common theme was that government benefits should be enough for staff to stay. One participant stated that the government benefits are not why they stay employed

at the facility; rather, it is the potential for having their school loan debt forgiven. Two of the four mental health professionals applied for student loan forgiveness and stated they would stay employed at the facility for the length of time that is required for the loan forgiveness. The participants stated if their school loans did not qualify for loan forgiveness, they would look for other employment.

Limitations that were noted in this study included the number of participants who were able to interview. Recruiting a sufficient sample size in rural areas was difficult due to smaller populations. Mental health professionals work at more than one facility, creating a shortage of individuals to interview. This dual relationship allows mental health professionals to provide services that might not otherwise be available.

Recommendations

Recommendations for future studies include conducting the same study in rural and urban areas. I was not able to determine whether there was a base orientation guide that the facilities should be used. Rural correctional facilities may not follow the recommended orientation process. In rural Wisconsin, well-paying jobs are not common, and many families are economically impoverished. Urban correctional facilities place more importance on hiring, training, and retaining staff because there is more competition and opportunities for employees to find another job. In a future study, having more participants could lead to different results. In the current study, four of the five employees were born, raised, and currently reside in rural Wisconsin. Results could have been skewed due to these participants residing and working in rural areas. Having participants

who grew up and worked in urban areas and then relocated to rural areas may provide different insights into their lived experience.

Future studies should also focus on different rural areas. The current study focused on rural areas in Central Wisconsin. Challenges in rural areas can vary depending on geographic location. The lived experience of participants was similar due to all mental health professionals growing up and residing in rural areas, as well as being similar in age. The average age of all participants was 44. The youngest participant was 38. A future study could provide additional insight into lived experiences by gathering information from recent college graduates and individuals closer to retirement. An individual employed at a correctional facility for 10 or more years could have seen many changes throughout those years. Their experiences and insights, working through different changes, could provide different lived experiences than the findings from the current study.

Implications

The findings of this study could create positive changes not only in correctional facilities but in other institutions regarding better ways to hire, train, and retain employees. In recent years, the hiring process has changed. Job openings used to be posted in the newspaper or on the local radio station. Some employers posted signs in a window, and potential employees came in and applied for the job. Now technology assists potential employees looking for jobs based on location, wage, and benefits. Potential employees can look at job openings at home without making much effort in applying for a job.

Once an employer finds a quality employee they are interested in hiring, the challenge begins. The employer must provide a great orientation/new-hire process to have the employee continue working more than a few days. The orientation period is the first stage in having the employee engage in employment and start becoming invested. The retaining process is the second most important step in maintaining staff. Staff need to feel as though they are important, and their employer is invested in them. If the employee feels they are not valued or are only a number to the employer, that individual may be more likely to look for another type of employment. The current study's results demonstrate how important it is to provide a good orientation process and invest in an employee. All participants felt that the retention of employees was limited and that correctional facilities assume that government benefits will be enough to retain employees. Several participants reported that they are staying at the correctional facility in hopes their student loan debt will be forgiven. If their loan is not forgiven, they will look for employment elsewhere. High turnover rates at any place of employment can demonstrate how the employer is not invested in the employee. The current study demonstrated how important it is to provide a good orientation period, validate an employee, and continue investing in that employee. A happy employee who feels valued and validated will refer other individuals to that employer.

The positive social change from this study includes the ripple effect in making one small change to effect large changes. Correctional facilities in rural areas could find themselves having an abundance of mental health professionals if they make changes in hiring, training, and retention practices. If a mental health professional were to relocate to

a rural area where the correctional facility is located, that person may bring a spouse or other family members with them. The correctional facility will not only have another mental health professional, but they may also gain another medical doctor or teacher. The spouse or family members will also contribute to the rural area. Having one additional family move into the rural community will provide additional economic resources to the community. A rural correctional facility that can retain a mental health professional could provide additional economic resources for the area. Even if the correctional facility is not able to maintain the mental health professional and they decide to open a private practice, the rural community still wins because more individuals will benefit from mental health access and support.

Conclusion

Rural Wisconsin communities face many challenges with staffing a correctional facility with mental health professionals. Many rural facilities face a higher turnover rate due to mental health professionals feeling burned out. Resources are limited in rural areas and are more limited with mental health professionals. When a correctional facility hires a mental health professional, they must also retain that individual. Correctional facilities must compete with other facilities and urban areas that can provide higher rates of pay, better benefits, and additional opportunities for growth in their profession. This study focused on the lived experience of mental health professionals, administrators, and supervisors. Participants all felt they did not have adequate orientation training and that little was being done to maintain them. Several participants stated they were only staying

at the facility due to the potential of student loan forgiveness. If their loans will not be forgiven, they will not stay at the facility.

Rural areas have dwindling populations and eroding economies. If a mental health professional decides to leave, it could be detrimental to the correctional facility and community. The findings of this study could be used to improve correctional facilities' employee orientation and retention processes. Maintaining mental health professionals in a rural correctional facility could have lasting effects on the inmates by meeting their mental health and substance abuse needs. After serving time at the correctional facility, that inmate could be released and become a productive member of society due to having their needs met. A correctional facility that can maintain their mental health professionals may also see overall improvement at the facility. The mental health needs of the inmates may be met, and potential violent outbursts and fighting may be lowered by inmates being able to redirect their anger and negative feelings. Violent acts against correctional officers may be reduced because inmates' mental health and substance abuse needs may be recognized and treated. Improved hiring, training, and retention processes at rural correctional facilities may elicit positive lasting effects at the facility and the rural community.

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