

# Effects of Peer Recovery Specialists on Mental Health Job Satisfaction in TDOC Facilities

Spencer Lyst

Independence High School

## ABSTRACT

This study aimed to understand the relationship between the following variables: the use of peer recovery specialists (PRS) for a broad range of treatment interventions (not just for substance abuse) and mental health workers' job satisfaction in Tennessee Department of Correction (TDOC) facilities. The design uses a mixed-methods questionnaire consisting of a job satisfaction survey, modeled after a parent study, and open-ended questions about mental health workers' position on PRS. Mean values for valuation and satisfaction were compared to get a result from quantitative data, and thematic analysis was used for the qualitative outputs. Their relationship was interpreted as convoluted; PRS was found to increase satisfaction in some dimensions while decreasing satisfaction in others.

## Introduction

The Tennessee correctional system has undergone a massive shift in its demands over the past several decades. As of 2017, the Bureau of Justice Statistics estimates that nearly 37% of inmates at state prisons have been diagnosed with a mental illness, and a further 14.5% experience serious psychological distress (Bronson & Berzofsky, 2017). Tennessee Department of Correction (TDOC) had to provide the care necessary for all inmates. TDOC contracts the mental health work done in its public prisons; the contract holder as of 2022 was Centurion. This means that Centurion employed all mental health workers in public Tennessee state prisons.

Job satisfaction, as defined by Hiroki Toi, "is an affective reaction to one's job, resulting from the person's comparison of actual outcomes with those that are desired" (2015). Studies show that employees' job satisfaction in correctional facilities is relatively low. This is primarily due to a lack of successful treatment interventions (Boothby & Clements, 2002). A treatment intervention already being used for substance abuse disorder (SAD), peer recovery specialists (PRS) could be a promising solution. PRS in correctional applications are inmates who have recovered from substance abuse or misuse (Stack et al., 2022). These inmates are currently used at all TDOC facilities to help inmates recover from substance use disorder. The rationale behind their use is as follows: if inmates are given support from someone other than mental health staff, someone who has gone through recovery and lives in the same environment, there is a higher chance of recovery.

This leads to the research question: "Does using PRS, in addition to other treatment interventions, affect the job satisfaction of Mental Health Workers in TDOC facilities?"

The use of PRS could benefit job satisfaction for mental health workers as it would provide inmates with more access to treatment. Inmates would be able to talk to mental health workers and their peers. Filling in the gaps between when inmates would regularly see mental health workers and counselors could be the difference between a steady path to recovery and not recovering from mental illness. Higher recovery rates would likely decrease recidivism and significantly reduce incarceration.

## Literature Review

TDOC Facilities are facing a severe influx of inmates requiring mental health services. This is due to many factors, but a prominent and pressing cause is the opioid epidemic. This epidemic is helping to raise the incarceration rate for drug offenses to 26% (Cahill, Slone, Trautwein, Dierenfeldt, & Moore, 2021). A large portion of inmates face sentences involving substance abuse or misuse; many of these offenses are also cases of recidivism (McCollister, et al., 2003). Specifically, in Tennessee, recidivism has risen to 39% of prison admissions and 46% for all "justice-involved individuals" (Cahill, Slone, Trautwein, Dierenfeldt, & Moore, 2021). Regardless of the cause, the number of mentally ill inmates in prisons will likely increase over time (Bureau of Justice Statistics, 1999, as cited in Boothby & Clements, 2002). These factors and more create a heightened need for mental health services in TDOC facilities.

TDOC combats this need for mental health services by contracting a mental health team that works with inmates and prison administration to provide adequate treatment to inmates. A large part of this is intake. During intake, mental health workers will gather data to determine what "level of care" an inmate is. There are five levels of care named with the numbers one through five (Miltich, 2022):

1. No mental health issues, function appropriately on the compound;
2. Mild mental illness, able to function on the compound with treatment;
3. Severe mental illness, cannot function on compound and, therefore, requires a supportive living unit;
4. Severe mental illness such that they need to be at the special needs facility (DeBerry Special Needs Facility); and
5. Currently suicidal or requiring mental health seclusion.

