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# EXAMINING THE WAYS MENTAL HEALTH PROFESSIONALS STRENGTHEN THEIR SKILLS AND STAY MOTIVATED WHILE PROVIDING SERVICES TO CHILDREN AND FAMILIES

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EXAMINING THE WAYS MENTAL HEALTH PROFESSIONALS STRENGTHEN  
THEIR SKILLS AND STAY MOTIVATED WHILE PROVIDING SERVICES  
TO CHILDREN AND FAMILIES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Jennifer Romo  
Shamille Antoinette Wener  
June 2016

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## ABSTRACT

The purpose of this study is to explore the ways mental health providers continue to develop and strengthen their skills to have the most positive impact on the families they are supporting. An interview questionnaire was created to explore participants' experiences working with families and their children to generate an understanding of their current experiences in the mental health field. Through this study, we have learned that mental health providers are aware of the traits they possess in order to provide the best care for the clients and their families. Seeing positive client outcomes and receiving feedback kept participants in the study motivated. Client feedback and positive outcomes motivated participants to apply new research, go to workshops, be change agents, seek supervision, and network with other professionals for support. All data was collected using a qualitative design that was used in order to collect the data from the participants.

The sample consists of twelve Mental Health Providers who were interviewed after signing a consent to participate one-on-one. All interviews were transcribed and thematically analyzed. Based on participant narratives, this study found that there are barriers to the mental health professionals, due to cost, time restraints, lack of peer support, and supervision. Importantly, it also found a high correlation between motivation of the Mental Health Professionals to continue providing services to families and feedback and positive client outcomes. Future research is needed to explore additional ways to better support the Mental Health Provider in the mental health field.

## ACKNOWLEDGMENTS

I want to dedicate my Thesis Research to my Husband, Daughter and Son, my rock and two gems. I hope that as a Wife and a Mother that I have made you proud and that you can see this as a symbol that you can push through anything in life. If I can be the first in my family to accomplish this milestone while balancing everything I had on my plate, it goes to show that it is never too late or too impossible to accomplish your goals.

This Graduate program brought about the greatest sense of growth in me and made me a better stronger person throughout the process. Thank you for holding me down, for helping to balance everything around me, and for being my guinea pigs when I needed to try out new therapeutic concepts, it wasn't all in vain, you now have a future Clinical Therapist by your side. This Master's Degree is equally for you three as much as it is for me. You three were my momentum! Love you always! Your Wife & Mommy

Mom, my angel in heaven, thank you for instilling in me resilience and my sense of Faith. It's brought me through my greatest challenges in life as well as my greatest blessings. You never limited me, you believed in me since day one. Love you eternally, Your Daughter

I want to thank Jennifer for collaborating with me, as for the last three years you have been a great support in Graduate school and with our Thesis Research. This Graduate school journey was filled with laughs, tears, strategizing, and giving me that extra push when we struggled to get through!

Here's to our "Super Women" powers and to our own Professional Development in our new Social Worker Careers! We did it my friend!!!

To my Academic Research Advisor Dr. McAllister, thank you for your guidance and allowing us the independence yet structure to move through this Thesis Research process successfully. You knew we had this even before we could see the light!

To my Research Site and Participants, I appreciate you for allowing me your time and vulnerability to contributing to my Thesis Project. Know that your input to professional development is valued in the Social Work Practice. All of your work and commitment with the youth and families in the Mental Health field are truly admired.

-Shamille Wener

I would like to dedicate this thesis project to my husband, and my children who have helped me through these past three years. Going back to school to pursue my MSW was a difficult decision knowing I would be sacrificing my time with you. Thank you for your love and your patience these past three years. I am glad to be done with this chapter in our lives and am hopeful that the next chapter we will be creating fun and exciting memories together. I want to thank all of my family and friends who supported me through these years as well. I could not have done this without you!

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-Jennifer Romo





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## CHAPTER ONE

### ASSESSMENT

#### Introduction

The assessment chapter discusses the research focus, the paradigm chosen to conduct the research, as well as the rationale behind it. It gives a review of the research literature, the theoretical orientation, and the potential contribution this study will have to micro and macro social work practice.

#### Research Focus

The research question for this study will focus on “How can Professionals strengthen their roles to provide the best combination of services available to families raising children with mental health illnesses?” The Professionals will consist of Psychologists (PsyDs), Marriage and Family Therapists (MFTs), Master of Social Workers (MSWs), and Licensed Clinical Social Workers (LCSWs), who serve families with Mental Health disorders. Specifically, this project explored and focused on three subareas:

1. Why Mental Health Professionals need to be competent, sensitive, and experienced when working with families with Mental Health illnesses.
2. The ongoing efforts Professionals undertake on a personal level to develop and maintain professional knowledge and skills in providing services.

3. Explore the awareness, knowledge, and use of Evidence Based Models, Community-Based Interventions and Play-Based Interventions, which are integrated approaches in providing the most beneficial treatment.

Qualitative data was collected to highlight the Professional's individual efforts to better serve and support the families affected by Mental Health illnesses. This research study sought to provide valuable information on any limitations or barriers as well.

