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## **Behind the Scenes: Correctional Officers' Perceptions on Serious Mental Illness Training**

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*St. Catherine University*

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# Behind the Scenes: Correctional Officers' Perceptions on Serious Mental Illness

## Training

By

Teri Gerhardt, L.S.W.

MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work  
St. Catherine University and the University St. Thomas  
St. Paul, Minnesota

In partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members

Dr. Felicia Washington-Sy (Chair)

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### Acknowledgements

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Behind the Scenes: Correctional Officers' Perceptions on Serious Mental Illness Training  
By Teri Gerhardt

Research Chair: Dr. Felicia Washington-Sy

Committee Members: Shelly Richardson, LICSW; Anna Maija Lee, LSW

Correctional officers working within county jails are limited in training for mental health crisis intervention strategies. This study explored correctional officers' insight after fulfilling training on SMI provided by the National Alliance on Mental Illness: Minnesota, in which insight was gained of professional attitudes and perceptions, evaluating program effectiveness. A focus group was employed with correctional officers who were purposefully invited to participate in this study as they have direct, firsthand knowledge of the strengths, weaknesses, and areas for improvement of the training. The findings indicate that correctional officers feel jail is not a place for individuals with a mental illness. The stigma of mental health behavior is another finding noted within the correctional officers discussion. Lastly, with the collected perceptions and judgments of correctional officers', it is duly noted that this training provided by NAMI: MN is a solution to overcoming barriers of increasing knowledge of SMI. Recommendations for the program include increasing knowledge on signs and symptoms of mental health behaviors, teaching ways to approach individuals who are not in crisis, collaboration techniques, and ensuring administrators are made aware of how important this training is for correctional officers and ways it benefits their jails, as an organization and a system. One last recommendation is that more correctional officers' need to be taught about mental health, signs and symptoms, truths about mental illnesses and stigmas surrounding SMI, increasing knowledge.

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## **Statement of the Problem**

Minnesota has approximately 5.2 million residents, with close to 168,000 adults living with a serious mental illness (SMI). In 2008 the state of Minnesota had approximately 2,300 adults incarcerated in Minnesota prisons. Of this total, 31% of female and 14% of male inmates live with a serious and persistent mental illness (National Alliance on Mental Illness, 2010). In addition, individuals with mental health issues may fail to receive appropriate support and mental health care while entering the criminal justice system (Lamberti & Weisman, 2004; Litschge, & Vaughn, 2008).

Additionally, adjustment to confinement may be difficult and may create habits of thinking and acting out that may be dysfunctional. These psychological effects may not affect all individuals who are incarcerated, yet very few are completely untouched (Haney, 2001).

Incarcerated individuals may suffer long term effects due to uncommon norms of living and interacting with others. According to Haney (2001) the process of incarceration may include some of the following psychological adaptations: (1) dependence on institutional structure and contingencies, (2) hyper vigilance, interpersonal distrust, and suspicion, (3) emotional over-control, alienation, and psychological distancing, (4) social withdrawal and isolation, (5) incorporation of exploitative norms of prison culture, (6) diminished sense of self-worth and personal value, and (7) post-traumatic stress reactions to the pains of imprisonment.

Maladaptive actions may include physical and nonphysical assault, or self-injurious behaviors. If an inmate is placed in isolation, behaviors of depression or psychosis may incur with the best solution being to complete crisis intervention (Crawford, 2003). Managing these behaviors displayed can pose additional demands by correctional officers who may be unprepared to de-escalate incarcerated individuals with SMI (U.S. Department of Health and

Human Services, 2012). Unfortunately, the solution of crisis intervention may be a challenge of correctional officers due to limited resources and an environment that limits social support.

Correctional officers need to be prepared to perform their duties of working with incarcerated individuals who display mental health behaviors, improving the quality of mental health services and reducing stress on the staff. As stated by Adams & Ferrandino (2008),

“The view of correctional officers as having a participatory role in the mental health treatment of inmates is an emerging paradigm that makes a lot of sense. As Appelbaum, Hickey, and Packer (2001) noted, the correctional line officer interacts with inmates and observes their behaviors 24 hours a day, making officers the first to observe conduct and demeanor that may connote mental illness. Thus, a critical role those correctional officers can play in a multidisciplinary treatment approach is timely identification of inmate problems, which facilitates more effective intervention” (p.923).

Furthermore, statistics indicate high levels of incarcerated individuals with SMI, therefore, it is essential correctional officers receive appropriate training. According to the United States Department of Labor (2012) qualifications to become a correctional officer can vary by agency, yet all require a high school diploma or equivalent. Even though jails are licensed by the Department of Corrections, jails are governed by the counties they reside. As stated by Sergeant T. Theisen, Crow Wing County Jail, (personal communication, September 27, 2012) some counties may require college backgrounds or work experience and emphasizes that most hired corrections officers have a degree in criminal justice. T. Theisen (personal communication, September 27, 2012) also claimed that officers are trained in interpersonal communications, with no specific trainings in SMI. With high numbers of individuals incarcerated displaying mental

health symptoms, it is imperative that correctional officers receive training in severe mental illness. For this reason, correctional officers need to be aware of mental health behaviors and therapeutic interventions which may reduce behaviors.

Research has shown that correctional officers working within county jails are limited in their training for mental health crisis intervention strategies for individuals with SMI (Coffey, 2012; Lamberti & Weisman, 2004; Theisen, 2012). The Treatment Advocacy Center (2002) found that a majority of our county jails do not provide adequate services to incarcerated individuals with SMI. Their findings claim that one in five jails have no mental health services of any kind and that corrections officers in 84% of jails have less than three hours of training, or no training at all.

### **Problem Statement**

The law states individuals need to be held accountable for their actions and our society portrays inmates as hardened criminals. However, most county jail offenders are nonviolent, vulnerable, and may be victimized by other inmates during incarceration (Coffey, 2012). As a result based on the research, it is suggested that our society has the duty of providing mental health services to incarcerated individuals to promote the reintegration process, not to traumatize the incarcerated individual. Specifically, the aim of this research was to explore correctional officers' insight after they have fulfilled a training of SMI by completing a semi-structured focus group. The findings assess in what ways the training gave insight into the mental health of incarcerated individuals as well as professional attitudes regarding SMI training. This training was presented by Anna McLafferty from The National Alliance on Mental Health of Minnesota (NAMI: MN). Additionally, this research provided information to others on ways to enhance SMI training to correctional officers. Finally, the insight gained from correctional officers after



they receive training in SMI may help them better understand incarcerated individuals displaying mental health symptoms and, as a result, enhance communication between the two thereby improving the environment for inmates overall.

### **Relevance to Social Work**

The primary mission of social work is to improve individual well-being and the well-being of society. It is essential that attention be paid to the bio-psycho-social factors that contribute to functioning appropriately in a community (National Association of Social Workers, 2008). Consistent with social work values, an argument can be made that even in a community of inmates, attention to bio-psycho-social well-being is critical. Individuals are particularly vulnerable to stressors while incarcerated. Social workers and correctional officers need to establish a service planning process that values personal choice, contemplating and addressing the bio-psycho-social needs of incarcerated individuals, identifying needs, and these needs being addressed (Shelton, 2004). Due to impaired psychological thinking, inmates with SMI can be disruptive or aggressive, which present challenges to correctional officers' within their confined setting. According to Coffey (2012), correctional officers are poorly trained to manage the bio-psycho-social challenges of inmates with SMI. Also, due to the high numbers of incarcerated individuals within a county jail, barriers are posed which may hinder daily functioning, possibly exacerbating symptoms.

According to the Montgomery County Emergency Services (2002) there are four obstacles that need to be overcome in achieving this including: (1) increasing the knowledge of law enforcement and correctional staff on mental health programs and how to access them, (2) increase the understanding of the criminal justice system of mental health providers, (3) increase

the cross training between the criminal justice system and mental health providers, and (4) better coordination between the criminal justice system and mental health providers.