After determining an inmate's level of care, workers will place them in appropriate areas for treatment based on severity. Inmates who are a level of care three will be placed in a supportive living unit—a separate unit with 24/7 mental health care. Those at a level of care four or five will likely be transferred out of the facility to the DeBerry Special Needs Facility for proper treatment. All others (levels one and two) are placed within the regular compound, and mental health workers will periodically check in to see how the treatment is going. Their treatment primarily consists of psychiatric medication, as TDOC allows prescription of psychotropic medications to inmates (TDOC, 2015). In the event that an inmate should refuse treatment, mental health workers will assess their stability and determine whether they need to be housed in a Supportive Living Unit (SLU) (TDOC, 2019). In this process, mental health workers often have many inmates undergoing treatment they are responsible for on some level. This can make it difficult for mental health workers to make a genuine difference in an inmate's mental state. Without enough time to see each inmate regularly, many inmates make no progress in their treatment. For the most part, medication is the only treatment that makes a significant difference in an inmate's mental state. This raises a larger question about mental health workers' job satisfaction. Mental health workers say that most job satisfaction comes from making a difference in their patient's lives (Boothby & Clements, 2002). Peer recovery specialists may be a solution to this issue.

## Mental Health Workers in Corrections

A critical study in the literature on this topic is *Job Satisfaction of Correctional Psychologists: Implications for Recruitment and Retention* by Boothby and Clements. The study was conducted among mental health workers in public and private prisons across the United States. A majority of their respondents held a Ph.D. or PsyD in psychology, and the remaining participants were trained in clinical or counseling psychology. Their study reveals that many issues drove a decline in mental health staffing in correctional facilities. Many reasons contributed to the problem, but a central two stick out: dissatisfaction with opportunities for advancement and a focus on crisis intervention rather than treatment interventions.

A report is not available to show current mental health staffing in TDOC facilities. Centurion does, however, post job openings on its website, and there are over 40 openings for mental health positions as of November 2022 (Centurion, n.d.). These openings include the following positions: Behavioral Health Counselor, Licensed Mental Health Professional, Mental Health Clerk, Psychiatrist, Case Manager, and Psychologist. Many of these positions also offer a sign-on or retention bonus ranging from \$5,000 to \$15,000 (Centurion, n.d.).

### *Opportunities for Advancement*

Often, many mental health workers downplay their successes. The literature suggests that mental health workers are expected to perform as such due to the nature of the job; therefore, their work often goes overlooked (Testoni, et al., 2021). Mental health workers are still focused on performing well within their role but do not seem to value recognition. This is a typical downfall of the United States correctional system that appears to be found in multiple studies. Mental health workers do, however, still value opportunities for advancement highly (Boothby & Clements, 2002). This could also be because there is little need for a higher position for psychologists and mental health workers. There is nearly no room to grow within the industry (Boothby & Clements, 2002). Clinical Director is the highest role a mental health worker can have in a TDOC facility. This position requires a Ph.D. in psychology. The other roles are counselors, clerks, and case managers dealing with mental health matters. These roles are typically filled with psychologists and counselors with a master's degree, making it nearly impossible for these workers to advance.

There is room for advancement, but only in the administrative sense. Workers could choose to move into warden positions and perform well, as nearly every position in a correctional facility requires some understanding of psychological principles and human behavior. These workers would not be in direct connection to inmates. Given that previous research states that when mental health workers are performing personally meaningful work, they are most satisfied in their position, one may conclude that job satisfaction rates for mental health workers who take administrative positions may be lower than if they had kept their previous jobs. This idea is further supported by the idea that work variability increases job satisfaction in the correctional setting (Kalimo, 1980).

### *Crisis versus Treatment Intervention*

A study of mental health in prison taken from mental health workers' perspectives in Italy found that mental health workers are subjected to issues they cannot address safely (Testoni, et al., 2021). One participant in the study shared how mental health workers are subjected to inmates' issues and problems. Moreover, yes, while it is their job to listen to inmates and provide counseling, there is not much that a mental health worker can do given their circumstances. A mental health worker would not be able to switch somebody's cell and cannot transfer someone without a valid reason. This leaves many mental health workers without the gratification of making an actual difference in an inmate's mental state. The issue with providing this kind of care is that workers can only make a difference if inmates are willing to make that difference. Mental health treatment can only be successful in this fashion if inmates are willing to participate and make an active difference in their daily lives. This makes it difficult for mental health workers to perform personally meaningful work that makes a difference in inmates' lives and functioning., which, in turn, helps to decrease job satisfaction. (Dixon, Holoshitz, & Nossel, 2016).