In association with the social work mission and values, the objective of this research is to offer recommendations to overcome barriers presented to county jails with an implemented SMI training, based on an evaluation of correctional officers who received the training. This research is important in building a link between corrections officers and incarcerated individuals who suffer from SMI. Additionally, the research provides ideas for administrators in county jails to train corrections officers in a variety of topics, thereby increasing awareness of SMI. Correctional officers are a fundamental environmental influence in the lives of inmates. Therefore, enhanced training in SMI for correctional officers' employed within county jails is an important aspect of improving the overall environment. Finally, social workers need to be aware of the training being provided to correctional officers, as well as the bio-psycho-social well-being of incarcerated individuals displaying SMI to assist in creating a system that functions properly.

### **Definition of Terms**

To better understand the language of this study a definition of terms is provided below:

***Correctional Officer:*** Qualifications vary by agency yet all require a high school diploma or equivalent, with some counties requiring college courses or prior work experience. According to the Bureau of Labor Statistics, U.S. Department of Labor (2012-13) correctional officers typically have the following job duties: enforce rules and keep order within jails, supervise activities of inmates, aid in rehabilitation and counseling of offenders, inspect conditions within facilities to ensure that they meet established standards, search inmates for contraband items and report on inmate conduct. The main task of a correctional officer is to

maintain security by preventing any disturbances, assaults, or escapes (Bureau of Labor Statistics, U.S. Department of Labor, 2012-13).

***Jail:*** A facility administered by a local law enforcement agency intended for adults, housing inmates that are sentenced to serve one year or less. Jails are expected to house individuals who are awaiting trial, pending arraignment, awaiting sentencing or sentenced. Jails are also used for holding federal, state inmates, awaiting transfers (Minton, 2011).

***Severe Mental Illness:*** In this study, severe mental illness is defined as a medical condition that can disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Severe mental illnesses can diminish capacity for coping with ordinary demands of life (National Alliance of Mental Illness, 2012). A serious mental illness includes major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, and borderline personality disorder.

***Deinstitutionalization:*** For the purpose of this study, deinstitutionalization is defined as progression in the structure, practice, experiences, and purposes of mental health care in the United States (Encyclopedia of Mental Disorders, 2012). With the trend of closing state hospitals in the late twentieth century, patients with mental illnesses were transferred into the community. "Deinstitutionalization also describes the adjustment process whereby people with illness are removed from the effects of life within institutions. Therefore adjusting to life outside of an institution may be difficult" (Encyclopedia of Mental Disorders, 2012, para.13).

## Literature Review

### Historical Background and Need

In 1866, the first state hospital was built at St. Peter, Minnesota, and intended to serve the entire state. Later additions to the state system also became statewide programs for the epileptic, mentally ill, and chemical dependent (Minnesota State Planning Agency, 1985). On June 30, 1982, there were 4,852 utilized beds in eight state hospitals, serving 87 counties in Minnesota, operating at full capacity. In the early 1980s, deinstitutionalization accelerated as States realized they could save funds by closing hospital beds. With a decrease in funding, the plan of phasing out state ran operated institutions within Minnesota developed. The Department of Public Welfare (1982) completed a study in 1982 submitting a report on the future of the state hospital system in Minnesota. Their findings state that closure of state hospitals would mean a loss of a major evaluation, treatment, rehabilitation resources and a net reduction in mental health resources in the system as a whole. Consequently, the closure of state hospitals meant that mentally ill persons living and receiving treatment in these facilities were transitioned into the community, while attempting to live independently (Coffey, 2012; Kemicek, 2011; Litschge, & Vaughn, 2008; Race et al., 2009).

According to the National Alliance on Mental Illness (NAMI) (2012) a vast majority of all Americans live in an underserved rural, remote area, experiencing disparities in mental health services. It is stated that 90% of our nation's landmass makes up rural America making up 25% of total population. Despite this large number, rural issues are misunderstood and minimized with policies and practices developed for metropolitan areas and are mistakenly assumed to apply to rural areas. The ways in which people seek or receive care are profoundly different between urban and rural areas. In remote areas people with SMI have inadequate access to care,

limited availability and a greater social stigma. As a result, individuals enter jails with more serious, persistent, and disabling symptoms (National Alliance on Mental Illness, 2012).

Research shows that with the deinstitutionalization era, there has been a rise in numbers of incarcerated individuals, as well as lack of proper interventions (Coffey, 2012; Kemicek, 2011; Litschge, & Vaughn, 2008; Race, Yousefian, Lambert, & Hartley, 2009). The review of literature also identified that the primary goal of correctional officers' is to maintain safety and security while on duty, ensuring public safety with little or no training in SMI (Bureau of Labor Statistics, 2012-13). One last highly recognized theme found in the literature is the barriers faced by county jails in training the corrections officers to include: funding, lack of staff, and lack of collaboration with the mental health team (Lamberti & Weisman, 2004; Coffey, 2012; Race et.al, 2009). Without this training, correctional officers may not learn mental health behaviors associated with SMI or symptoms, which may increase the risk of aggravating mental health symptoms.

SMI individuals are at an increased risk during confinement, as correctional officers generally resort to punishment and discipline (Lamberti & Weisman, 2004). A study was completed by Floyd, Scheyett & Vaugh (2010) with jail personnel who had numerous concerns regarding SMI inmates being confined while incarcerated or being mixed with the general population. With the lack of mental health treatment, incarcerated individuals with SMI displayed increased unhealthy behaviors during confinement and these behaviors were elevated when approached in an unhealthy manner by correctional officers. With the stigma of mental health, individuals may not identify with a mental health diagnosis upon intake assessment and Floyd et al., (2010) states that individuals who come into jail appearing stable may decompensate due to environmental stressors and emerging mental illnesses.

Prior research indicates high numbers of incarcerated individuals displaying mental health symptoms (James & Glaze, 2002; Floyd et al., 2010; Lamberti & Weisman, 2004). In 2002, structured interviews were given to 6,982 inmates while incarcerated within local jails by James & Glaze and is estimated that four of ten inmates were found to have a mental health disorder. Of the incarcerated individuals surveyed, 24% of inmates in a county jail have had at minimum one psychotic episode within one year's time. A psychotic episode is defined as a major disturbance in thought, which can include hallucinations and illogical thinking, and can impair a person's ability to make sound judgments (American Psychiatric Association, 2000). Other symptoms include the inability to reason, communicate, and behave in a controlled environment.

Additionally, depressive symptoms are common in incarcerated individuals with SMI. James & Glaze (2006) assert that of the 6,982 incarcerated individuals that responded, 30.4% had five or more major depressive symptoms, while 18.4% had indicated having four or more mania disorder symptoms. Major depressive or mania symptoms include persistent sad or empty mood, loss of interest or pleasure in activities, increased or decreased appetite, insomnia or hyper-somnia, agitation, feelings of worthlessness, inability to think or concentrate, suicidal ideations, persistent anger/irritability, and increased or decreased interest in sexual activity (American Psychiatric Association, 2000). Reckless behavior is common in someone who is displaying major depressive and mania symptoms, and as a result, judgment and decision making skills may be very poor.

When a mental health crisis of an incarcerated individual occurs, correctional officers have a key role in responding to the situation. Upon hire, counties provide on-the-job training with job duties including: maintaining security, supervising offenders in all daily living routines,

monitoring offenders' movement and activities, and offering disciplinary control. Discipline and security are taught to be of utmost importance and the main focus (Bureau of Labor Statistics, 2012-13). Correctional officers play a critical role with inmates while they are incarcerated, working with inmates 24 hours a day, seven days a week. For this reason, mental health professionals who have training in therapeutic intervention and symptom de-escalation can assist in training to correctional officers in a mental health crisis.

### **Mental Health Stigma**

Symptoms of mental illness become evident through behaviors of people with a mental illness, creating stigma. The Merriam Webster Dictionary (2011) terms stigma as an individual or group having an identifiable mark or characteristic differing themselves from the norm (Heuristic, n.d.). Unfortunately, these certain behaviors are judged by society with believing that these are character flaws, instead of treatable disorders. Lindberg (2006) states there are four specific behaviors noted creating stigma including psychotic behaviors; when people who talk out loud to a person who isn't really there. The second is social skill deficits; when individuals would rather be alone due to discomfort around others. Third is physical appearance; poor personal hygiene or wearing the same dirty clothes repeatedly. Lastly are behaviors which may lead to labeling of individuals who are diagnosed with a mental health disorder. Additionally, while mentally ill individuals display certain behaviors, onlookers may judge them and call them names like "sicko" or "weirdo" (Lindberg, 2006).

It is implied that the stigma of SMI has persisted throughout history and is exhibited by bias, distrust, stereotyping, fear, embarrassment and avoidance. U.S Surgeon General David Satcher (U.S. Department of Health and Human Services, 1999) released the first report on mental health in 1999 stating that mental illness is an area of concern, alleging that SMI is the

second leading cause of disability and premature mortality. This report identified that one in five Americans experience a mental disorder over the course of a year with nearly half of all indicated Americans not seeking treatment. Stigma of SMI leads many people to avoid interactions with individuals with SMI, which deprive them of their dignity, interfering with their full participation with society (U.S. Department of Health and Human Services, 1999).

However, research shows that when individuals with SMI are treated, they can make positive social contributions to society (Soderstrom, 2007).

### **Collaboration**

Correctional officers and mental health practitioners can collaborate, creating cross training and enhancing effectiveness. This cross-training would include correctional officers and mental health staff training beside each other. As a result, this would merge an understanding and appreciation of functions of both of the professional roles, breaking down barriers related to the security versus treatment dichotomy of professional goals, increasing communication (Soderstrom, 2007). The collaborative process can be intended to move correctional officers away from power and control into shared authority, resulting in greater achievements made by an organization who is working alone (Soderstrom, 2007). Collaboration may help eliminate barriers, increase opportunities, educate others about the agency's work which can create a shared vision, supporting systemic change (Soderstrom, 2007; Department of Justice: National Institute of Corrections, 2012). Hence, planning and implementation of evidence based principles creates a continuum of care, which may enhance an individual's ability to succeed during incarceration.



## **Examples**

One example of collaboration is the Montgomery County Emergency Services which has initiated the "MCES model" believing that education is the foundation to their program. Training is offered to all criminal justice agencies and tailored to the needs of that agency. Their three day course covers crisis intervention, mental health law, competency, mental health disorders, mental retardation, substance abuse, suicide, medications, and terminology. Individuals learn how to identify and relate to someone who is displaying mental health behaviors (Montgomery County Emergency Services, 2002). This program has been nationally recognized and widely replicated.

A second example is The National Alliance on Mental Illness of Maine whom has developed an expansion on Crisis Intervention Training (CIT). This research project was completed by Center for Health Policy, Planning and Research (2007) implementing CIT; a 40 hour class teaching correctional staff how to safely de-escalate a mental health crisis and connect people to local mental health resources. CIT has been shown to improve health outcomes and help prevent the exacerbation of psychiatric illness that often accompanies incarceration (Center for Health Policy, Planning and Research, 2007; Lamberti & Weisman, 2004). The intention of CIT training is to focus on identifying mental illness and the responses of correctional officers to successfully intervene in psychiatric emergencies. CIT has a mission of developing a community partnership to increase the ability of first responders to provide a safe and effective way to resolve incidents involving persons with a mental illness. However, Kemicek (2011) completed a research study concluding that with budget cuts to our counties; our communities are working with fewer resources and not able to afford this training. The staff in this study indicated a lack of training due to high costs, indicating that partnerships need to be developed

with mental health professions, promoting awareness (Kemicek, 2011). With numerous county jails facing challenges due to limited resources and staffing, incarcerated individuals with a SMI may be overlooked and consequently, CIT is an expensive training that many counties are not able to provide to their staff.

An alternative to full CIT training is currently being provided by the National Alliance on Mental Illness: Minnesota (NAMI: MN). The NAMI: MN is a non-profit organization which strongly advocates for programs enabling people with mental illness to thrive within their communities. NAMI: MN provides education, advocacy, and support, striving to eliminate stigma, promoting positive changes within the mental health system. NAMI:MN utilizes several types of evidence based programs including; (1) diversion programs, (2) trainings to corrections staff to become more aware of mental health symptoms, (3) de-escalation techniques, (4) how to use mental health first aid techniques, and (5) reentry projects, building support and promoting awareness (National Alliance on Mental Illness: Minnesota, 2012) .

### **Summary**

People who suffer from a mental illness deserve the same treatment as anyone else in the community. Without proper training in SMI a correctional officer may not be able to identify mental health symptoms, behaviors, strategies or crisis interventions. Most county jails lack funding and have limited budgets. With a shortened stay at the county jail level, jails are not intended to provide treatment. Having high numbers of incarcerated individuals with indicated scores of psychotic episodes, major depression and mania symptoms; it is our duty as mental health practitioners to ensure an appropriate level of care is required while housing incarcerated individuals (Soderstrom, 2007). With the primary goal of corrections officers being safety and security of incarcerated individuals, it is recommended that training of SMI be implemented to

correctional officers, teaching evidence based principles, therapeutic interventions and de-escalation techniques, to promote the well-being of an incarcerated individual with SMI.

Correctional officers need to be better prepared to recognize SMI and with the collaboration of agencies, county jails have the opportunity to receive this training. As a society, we need to understand how this training can benefit correctional officers, the agency, and the community.

The findings in this study will be used to gain insight on how correctional officers feel they can better understand incarcerated individuals displaying mental health symptoms, enhancing communication between the two. The preliminary research question for this study is:

- What are the professional attitudes regarding SMI training for correctional officers'?

Lastly, this research question will help guide administrators within a county jail setting on implementing SMI training to correctional officers, as well as the benefits of this training, from the view of the correctional officer; the person who works with incarcerated individuals with SMI every day. In the end, the goal is to ensure correctional officers are able to identify mental health symptoms, behaviors, strategies and crisis interventions.

### **Conceptual Framework**

The theoretical framework used, along with a professional, and personal lens will be used to review this research topic. These lenses will provide this writer with framework in which to examine the topic of systems theory.

#### **Theoretical Lens**

Systems theory will be reviewed in understanding principles and concepts for this writer's research. "Systems theory is a philosophy and worldview arising from the belief that aspects of the world are not independent of each other but interdependent on one another"

(Darity, 2008, p.157). One has to understand that a relationship must exist among the variables

being studied and to utilize the systems theoretical framework, there must be interactions among what is being studied. Second of all, there are multifaceted patterns, as a result of these interactions (Darity, 2008). Utilizing the systems theory became widely known in the 1960's by Ludwig von Bertalanffy (Jordan, 1998) recognizing that the environment impacted behavior.

### **Principles of System Theory**

Systems theory greatly impacts how to understand organizations, as well as change the system. With systems theory, we need to look at the entire system being studied, as well as the various sub systems and the recurring patterns between the two. Individuals need to understand the system being studied including structures, patterns, and cycles, rather than one lone event within this system. By viewing the whole system and the sub systems, one can identify solutions to address problems within this system (AgileBok.Org, 2012).

Systems theory is valuable in indicating that in order to be fully effective, social change must occur on numerous levels. Thinking of the function of county jails housing incarcerated individuals with SMI can help evaluate the extent to which the system is succeeding in fulfilling their purpose and determining areas of weakness, as well as strengthening the organization to ensure functions run properly, supporting the individuals (Edman & Neuman, 2011). Therefore, correctional officers responding to SMI is an example of formal system levels who are working together, creating change within the system.