### *Peer Recovery Specialists*

Peer support has been proven to be effective in not only substance abuse treatment but also mental illness treatment (McCrary, et al., 2022). In TDOC facilities, however, PRS are only used in the treatment of substance abuse disorder. The literature suggests that PRS could benefit those struggling with exclusively mental health disorders such as depression and anxiety, not only substance abuse (McCrary, et al., 2022).

This style of treatment could benefit not only the inmate, but also mental health workers. Because inmates have a higher chance of successful treatment when introduced to a peer recovery specialist, it can be assumed that a more significant portion of inmates would have successful treatment should the intervention be implemented. This, in turn, would likely raise the job satisfaction of mental health workers as they would see an upturn in successful treatments and attribute that to doing personally meaningful work and being able to make a genuine difference in an inmate's life.

### *Viewing Treatment as a Continuum*

A significant issue within the correctional world, and especially in TDOC facilities, is recidivism. In Tennessee alone, the recidivism rate has risen to 46% as of 2021 (Cahill, Slone, Trautwein, Dierenfeldt, & Moore, 2021). A considerable benefit of PRS is that they not only exist within prisons but also in outside communities. These communities can largely benefit from the use of PRS as most inmates who are leaving TDOC facilities after their sentence are of a racial, ethnic, or socioeconomic minority. A vital part of a successful treatment is not entering the same environment that one came from. Re-entering an environment in which a crime was committed, or drugs were abused severely heightens the risk of relapse and recidivism. Having access to certified PRS throughout and after their sentence could help by drastically reducing recidivism rates in Tennessee.

### Gap

There is virtually no current literature describing the relationship between job satisfaction and PRS. This project aims to understand how a proposed use of PRS will affect mental health workers' job satisfaction in a correctional setting. This is largely due to the lack of previous research on the effects of PRS on mental health workers' job satisfaction, and the literature available on job satisfaction in prison workers.

## Method

The purpose of this study was to answer the research question, "How does using PRS in addition to other treatment interventions affect mental health workers' job satisfaction in TDOC facilities?" Answering this question will help to understand future implications, specified on job satisfaction, of a proposed treatment intervention for inmates. This is largely due to the lack of previous research on the effects of PRS on mental health workers' job satisfaction, and the literature available on job satisfaction in prison workers. To understand mental health workers' current value and satisfaction of job dimensions and the effects of the proposed treatment intervention, a mixed-methods approach through an electronic questionnaire (See Appendix A).

### Participants

The participants of this study were all mental health workers employed by Centurion that worked at a TDOC facility as of February 2023; no state employees were a part of this study. A mental health worker is defined as a licensed psychologist with at least a masters degree in psychology. This also includes licensed social workers, and licensed professional counselors. All public TDOC facilities run by Centurion were sent the digital questionnaire. This does not include private correctional complexes run by CoreCivic. The inmates housed at each of these facilities varied in levels of care from level one to five as shown in Figure 1 below. Therefore, with each facility comes its own set of unique challenges and job aspects.

**Table 1.** Levels of Care Treated at Each TDOC Facility.

Name of Facility	Levels of Care Typically Treated
Bledsoe County Correctional Complex	1, 2, SLU (3)
DeBerry Special Needs Facility	Special units for levels of care 4, and 5
Debra Johnson Rehabilitation Center	1, 2 (Women’s facility) (No SLU)
Morgan County Correctional Complex	1, 2, 3
Mark H. Luttrell Transition Center	1, 2 (5’s sent to DSNF)
Northeast Correctional Complex	1, 2, 3
Northwest Correctional Complex	1, 2, 3
Riverbend Maximum Security Institution	1, 2
Turney Center Industrial Complex	1, 2
West Tennessee State Penitentiary Site 1	1, 2
West Tennessee State Penitentiary Site 2	1, 2, 3 (SLU for women)
All Facilities	Suicide Watch (5) as needed

(State Prison, n.d.) (Miltich, 2022).