Systems theory builds on looking at the person-in –environment in reconstructing relationships of the system, to other systems within the larger social environment (Edman & Neuman, 2011). For social workers to understand and intervene in social systems, social workers must understand the essence of that system. As stated by Edman & Neuman (2011),

“Thinking of the function a particular system serves can help social

workers to evaluate the extent to which the system is succeeding in fulfilling that purpose and to determine areas of weakness or dysfunction that can be strengthened so that the organization functions properly and supports the individuals and the sub systems in it” (p.6) .

One way social work is defined is enhancing individuals, groups, and communities enhance social functioning and assisting in creating societal conditions in reaching optimal goals. Lastly, social workers need to understand systems theory to understand the person in environment amongst interactions between correctional officers and individuals incarcerated with SMI (Edman & Neuman, 2011).

For the purposes of this study the relationship existing between correctional officers and an incarcerated individual with SMI and their interactions with one another are a form of systems theory. Systems theory will be used in regards to correctional officers carrying out their job duties in maintaining safety and security, while incarcerated individuals who have SMI are surviving within the culture of the jail system. This research is an important aspect in regards to strengthening this organization. By understanding ways to overcome barriers to training of SMI, providing this training to correctional officers and ensuring incarcerated individuals receive support during their incarceration, promoting their well-being. Therefore, collaboration and cross training of correctional officers in mental illness strengthens the person in environment, creating systems change.

### **Professional Lens**

In this study culture is explained as an individual's actions and behaviors that influence behaviors of others, becoming routine. “Culture provides a set of rules, standards, and principles according to which a person can be judged to be a socially acceptable or good person” (Fredick,

T., Leong, L, Elizabeth, M., & Johnson, B. Culture, 2008, p.1098). Culture plays an important role in how people perceive and experience mental illness.

The National Association of Social Workers *NASW Standards for Cultural Competence in Social Work Practice* (2001) states,

“The social work profession traditionally has emphasized the importance of the person-in-environment and the dual perspective, the concept that all people are part of two systems: the larger societal system and their immediate environments. Social workers using a person-in-environment framework for assessment need to include to varying degrees important cultural factors that have meaning for clients and reflect the culture of the world around them” (pp.7-8).

To effectively serve America's diverse populations, one needs to understand and respect cultural differences (National Alliance on Mental Illness, 2012). Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations (National Association of Social Workers Code of Ethics, 2008). The National Association of Social Workers Code of Ethics (2008) states, “social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures” (1.05). Social workers should have a knowledge base of the culture and demonstrate sensitivity in provision of service (National Association of Social Workers, 2008). Relative to this study, it is essential to apply cultural differences among incarcerated individuals with SMI and correctional officers working with these individuals consistently.

Equally important to social work is the ethical principle that social workers challenge social injustice, while promoting social change (National Association of Social Workers, 2008).

This research has triggered training to correctional officers within a county jail setting promoting knowledge about mental illness, while evaluating the correctional officers' perspective. Training of SMI to corrections officers will ensure access to needed information, services available and resources within the community, creating much needed collaboration while the incarcerated individual's sentence is served. In reality, the knowledge of understanding that there has not been a vast array of training available to correctional officers in SMI may impact the analysis of the data.

In addition, it is the social workers ethical responsibility to promote the well-being of their clients (National Association of Social Workers, 2008). We need to understand that consumers with SMI may be incarcerated, while correctional officers may not be trained in mental health signs and symptoms, behaviors, or therapeutic de-escalation techniques which can greatly affect the incarcerated individual.

Lastly, this writer has professionally seen how being incarcerated affects consumers with SMI and reflects why it is believed mental health training may prove to be beneficial. As a practicing mental health practitioner in a rural area, this researcher has encountered numerous consumers with SMI who have been housed in a county jail. I have listened to numerous stories from consumers regarding their stay within a county jail and treatment received raising concern. Without proper training in understanding mental illness, behaviors and utilizing evidence based practices as therapeutic interventions, individuals who do face sentencing in a county jail may not thrive, hindering the confinement process.

### **Personal Lens**

As a result of witnessing the apparent frustration among correctional officers, as well as the incarcerated individual, these factors are what prompted this research. Personally, this writer

has an extensive history within the correctional field. A previous qualitative interview was completed by this writer with a correctional officer from a county jail indicating the need for SMI training and the perceived attitudes and treatment towards incarcerated individuals. As a result, this has prompted this researcher in getting training in SMI to correctional officers implemented within a county jail setting. In addition, this researcher has completed one quarter of a social work internship in a county jail and currently volunteers, completing bi-weekly groups within the county jail, reviewing much research along the way.

With the theoretical framework for this research project being systems theory, this writer has to look at the entire system including county jails, their policies, collaboration and training to identify and address the inadequacy of training for correctional officers of SMI, as well as their perceptions of this training. Working with diverse populations, it needs to be restated that social workers need to challenge social injustice, promoting social change, while promoting the well-being of in incarcerated individual with SMI in the environment for which they reside.

### **Methods**

This clinical research project took the form of a program evaluation of training on SMI for correctional officers titled *Mental Illness and Crisis De-escalation* offered by Anna MacLafferty from the National Alliance on Mental Health on November 27, 2012 and December 4, 2012. The purpose of this research was to explore correctional officers' professional attitudes regarding SMI training and their perceptions of how effective the SMI training is in understanding mental illness symptoms. A focus group was employed that followed a semi-structured interview format. According to Gavin (2008) semi-structured interview formats engage participants in a manner that allows them to give more detailed, descriptive and in-depth responses.



This investigator has previously contacted the Administrator and the Programs Sergeant of a county jail located in Northern Minnesota about this study. Following confirmation of permission to proceed from the Administrator, this investigator attended a monthly staff meeting to recruit participants who took the SMI training. A discussion of the program evaluation, confidentiality, and informed consent followed in the recruitment process. The outline for the research methods follows this brief introduction.

### **Sampling Plan**

A purposive method of sampling was utilized to select participants for this research study. Purposive sampling includes the decision to approach this sample using prior knowledge with the ability to best serve the purpose of this study (Monette, Sullivan, & DeJong, 2011). The identified population is uniquely positioned to inform the research because they are the first of their kind in the county to undergo training on SMI for correctional officers. Thus, this population has been purposefully invited to participate in this study because they have direct, firsthand knowledge of the strengths, weaknesses, and areas for improvement of the training. Following this brief informational session, informed consent letters (see Appendix A) including consent to video tape (see Appendix B) the session were passed to all potential participants. Each potential participant had an opportunity to accept or decline participation. Of those who accepted to participate, actual members were randomly selected. The focus group is designed to supplement quantitative data gathered on program effectiveness from the training facilitator.

### **Research Design**

A proper evaluation is tailored to the specific goals and objectives to a program. Not only does a program evaluation focus on if the program is achieving a successful outcome, it focuses on issues in conceptualization, design, planning, administration, and implementation of

interventions of these programs. There are four main types of program evaluations that can be used in evaluating programs including (a) needs assessments, (b) process evaluations, (c) outcome evaluations, and (d) cost-efficiency evaluations (Rubin & Babbie, 1997). This writer will focus on outcome evaluations for this research project.

Outcome evaluations are used to determine the direction of an experience by consumers after a program's services and more specifically, to demonstrate the degree of change, if any. The follow up is conducted after the program has been implemented, evaluating the outcome. This may tell us if a program is doing what it was intended to do, or failing to do. There are five general categories that can be answered by completing an outcome evaluation including: (1) is the program achieving the desired consumer change, (2) has this program accomplished its objectives, (3) are the people who completed this program better off than not completing the program, (4) what is the evidence that this program can claim responsibility for the changes, and (5) are stakeholders satisfied with the program services (Richard, Yvonne, & Gabor, n.d.). There are three main stages to be considered in a program evaluation; strategy, process, and outcome.

First, according to Givens (2008), the strategic evaluation aims to describe the system under investigation, before the change takes place. Research is often conducted before the intervention, so that the goals and objectives are appropriate for the program. An evaluation is made to determine the need for the intervention and identify concerns from consumers, beginning the project of implementing strategies. Secondly, after the intervention has been defined, the process of implementing the program is to be assessed and what interventions will be used. Much research is needed to gain an understanding from the participants of the intervention, as well as from the stakeholders. Lastly, the main way to assess the outcome is to

find out if the intervention worked, or not. Outcome evaluation measures in detail, what happens, after the intervention has been applied (Given, 2008).

In completing this research, a program evaluation was completed in determining the value of correctional officers receiving training of SMI. The objectives of this program evaluation are as follows:

- To collect correctional officers' judgments and perceptions about the programs worth.
- To assess if the objectives of the training were met.
- To provide information on how the facilitator may improve the program effectiveness.

In understanding the patterns of SMI training and program effectiveness, this program evaluation will provide information and in-depth understanding of participant outcomes after receiving training in SMI. To gain understanding of the program participants, a qualitative design has been used to explore opinions, concerns, and personal experience of correctional officers receiving SMI training. A focus group was conducted as a means for data collection. For the purpose of completing this research project, a focus group is defined as exploratory research, with participants being free to discuss the topic of the SMI training they have received and their evaluation of this training (Given, 2008). This has been completed in a semi-structured manner; as this writer had questions relating to the topic of SMI training received and was discussed with the participants, evaluating personal feedback.

This focus group utilized correctional officers' feedback with their perceptions and attitudes of training of SMI to help answer questions which may lead to new ideas for administrators in county jails. This focus group was held to gather opinions, beliefs and attitudes encouraging discussion, building on one another's content, while learning more about this topic (Given, 2008; Blank, 2012). Focus group participants shared a commonality of being currently

employed as a correctional officer, thus giving the ability to gain the perceptions of SMI training and if the objectives of this training were met.

### **Data Collection**

Mandatory four hour trainings were provided by Anna McLafferty, NAMI: MN. The training has been implemented to all correctional officers within a rural county jail. Training consisted of the following: (1) knowledge of serious mental illness including diagnosis and statistics, (2) signs and symptoms of a mental health crisis, (3) how to communicate with someone experiencing a mental health crisis, (4) how to respond to someone experiencing a mental health crisis, and, (5) collaboration and resources. Following this training, a focus group has been held at an area meeting room with correctional officers'.

Data was collected from the videotaped focus group and the focus group followed a semi-structured interview format. Specific questions for the focus group can be found in Appendix C. The questions were formulated based on the trainer's goals and objectives of the training as indicated above. These questions were exploratory in nature, guiding the overall research question of professional attitudes towards how effective SMI training is in their role as a correctional officer. Questions asked during the focus group guided conversation revolving around satisfaction of the SMI training as well as their perception of knowledge received. Lastly, we explored ways in which correctional officers feel they can appropriately recognize signs and symptoms of a mental health crisis.

The focus group utilized correctional officers' feedback with their perceptions and attitudes of training of SMI to help answer questions which may lead to new ideas for administrators in county jails. The focus group, in general, gathered opinions, beliefs and attitudes encouraging discussion, building on content, while learning more about this topic

(Gavin, 2008; Blank, 2012). This focus group, specifically, allowed for sharing a commonality of participants being currently employed as a correctional officer. This information will provide the ability to gain the perceptions of SMI training and provide the ability to determine if the objectives of this training are being met.

### **Data Analysis**

Content analysis has been used to analyze data obtained from this focus group of correctional officers. The fundamental principle of content analysis is that the content being analyzed is recognized in identifying consistent patterns and relationships found between themes. Content analysis can also be used to identify communications between group members, as well as body language and degree of enthusiasm of the topic. Once themed categories are identified, this writer will as ensured data is relevant to which category they are placed and do not overlap (Given, 2008). By completing data analysis in this fashion, data analysis has increased reliability. In addition to maintaining field notes throughout this entire process, this writer has been analytic and mindful of the many perspectives of the content being analyzed.

### **Protection of Human Rights**

All participants were informed that the focus group was a voluntary, one time commitment, lasting 60-90 minutes in length, with data collection providing insight pertaining to future mental illness trainings offered to other correctional facilities. An agency approval form has been signed by the facility this research is being conducted, acknowledging collaboration on implementing SMI training along with allowing this writer to conduct research within their facility (see Appendix D). This risk to participants is minimal because no psychologically sensitive content will be explored and the focus group and conducted at a non-work related site, thereby maintaining confidentiality. Confidentiality was maintained by holding the focus group

at an area meeting room, away from their place of employment. Snacks and beverages were provided for participants in appreciation for their time and participation.

In addition, research participants were notified of the confidentiality agreement and provided consent to participate in the focus group (see Appendix E). This consent form included information about the current study and approved by Dr. Felicia Sy along with representatives of the University of St. Thomas Institutional Review Board (UST-IRB).

This researcher also clarified to participants that a video tape of the focus group was being made to ensure accuracy of data collection. The consent to be videotaped was signed prior to the start of taping. This video tape is being held in a secure file cabinet in the writer's home, until destroyed along with consent forms, and transcripts. Furthermore, the electronic copy of the video tape and transcripts will be on a password protected file on my computer with any identifying information on the transcript being deleted and will be destroyed on May 20, 2013.

### **Findings**

The objective of this clinical research project was to evaluate SMI training provided to correctional officers', program effectiveness and personal experiences of correctional officers' receiving this SMI training. Upon recruitment, three people agreed to participate in the focus group. One person actually showed up for the focus group. A request was made to the IRB to modify this study; two participants approached me who was willing to answer questions via email. Upon analysis of the data, findings indicated that the objectives of training were met. The data was analyzed through content analysis of participant answers to open ended questions both written and recorded.

The first objective was to gather correctional officers' judgments and perceptions and how they relate to the programs worth. Correctional officers stated that they understand how

important collaboration is in learning about symptoms and behaviors being displayed by incarcerated individuals. The first findings noted that respondents indicated that jail was not the place for individuals displaying SMI behaviors, as they will not get the help they need. Following this training, correctional officers' are better able to recognize symptoms and behaviors as stated,

“Yes, it gave me a lot of insight on misconceptions. It was a big part for me, ya know. I thought this way before and after, ya know. My thinking's quite a bit different, to try and be not so judgmental against them”.

Another participant stated,

“It reinforced that mental illness is a reality and there are many offenders that have a mental illness; more than there ever was”.

Participants acknowledged that they benefitted from this training and are more aware of mental illness.

The second objective was to explore if this training has met the objectives of what was intended. The facilitator had objectives of training correctional staff in becoming more aware of mental health symptoms, de-escalation, mental health first aid techniques, and building support and promoting awareness. Attention is brought in being made more aware of SMI and the numbers of incarcerated individuals displaying behaviors with staff indicating they were not aware of such high numbers of incarcerated individuals with SMI. As one participant stated,

“It's like you just hear mental illness and you automatically think most people think they're crazy ya know, but they're not”.

Participants pointed out that this was a good training and has increased their knowledge on SMI.

Another finding revolved around believing that individuals with SMI were believed to be either drunk or on drugs and stated,

“So it kind of helps to be able to think, well maybe it’s not drugs, maybe it’s something else, so I wouldn’t be able to be like, well, they’re not intoxicated but, it gives you another well maybe they’re not”.

After this training, correctional officers were made more aware and answered,

“To kind of decipher between some sort of a mental illness or intoxication. The training has helped”.

In addition to the objective of this training meeting what was intended, a finding noted is the de-escalation technique learned included listening to the incarcerated individual, giving time to answer, and possible reactions from individuals that they remembered. Once participant went on to state,

“You know, so that helped you know, to umm, choose, show us kind how to choose better wording when we’re talking to them. Cause I mean you never know what to say to them cause you don’t know what will set them off. So it kinda gave us more options”.

It was stated that correctional officers are better equipped to listen and give individuals time to answer, feeling heard. One last finding of the training doing what was intended is that the stigma of SMI by correctional officers, as the words of “crazy, judgmental, and dangerous” were expressed, making correctional officers more aware while promoting awareness.