## Apparatus and Materials

As the purpose of this project is to assess the effects of a proposed solution to low job satisfaction, the researcher opted to use a questionnaire. The questionnaire consists of 3 sections. The first section asks participants to provide demographic data. Previous studies have collected data about education, specifically the level of degree held. Because this study was focused on the effects of peer recovery specialists on different mental health workers, the degree held did not matter as much as the position held. For this reason, job titles and facilities were collected for demographics. This is the only demographic data collected. The second section is a job satisfaction survey (See Appendix A), modeled after the one given in the 2002 study by Boothby and Clements. This study determined certain job dimensions are most important to mental health workers in correctional facilities nationwide. Given recent changes in the system due to contract ownership in the state, it is important to evaluate the validity of this study’s results. There are two sets of Likert scales in which 18 job dimensions are listed. Participants were asked to rank how much they valued each aspect on the first set and how satisfied they were with each aspect on the second set.

The last portion of the questionnaire consists of one yes or no question and three free-response questions curated to help understand mental health workers’ current position on PRS and how they feel it could benefit or hinder their job satisfaction. This portion of the questionnaire is not based on prior research as it is meant to qualify existing knowledge in the subject area. First, they were asked if they feel that the use of PRS is beneficial to the treatment of inmates with substance abuse disorder, and were given the responses “yes” and “no” to select from. This question allowed me to verify that PRS would be a viable treatment option for most inmates. Participants were then asked to explain how using PRS as a treatment intervention for mental illness in addition to substance abuse disorder could improve inmates' quality of care. This question allows participants to explain their rationale for their response to the previous question. Participants were then asked to explain how they felt using PRS as a treatment intervention could improve their satisfaction with their current role. Answers to this question will give me an idea of how the participants currently see PRS regarding job satisfaction. Finally, participants were asked if they felt that broader use of PRS (for all inmates requiring mental health treatment) would decrease their therapeutic report with inmates, and their reasoning if so. As shown in previous studies, and mentioned previously in the literature review, therapeutic report and personally meaningful work is a significant factor in job satisfaction for mental health workers in correctional settings. This question will allow for a better understanding of how mental health workers see PRS affecting their job satisfaction.

There was also an informed consent provided that detailed all aspects of the questionnaire and its intended use (See Appendix B).

## Procedure

To create a design that aligns with the explanatory approach, the researcher chose to use an observational electronic questionnaire to collect primary data.

The questionnaire used was issued via Qualtrics, a free-to-use website that allows users to create surveys that do not collect any user data or personally identifying information. This was sent to Centurion for approval before being sent to mental health workers to complete. This project is a one phase, cross-sectional study. Upon approval of the project from Centurion, the questionnaire was administered via e-mail to prospective participants. Data collection lasted for 2 weeks beginning at the time the email was delivered to participants. After these two weeks, the mean valuation and satisfaction for each job dimension was compared. The significance of the results found was compared to those of the Boothby and Clements study to test this questionnaire's external validity and understand whether the results found in the previously mentioned study still hold true today. Thematic analysis was run on the qualitative outputs. The results found were then interpreted by the researcher to understand the relationship between job satisfaction, including specific job dimensions, and mental health workers' job satisfaction.

## Replication

Replicating this study is an important part of further research and understanding of this topic at large, and this study can easily be replicated throughout the United States. When replicating this study, it is important to use only correctional workers who are licensed psychologists and social workers. Using workers who do not work in the mental health sector of the correctional facilities being tested will likely result in deferred outcomes as their job entails a different type of work and relationship with inmates. To produce similar results to this study, the facilities included should treat inmates with varying levels of severity in their mental illnesses. Studies whose participants represent only a certain level of care would likely produce biased result.

## Results

At the end of the collection period, a total of 9 responses were gathered. Of the 9 responses, only one participant opted out of a total of 3 questions (see Appendix A, questions 4.7; 5.1; 5.7; 5.12). This participant was a former employee, and likely omitted these questions because they felt these dimensions did not apply to them. There was no observable attrition in participants. Although some responses to free response questions lacked substance, this was to be expected as they were placed at the end of the questionnaire.

Respondents were from 5 different facilities: Turney Center Industrial Complex (4), DeBerry Special Needs Facility (2), Riverbend Maximum Security Facility (1), Deborah K. Johnson Rehabilitation Center (1), and Northwest Correctional Complex (1). Respondents had a variety of positions at each facility including Clinical Director (3), Therapist (2), Behavioral Health Administrator (2), Social Worker (1), and Counselor (1). Each of these respondents represent a unique point of view as their facilities service different levels of care and their positions require them to operate in different parts of the system used to facilitate this care. Ideally, there would have been a response from each facility and each job position to represent all aspects of the TDOC system.