The last objective was to see in what ways the facilitator may improve the program and its effectiveness that was presented. It is implied that correctional officers’ are able to offer information for the trainer in ways to possibly improve how the trainer may better this SMI



training. Program effectiveness seemed to provide insight into the success of how well correctional officers retained information. Most participants revealed they were able to pay attention and have a better understanding of what mental illness is, as well as better recognizing symptoms. It was pointed out that they had a previous mandatory four hour training prior to the SMI training, which lasted an additional four hours, going well into the late afternoon, making them more distracted and tired. Staff had a hard time remembering what was gone over and would like reviews of information periodically. Another idea brought up was correctional officers wanting to learn more de-escalation techniques, as well as communication skills. Correctional officers feel they would benefit from learning motivational interviewing and ways to sit and talk with individuals with SMI. Additionally, correctional officers' stressed the importance of teamwork, teaching more de-escalation techniques, and more signs and symptoms of mental illness. Lastly, correctional officers feel collaboration with mental health services and learning more signs and symptoms would greatly benefit individuals who are incarcerated with a SMI. It is suggested that the training was effective for correctional officers' of increasing their knowledge of SMI of incarcerated individuals. An answer by one participant,

“Yes, it, it gave it gave me a lot of insight on misconceptions. It was a big part for me, I thought this way before and after, ya know. My thinking's quite a bit different, to try and be not so judgmental against them”.

Again, the stigma of mental illness was brought up and was stated that individuals with mental illness are dangerous and to steer clear of individuals displaying behaviors. It is expressed that communication is important aspect while working with SMI individuals, as well as learning interventions on being patient, encouraging and ways to approach individuals.

### **Discussion and Implications**

The intent of this clinical research project was to evaluate training provided to correctional officers and whether it was effective or not. One finding was correctional officers stating jail is not a place for individuals with a mental illness and not getting the proper treatment while incarcerated. The Treatment Advocacy Center (2002) found that a majority of our county jails do not provide adequate services to incarcerated individuals with SMI. Answers from correctional officers' ranged from having little or no training, to having numerous classes. There are no set guidelines to what training a correctional officer receives in SMI, leaving incarcerated individuals with SMI at greater risk, during incarceration. With correctional officers having such an impact on an incarcerated individual's daily functioning and playing a critical role with their main focus being safety and security, we need to understand how effective this SMI training is to correctional officers'.

It is strongly noted that correctional officers want to learn more on de-escalation and therapeutic interventions, as well as signs and symptoms of mental illness. With T. Theisen (personal communication, September 27, 2012) indicating that one of the trainings offered being interpersonal communications, correctional officers believe that more training will benefit them in completing their tasks, while working with individuals displaying mental health behaviors during incarceration. Research has shown that correctional officers working within county jails are limited in their training for mental health crisis intervention strategies for individuals with SMI (Coffey, 2012; Lamberti & Weisman, 2004; Theisen, 2012) and better collaboration needs to be encouraged between jail administrators and the mental health field to be an effective tool in learning about SMI. As stated by Soderstrom (2007) collaboration can assist in eliminating

barriers, increase opportunities, and educate each other, which can create a shared vision, supporting positive change.

Secondly, stigma was also selected as a finding stemming from the discussion from correctional officers' perceptions. As stated previously, Floyd et al., (2010) indicated that individuals who come into jail appearing stable may decompensate due to environmental stressors and emerging mental illnesses. As per this researcher's findings answers given included beliefs that individuals with mental illness are dangerous and to avoid individuals displaying behaviors, as well as terminology used such as crazy, judgmental, and dangerous by correctional officers'. According to the U.S. Department of Health and Human Services (1999) the stigma of SMI leads people to avoid interactions with individuals, which may interfere with full participation from the individual. This training provides information about mental health, signs and symptoms, truths about mental illnesses and stigmas surrounding SMI, increasing knowledge, while decreasing mental health stigmas.

With the collected perceptions and judgments of correctional officers', it is duly noted that this training provided by NAMI: MN is a solution to overcoming barriers of increasing knowledge of SMI to correctional officers, with correctional officers' providing insight on possible ways to improve training. As declared, NAMI: MN provides education, advocacy, and support, striving to eliminate stigma while promoting positive changes within the mental health system. As confirmed by participants, they are able to pay attention and have a better understanding of what mental illness is, while expressing that communication is important and would like to learn better ways to approach individuals and learn therapeutic interventions. Administrators need to understand this training presented by NAMI: MN is a learning tool for correctional officers and respondents' stating it has increased knowledge and awareness of SMI.

## **Limitations**

This research had several limitations. The first limitation was the study being limited to a very small sample size. During the recruitment process six to eight participants were expected to participate in the group, with 3 correctional officers accepting. The night of the focus group, it was 23 degrees below zero, and one participant had pneumonia. Of total participants, one showed up for the actual group. This participant was very insightful, open, actively engaged, and willing to share all perceptions of the training in SMI. This researcher contacted the IRB Board and modified the original proposal application to include two interviews by correctional officers' who approached me and were willing to provide their insight to the open ended questions asked, via email. Approval was granted by the IRB to receive more information related to the training for correctional officers. With two of the participants providing their insight by email, the answers were much different then would have been completed by participating in the focus group. Answers were shorter in length and without great detail. This researcher was unable to probe participants for more information.

Additionally during recruitment, this researcher was unaware that correctional officers' would only be available for A.M. or P.M. and is impossible to have all participants meet at the same time. Due to their schedules and 12 hour shifts, each shift has a designated day off and was not able to participate for the scheduled date/time of the focus group. Another limitation was the procedure of a focus group being used. This researcher was unaware of the limited days off to correctional officers and the number of hours worked per shift. Upon asking why so little decided to participate, it was shared that this may be due to not being paid to participate and the unwillingness to use up their "free time". An additional topic was asked about training for

correctional officers and it was expressed that if correctional officers were paid, or training was mandatory, more may attend future trainings in learning about SMI.

An additional limitation is that during the recruitment process; after explaining the focus group, most correctional officers gave a lot of insight and questions pertaining to the training. I stressed the importance to them of being a participant, as any of the insight they shared during recruitment, could not be used in my data. Ultimately, the information they shared, however insightful, cannot be included in this research project.

Finally, this study would have benefitted from holding the focus group shortly after the training. It was indicated by participants that knowledge learned was not retained and that they would like to have reviews of information often, to assist in remembering information. This researcher thought that holding the group a few months after the training would be beneficial, as participants could share in ways in which they have used this training. In all reality, most did not remember what was learned.

A strength noted of this program evaluation indicating that the SMI training is meeting its objectives, while providing a training to correctional officers' that is free of charge and collaborating with outside agencies, in meeting mental health needs of incarcerated individuals.

### **Future Research**

A thought to further this research is to hold more than one focus group; completing one before the SMI training and one after, to gain more perspectives of what knowledge was learned during the training.

Another idea to further research in the area of correctional officers' receiving training in SMI is that more information could have been obtained by conducting this research in a survey and not a focus group. This could have been given asking open ended questions that were asked

during the focus group, getting a better representative from correctional officers and their perspectives. By not researching the days or time worked of correctional officers', more participants may have been willing to take the time to complete this survey. Also, by completing a survey shortly after the training, participants may be more apt to write their thoughts of the training, and not forget.

One last thought to further research is to see which county jails in our state have implemented SMI training and using what resources. In completing this clinical project, answers ranged from having little or no training, to having numerous classes. There are no set guidelines to what training a correctional officer receives in SMI, leaving incarcerated individuals with SMI at greater risk, during incarceration. Additionally, research can be done asking if there is a correlation between correctional officers who have received SMI training and if there are decreased behaviors of incarcerated individuals.

### **Recommendations**

The intention of this SMI training is to increase knowledge of SMI. It is recommended that further trainings be implemented to increase knowledge on signs and symptoms of mental health, behaviors, and communication. It is also advised that periodic reviews of trainings with correctional officers' happen to assist in retaining information. In addition to training it is advised that teaching ways to approach individuals who are not in crisis, yet displaying mental health behaviors, while keeping incarcerated individuals actively engaged in conversation.

Another recommendation is to have collaboration techniques in place to share with correctional officers', so they understand what is available and ways to seek guidance. As well, administrators need to be made aware of how important this training is for correctional officers and ways it benefits their jails, as an organization and a system.

Lastly, correctional officers' shared their feelings of their stigma on mental illness, as well as ways this training has provided information, enhancing their knowledge, providing insight. The stigma of mental illness leads some correctional officers avoiding interactions with someone displaying mental health symptoms. More correctional officers' need to be taught about mental health, signs and symptoms, truths about mental illnesses and stigmas surrounding SMI, increasing knowledge and decreasing mental health stigmas.

In conclusion, NAMI: MN provides SMI training and as pointed out in this evaluation, the training has been shown to be an effective tool in increasing knowledge to correctional officers'. Correctional officers' completing their duties of safety and security within the jail setting is of utmost importance, while also allowing the ability of individuals with a SMI being able to thrive within their confined setting. This clinical research study indicates a need for correctional officers' to be trained in SMI and leaning about diagnosis, de-escalation, and therapeutic interventions to open communication with incarcerated individuals displaying mental health behaviors. A need exists to encourage county jails to collaborate with mental health professionals in increasing knowledge of SMI with correctional officers'. Particular attention needs to be paid to jails in rural areas, as a possible lack of resources and finances may lead to difficulties in the collaboration process. This study finds that collaboration between mental health professionals and correctional officers' can indeed assist in overcoming these barriers, with NAMI: MN being willing and ready to accept this challenge by providing SMI trainings to county jails willing to participate.

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## Appendix A

### Informed Consent UNIVERSITY OF ST. THOMAS

This informed consent is for correctional officers, who have received training of serious mental illness in December, 2012. I am inviting you to participate in this research, titled: *Behind the Scenes: Correctional Officers' Perceptions on Serious Mental Illness Training*. You will be given a copy of the full Informed Consent.

#### Introduction

My name is Teri Gerhardt and currently a graduate student at the University of St. Thomas, completing a clinical research project. I am inviting you to participate, as you are uniquely positioned to inform this research as you are the first correctional officers' in the county to undergo this training on SMI for correctional officers. If you do not understand any of the concepts or words, please ask and I will take the time to explain as we go along. You may ask questions at anytime throughout this process.

#### Purpose of the Research

The purpose of this study is to explore correctional officers' insight after having fulfilled training in serious mental illness presented by Anna McClafferty, NAMI: MN. The objectives of this program evaluation are as follows:

- The collection of correctional officers' judgments and perceptions about the programs worth.
- How the facilitator may improve the program effectiveness.
- Did this training meet the objectives of what was intended to do?
- How effective is this SMI training?
- Determine if there are ways for this training to be more effective.

In understanding the patterns of SMI training and program effectiveness, this program evaluation will provide information and in-depth understanding of participant outcomes after receiving training in SMI.

#### Research Intervention

This focus group will be conducted to gather opinions, concerns, and personal experience of correctional officers receiving SMI training. For the purpose of completing this research project, a focus group is defined as exploratory research, with participants being free to discuss the topic of the SMI training they have received and their evaluation of this training. This will be completed in a semi-structured manner; as I will have questions related to the topic of SMI training received and to be discussed with the participants, evaluating personal feedback.

This research will involve your participation in a group discussion that will last approximately 60-90 minutes in length. The questions asked will be exploratory in nature, guiding the overall research question of professional attitudes towards how effective serious mental illness training is in your role as a correctional officer. A video tape will be used throughout the entire session which will be used to assess group perceptions, accuracy of data collected and aid in data analysis. This focus group is designed to supplement quantitative data gathered on program effectiveness from the training facilitator.

#### Participant Selection

The identified population is uniquely positioned to inform this research because you are the first correctional officers in the county to undergo this training on SMI. Thus, this population has been purposefully invited to participate in this study because you will have direct, firsthand knowledge of the strengths, weaknesses, and areas for improvement of this training.

#### Voluntary Participation

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may withdraw from the session at any time. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time without penalty. Do you have any questions?

#### Procedures

If you accept, you will be asked to provide feedback regarding training that you have received from NAMI:MN on serious mental illness and your role as a correctional officer. The questions asked will be open ended in nature, guided by myself. The discussion will start with me and I will ask if you have any questions about this research that you may have. I will then ask questions relating to this training received, has it helped, and possible ways of improving this training. You do not have to share any knowledge you are not comfortable with. This session will take place in the community, away from your place of employment and no one else but the people who take part will be present during the discussion. The entire session will be

videotaped. The videotape will be held in a locked file cabinet in my home and will be destroyed within 60 days from the focus group. The information will remain confidential, and I will be the only one to have access to this videotape.

**Risks**

You do not have to provide any information, or take part in any of the discussion, if you feel uncomfortable. You do not have to give any reason for not responding to any question, or for refusing to take part in the discussion. This risk to participants is minimal because no psychologically sensitive content will be explored and the focus group will be conducted at a non-work related site thereby maintaining confidentiality.

**Benefits**

There are no known direct benefits of participating in this research.

**Confidentiality**

Focus groups by their nature cannot be guaranteed to remain confidential. What information is shared in this group will be known to other members. It is encouraged that all participants respect confidentiality, as what is said will become common knowledge. I ask that each member utilize confidentiality and not share information outside of this group. The records of this study will be kept confidential. Research records will be kept in a locked file in my home. I will also keep the electronic copy of the transcript in a password protected file on my computer. I will delete any identifying information from the transcript. The video tape will be destroyed within 60 days of the completed focus group. This video tape will remain in a locked file cabinet in the researchers home. The electronic copy will be on a password protected file on my computer with any identifying information on the transcript being deleted and will be destroyed on May 20, 2013. Findings from this program evaluation will be presented to the public on May, 20, 2013.

**Voluntary Nature of the Study**

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may withdraw from the session at any time. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time without penalty.

**Contacts and Questions**

You may ask any questions you have now. If you have questions later, you may contact me at 218-820-0769. You may also reach my college professor, Dr. Felicia Sy at 651.962.5803 during office hours. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**You will be given a copy of this form to keep for your records****Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study and to be videotaped.

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**Signature of Study Participant**

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**Date**

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**Print Name of Study Participant**

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**Signature of Researcher**

---

**Date**

**Informed Consent**

**Appendix B**

**Videotape of Focus Group**

**University of St. Thomas**

\_\_\_\_\_ I agree to have this focus group videotaped for this clinical research project.

\_\_\_\_\_ I do not agree to have this focus group videotaped for this clinical research project.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

## APPENDIX C

### Questions Asked During Focus group

- After attending this training how has your knowledge of mental illness changed? What was your previous understanding about inmates with mental illness before you took the training?
- Do you feel you are better equipped to handle a developing mental health crisis? What aspects of the training on mental health crisis were most helpful to you?
- Do you feel more equipped to respond to a person experiencing a mental health crisis? What would you do differently?
- In what ways do you feel you can more effectively communicate with someone who is experiencing symptoms of a mental illness?
- Do you feel you are more able to recognize the signs and symptoms of possible mental illnesses? In what ways has the training affected your views on mental illness?
- Would you like to see more training and collaboration with mental health practitioners?
- If so, what areas would you like to learn more about?
- Do you feel something more should have been discussed?
- Do you feel this training was an effective tool in gaining knowledge in SMI?
- Would you recommend this training to other Administrators of county jails?
- It has been a few months since the training, have you found it useful?
- In what ways have you used this training?

## Appendix D

### Agency Consent Form

A focus group will be held with volunteer correctional officers after they have received SMI training. The findings in this study will be used to gain insight on how correctional officers feel they can better understand incarcerated individuals displaying mental health symptoms, enhancing communication between the two.