## Quantitative Results

Value placed on a job dimension was compared to satisfaction with that same job dimension. The value of these job dimensions can help to predict whether a certain implication would drastically affect satisfaction. For this reason, any mean valuation  $> 4.5$  was considered significant. The mean valuation for each dimension was then subtracted from the mean satisfaction for the same dimension to provide an idea of how the two compare, referred to as “result” (See Figure 2). Results  $\leq -0.5$  were interpreted as dissatisfied while results  $\geq 0.5$  were interpreted as satisfied. This is because the nature of Likert scales brings the possibility of a self-reporting bias. For this reason, results between  $-0.5$  and  $0.5$  were considered insignificant, and, therefore, omitted unless they had a significant valuation.

**Table 2.** Results from Job Satisfaction Questionnaire.

Job Dimension	Mean Satisfaction	Mean Valuation	Satisfaction – Valuation (Result)
Professional Atmosphere	2.88	4.00	-1.12
Clear Definition of Roles	3.22	4.22	-1
Personally Meaningful Work	4.11	4.67	-0.56
Cooperation Among Staff	3.67	4.78	-1.11
Access to/Influence on Decision Making	3.11	4.11	-1
Safety	3.78	4.56	-0.78
Relationship with Supervisor	3.78	4.56	-0.78
Autonomy	4.33	4.67	-0.34
Recognition	3.89	3.33	0.56
Appropriate Level of Responsibility	4.00	4.67	-0.67
Job Security	4.33	4.56	-0.23
Salary	3.67	4.89	-1.22
Competent Supervision	3.88	4.50	-0.62
Relationships with Co-Workers	4.33	4.56	-0.23
Therapeutic Rapport with Inmates	4.11	4.56	-0.45

Job dimensions without a significant valuation or result were omitted from this table. Results deemed dissatisfied are below  $-0.5$ . Results deemed satisfied are above  $0.5$ . Significant valuations are above  $4.5$ . Based on the valuations, mental health workers seem to care most about their salary and work environment. There was no dimension with a mean valuation under  $3.33$ , so it is unlikely that any of the job dimensions were not of importance to the participants. There was only one dimension with a low mean satisfaction: Professional Atmosphere at  $2.88$ . This dimension, while not having a significant valuation does have a significant result along with many other dimensions. The most negative results—salary, professional atmosphere, cooperation among staff, clear definition of roles, and influence on decision making—show where the work environment of TDOC facilities may be lacking.



## Qualitative Results

Through thematic analysis, three themes were identified when it comes to the effect of PRS on job satisfaction and are discussed in the following sections.

### *Normalization of Mental Illness and Increased Engagement*

Participants offered that PRS allow inmates to become more comfortable with their diagnoses and mental illnesses. One participant provided that “PRS [with] co-occurring disorders offer normalization, and a model to emerge healthier within the community itself.” This model allows inmates to see a peer who has improved from the state that they are currently in. This, according to participants, increases morality and makes inmates less fearful of the services offered by the mental health department. Participants explained that PRS have a certain effect on inmates. Oftentimes, one participant said, “it makes the person more comfortable sharing his issues when participating in a therapeutic setting.” This makes it easier for the mental health worker to understand the issues at hand with certain inmates. Furthermore, another participant suggested that this comfortability “would increase engagement of treatment and compliance to treatment” making mental health workers’ jobs easier.

### *Increased Support and Insight for Mental Health Workers*

Many different perspectives were provided on a possible increase in support and insight for mental health workers. Similar to the first theme, many participants noted that Peer recovery specialists may serve as mentors and “aid in recovery in a way that free world staff<sup>1</sup> cannot,” as one response stated. To elaborate on this position, there were a couple noteworthy examples. Firstly, “In some respects, PRS may act as liaisons, which can be effective in monitoring the progress of program participants.” Similarly, they may also be able to help discuss topics of concern with inmates that they would otherwise be reluctant to discuss with the therapist. Along with these roles, PRS can help to assist with mental health crises during off-hours. A number of suicide calls are made during off-hours, and having PRS to aid in crisis management could be beneficial, especially considering that inmates are more receptive to them. It was commonly found that this aid in recovery would make mental health workers’ jobs easier by providing more support in treatment. In addition to this aid in recovery, one participant, a Clinical Director, mentioned that the use of PRS could reduce the crisis work that they engage in, easing the amount of stress in their job. Furthermore, this reduction in crisis work could also, as supported by another participant’s response, “take some of the pressure off of certain staff, particularly LADAC’s<sup>2</sup>.”