Your agency is invited to participate in this research. The agency was selected as a host for this study due to this facility being in my community and understanding the need for SMI training to correctional officers is needed.

A focus group will be held with volunteer correctional officers after they have received SMI training. The findings in this study will be used to gain insight on how correctional officers feel they can better understand incarcerated individuals displaying mental health symptoms, enhancing communication between the two.

Your agency is invited to participate in this research. The agency was selected as a host for this study due to this facility being in my community and understanding the need for SMI training to correctional officers is needed.

Study is being conducted by: Teri Gerhardt

Research Advisor (if applicable): Dr. Felicia Sy

Department Affiliation: University of St. Thomas

The purpose of this study is to gain insight from correctional officers after they receive training in SMI and how they better understand incarcerated individuals displaying mental health symptoms, enhancing communication between the two.

Study participants will be asked to do the following:

This research design is a qualitative design, using a focus group as a means for data collection. Qualitative data can be arranged by themes from the data and no numbers will be associated in this research project. A mandatory three and one half hour training will be provided by Anna McLafferty, NAMI: MN and will be implemented to all correctional officers within a rural county jail. Training will consist of the following:

1. Mental health first aid.
2. Crisis signs and symptoms.
3. Communication techniques
4. De-escalation techniques.
5. New ways of thinking about mental illness.

A focus group will be conducted at an area hotel meeting room with correctional officers' after training has been received. This writer will examine how correctional officers' feel they can better understand mental illness, as this can enhance how they interact with incarcerated individuals with SMI. Perceptions will be assessed of their professional attitude towards how effective this training is in their role as a correctional officer, as this may possibly influence more county jails to ensure this SMI training is available to their staff.

The target population for this study is a convenience sample of correctional officers from a rural county jail within the State of Minnesota. A formal session will be held at a mandatory monthly meeting and this researcher will provide information on the upcoming training, as well as explain the process of this focus group, reasoning, the requirements and commitment. With a target projection of eight people to complete the focus group, correctional officers will be selected randomly from a list of volunteers with no regard to age, race, gender or number of years they have worked for this facility. This writer will ask open ended questions of the participants, expecting the session to last approximately two



hours in length. A list of questions asked will be approved by Dr. Felicia Sy ensuring that the questions have met the UST- IRB and Protection of Human Subjects Guidelines. These questions will be exploratory in nature, guiding the overall research question of professional attitudes towards how effective SMI training is in their role as a correctional officer.

There are no known risks for this study.

The direct benefits the agency will receive for allowing the study are: There are no direct benefits to this study.

#### Confidentiality

The records of this study will be kept confidential. The types of records, who will have access to records and when they will be destroyed as a result of this study include:

#### Protection of Human Rights

Numerous efforts will be made to make certain that confidentiality will be rigid throughout this entire process. An agency approval consent form provided by the Institutional review Board of St. Thomas will be signed from the Administration of this facility acknowledging collaboration on implementing SMI training along with allowing this writer to conduct research within their facility. In addition, research participants will be notified of the confidentiality agreement and provide consent to participate in the focus group. The consent form will be modified to include information about the current study and approved by Dr. Felcia Sy along with representatives of the University of St. Thomas Institutional Review Board (UST-IRB). This researcher will also clarify to participants that a transcriber will be reviewing this audio tape for accuracy of data and will be held to the high standards of confidentiality, just as the participants. This audio tape will be held in a secure file cabinet, until destroyed. Furthermore, the electronic copy will be on a password protected file on my computer with any identifying information on the transcript being deleted and will be destroyed on May 20, 2013.

#### Voluntary Nature

Allowing the study to be conducted at your agency is entirely voluntary. By agreeing to allow the study, you confirm that you understand the nature of the study and who the participants will be and their roles. You understand the study methods and that the researcher will not proceed with the study until receiving approval from the UST Institutional Review Board. If this study is intended to be published, you agree to that. You understand the risks and benefits to your organization.

#### Statement of Consent

I have read the above information. My questions have been answered to my satisfaction and I consent to allow the study to be conducted at the agency I represent. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent.

**\*Electronic signatures certify that: The signatory agrees that he or she is aware of the polities on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants. The information provided in this form is true and accurate. The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures. Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects. The research will not be initiated and subjects cannot be recruited until final approval is granted.**

## Appendix E

### CONSENT FORM

#### UNIVERSITY OF ST. THOMAS

Behind the Scenes: Correctional Officers' Perceptions on Serious Mental Illness Training

**Please read this form and ask any questions you may have before agreeing to participate in this study.**

I am conducting a focus group with correctional officers' and completing a program evaluation of their perceptions on serious mental illness (SMI) training that has been received by the National Alliance on Mental Illness of Minnesota (NAMI:MN) in December 2012, at the Crow Wing County Jail, Minnesota. This focus group will utilize correctional officers' feedback with their perceptions and attitudes of training of SMI to help answer questions which may lead to new ideas for Administrators in county jails. With this focus group sharing a commonality of participants being currently employed as a correctional officer, it will give the ability to gain the perceptions of SMI training and if the objectives of this training has been met. You were selected as a possible participant due to your knowledge of past and present training in serious mental illness that is provided to correctional officers'. I invite you to participate in this research. Of all correctional officers' who agree to take part in this study, six to eight participants will be randomly selected to participate in the focus group. Please read this form and ask any questions you may have before agreeing to be in the study. Please keep a copy of this consent form for your records.

This study is being conducted by Teri Gerhardt, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Felicia Sy.

**Background Information:**

The purpose of this study is to explore correctional officers' insight after having fulfilled training in serious mental illness presented by Anna McClafferty, NAMI: MN. A program evaluation will be completed in determining the value of correctional officers receiving training of SMI. The objectives of this program evaluation are as follows:

- The collection of correctional officers' judgments and perceptions about the programs worth.
- How the facilitator may improve the program effectiveness.
- Did this training meet the objectives of what was intended to do?
- How effective is this SMI training?
- Determine if there are ways for this training to be more effective.

In understanding the patterns of SMI training and program effectiveness, this program evaluation will provide information and in-depth understanding of participant outcomes after receiving training in SMI.

**Procedures:**

If you agree to be in this study, I will ask you to do the following things: complete a onetime focus group being conducted at an area hotel, away from the workplace environment. I will ask open ended questions of the participants, expecting the session to last approximately 60-90 minutes in length. A video tape will be used throughout the entire session which will be used to asses group perceptions, accuracy of data collected and aid in data analysis. The questions asked will be exploratory in nature, guiding the overall research question of professional attitudes towards how effective serious mental illness training is in your role as a correctional officer. I will then complete a presentation of findings to the public on May 20, 2013, explaining data collected and findings.

**Risks and Benefits of Being in the Study:**

This risk to participants is minimal because no psychologically sensitive content will be explored and the focus group will be conducted at a non-work related site thereby maintaining confidentiality.

**Confidentiality:**

Focus groups by their nature cannot be guaranteed to remain confidential. What information is shared in this group will be known to other members. I ask that each member utilize confidentiality and not share information outside of this group. The records of this study will be kept confidential. Research records will be kept in a locked file in my home. I will also keep the electronic copy of the transcript in a password protected file on my computer. I will delete any identifying information from the transcript. The video tape will be destroyed within 60 days of the completed focus group. This video tape will remain in a locked file cabinet in the researchers home. The electronic copy will be on a password protected file on my computer with any identifying information on the transcript being deleted and will be destroyed on May 20, 2013. Findings from this program evaluation will be presented to the public on May, 20, 2013.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may withdraw from the session at any time. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time without penalty.

**Contacts and Questions**

My name is Teri Gerhardt. You may ask any questions you have now. If you have questions later, you may contact me at 1-218-820-0769. You may also reach my college professor, Dr. Felicia Sy at 651.962.5803 during office hours. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study and to be videotaped.

\_\_\_\_\_  
**Signature of Study Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Study Participant**

\_\_\_\_\_  
**Signature of Researcher**

\_\_\_\_\_  
**Date**