In addition to easing the stress of their jobs, mental health workers also seem to stand to have bettered rapport with inmates. Specifically, participants noted that a more honest rapport could form, allowing for bettered communication and, therefore, treatment. Interestingly, one participant made the connection that using PRS for broader treatment applications “could potentially drop the suicide rate.” They further explained that “having a support system [could] hopefully reduce the overdoses that need medical attention with having peers they could reach out to when they are relapsing.” This, in addition to the increased support would heavily lighten the burden on the mental health system within TDOC facilities.

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<sup>1</sup> Free World Staff - Staff employed at the facility that are not imprisoned.

<sup>2</sup> LADC - Licensed Alcohol and Drug Abuse Counselor



### *PRS Would Not Affect Therapeutic Rapport with Inmates*

This theme was unanimously displayed throughout participants' responses. Some participants saw this issue as black-and-white, saying they "do not think that use of a peer recovery specialist would decrease therapeutic rapport with inmates." Many, however, expressed that implementing the use of PRS to inmates with conditions other than substance abuse disorder would take time to get right. Many wanted to clarify that, as one participant put it, "organic mental illness—I.e., depression, bipolar disorder, schizophrenia, etc.—require treatment above and in addition to substance abuse treatment." With this being noted, many participants explained that this balance between PRS and traditional treatment interventions may cause some imbalance. For one participant, their therapeutic rapport would not decrease. They elaborated, saying "any new program is regarded with suspicion. Any PRS will dance a line between staff and inmate and will need support in role clarity." As a suggestion, one participant provided that the "[use of PRS] should be at the therapist and inmate's discretion, not mandatory" to help keep therapeutic rapport high.

### *Outliers*

There were two responses that indicated a negative outlook on the broader implementation of PRS for treatment. They cited additional layers of complexity that could force mental health workers to engage in more roles to help support the PRS and opened channels for security breaches. As there was little to no elaboration on these responses, it is hard to determine exactly what these participants may be referring to. As mentioned in the third theme, PRS would likely need guidance when first starting treatment. As for security, due to the scope of this study the researcher is unsure of what could cause a security breach and suggests this be questioned further in future studies.

## **Conclusion & Limitations**

From the results of this research, it can be concluded that while PRS could be very beneficial to the treatment of inmates in TDOC facilities, they will likely not have a significant effect on job satisfaction. Because of the many factors involved in job satisfaction, this is a convoluted conclusion. The implementation of PRS into more treatment plans would impact a significant number of those job dimensions—some positive, some negative.

The use of PRS could help improve the treatment of inmates, allowing for greater satisfaction in dimensions such as personally meaningful work, therapeutic rapport with inmates, recognition, and even salary to improve through indirect influences. At the same time, however, PRS can make treatment plans much more complicated. Mental health workers must ensure that PRS are gathering the correct information, helping to counsel effectively, and ensure safe treatment through more extensive security measures. For these reasons, it is expected that the satisfaction of mental health workers may be slightly affected using PRS in more treatment plans; while many mental health workers and inmates would benefit from broader implementation of PRS, there are many complications that could drastically affect the job dimensions that contribute to job satisfaction. Those complications are very difficult to measure without implementing PRS more broadly in TDOC facilities.

From this research, it can be inferred that mental health workers have a workload that would be better handled with support; PRS are seen by mental health workers as a good support model for treatment, and for this reason, it may be viable to start using PRS in more than just SAD cases. This treatment would likely greatly benefit inmates, and in turn, mental health workers as they would have a higher chance of having more successful treatment interventions. The increased success of those interventions could improve satisfaction, and, in turn, help to increase employee retention. The research described in this paper took place with very few participants. In future studies, it is recommended that there are participants from all TDOC facilities and from multiple different positions within the mental health department. This may provide a better understanding of the job dimensions that truly matter to mental health workers at TDOC facilities. The conflicting effects PRS could have on mental health workers' job satisfaction could

possibly be too dissimilar to compare effectively. For this reason, it is recommended that future research addresses this problem by working to fully understand the effects of PRS on job satisfaction. Policies in mental health departments in TDOC facilities play a large role in day-to-day operations and could help provide a more nuanced understanding of the issue. This would allow for greater insight into even more specific effects of PRS on job satisfaction.

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