#### Paradigm and Rationale for Chosen Paradigm

This study applied the Post Positivist Paradigm. The researchers chose Post Positivism to gain the personal experience, and to develop a theory in an area. Typically, it is used in areas with little current theory or understanding. The data was collected in the form of interviews, in a naturalistic setting at research Site A and Site B where both researchers are student MSW interns. It provided both researchers with the human experience. This paradigm offered the researchers and the site participants more direct interaction and observation on non-biased holistic feedback, where the researchers will make every effort to strive for objectivity. According to Morris (2006), Post Positivism takes an inductive exploratory approach to understanding an objective reality. The researchers will openly explore what services the Professionals take part in to build their professional development outside of foundation knowledge and

basic competencies. This type of analysis is the most impactful, impartial and useful in addressing the research question and focus.

## Literature Review

### Mental Health Professionals need to be Competent, Sensitive, and Aware of Barriers when Working with Mental Health Families

Per the Centers for Disease Control (CDC, 2015), childhood mental health disorder is a term used to describe disorders specifically able to be diagnosed in children. Some examples include attachment disorders, Attention Deficit Hyperactivity Disorder and Autism Spectrum disorders. These disorders can impact children of all backgrounds and can effect the children's emotions, which then affects their behavior, and makes it very difficult for the child to do well academically. This can cause the child and their families' distress, especially if they do not have the resources to treat the mental health disorder successfully. Thankfully, evidence based interventions are available, so parents can work with trained professionals to identify the best treatment available for each individual child (CDC, 2015).

The CDC suggests that the involvement of the parent in the treatment of the child having disruptive behavior issues is a critical component of effective care. Parent involvement refers to regular attendance in family or parent-focused interventions as well as active participation in treatment sessions. Research discusses barriers to effective treatment, the problems with current child outpatient therapy, and possible changes to improve mental

health services (Haine-Schlagel et al., 2012). In another study by Baker-Ericzen and colleagues (2013), the results indicate that the therapists felt an inadequate service system support, lack of client family involvement and feeling overwhelmed with the overwhelming stressors of the families. However, the parents felt unsupported by their child's therapist. Parents reported feeling blamed and not heard by service providers, which negatively affected their outlook about the service provided, causing discomfort and resistance to participation in their child's treatment (Baker-Ericzén et al., 2013).

#### On-Going Efforts Mental Health Professionals take to Strengthen their Roles and Maintain Competence

In addition to the foundational knowledge and basic competencies acquired at a University and the support that a Mental Health professional's place of employment can provide, there are ongoing efforts and motivations on the professional's behalf that one can take part in to maintain their skills and competence. Building competence is aligned with partaking in activities such as professional readings, participating in mental health workshops and networking groups, and attending related conferences. These activities can assist with challenging cases while providing confidence in one's ability to provide beneficial mental health treatment.

Zins and Murphy (2007) suggest Professional Support Groups (PSG) as another way to offer tailored professional development. These groups can be offered offsite or in their work place depending on the professionals' unique



needs (Zins & Murphy, 2007). Continuing education is another means by which professionals can increase their level of competence in their specialty, as well as the number of years being licensed and having direct client exposure. Competence is essential for professionals who offer Mental Health Services to families raising children with Mental Health illnesses. When Psychologists practice outside of their scope of competence, they place their clients at risk of harm (Bradley & DeStefano, 2012). With the continuous changes in the client's needs, Mental Health Professionals have an ethical responsibility to stay well informed and knowledgeable in the area of mental health and children. Additionally, it has been reported through research and feedback that professional reading is considered to improve competence, to help in developing new skills and is easily accessed and can fit almost all professionals lifestyle (Bradley & DeStefano, 2012, p. 32).

#### The Awareness and Knowledge on Integrating Models and Approaches that Provide Effective Interventions to Mental Health Families

Mental Health Professionals should increase their knowledge and awareness of the following integrated approaches: Evidence-Based Models, Community-Based Interventions, and Play-Based Interventions which all show positive results when working with this population (Thomlison & Thomlison, 2011). Many of the families who seek services or are referred to agencies are in need of mental health services for their entire family or children with problematic behaviors. They often need assistance with, non-compliance,

sleep problems, and conduct disorders to name a few of the issues that could arise in a family. Per Thomlinson and Thomlison, Cognitive Behavior Theory (CBT) is the treatment of social, emotional and behavioral problems of children, adolescents, and adults (2011, p. 77). It has been determined that CBT has been an approach that has provided lasting and favorable changes for many mental health problems. Cognitive Behavioral techniques depend on relationship development and sensitivity to the client's needs (Thomlison & Thomlison, 2011, p. 94).

Another effective treatment home based treatment is the Triple P – Positive Parenting Program. This well researched program, which is a compilation of interventions for children from birth to age 16, teaches parents effective, easily learned strategies that empower them to address their children's behavioral concerns (Prinz, et al., 2009). The program helps prevent developmental problems, and builds strong, healthy relationships. It teaches the parents coping mechanisms, disciplinary skills and immediate reinforcement and corrective feedback. The Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in diverse family structures. A randomized population trial found lower rates of verified child maltreatment, child protective services involvement, when Triple P was taught and utilized (Prinz et al., 2009).

Furthermore, when working with children experiencing a mental health disorder such as Post-Traumatic Stress Disorder (PTSD), Mental Health

Professionals benefit from using Community-Based Interventions as these focus both on the trauma itself and potential losses. These interventions include psycho-education, cognitive restructuring, and management of coping skills. The interventions target healthy sleeping restoration, the feelings of safety and protection, and includes both the parents and caregivers. Early interventions are especially important since it has been shown that severe reactions are associated with long-term instability (Saraiya, Garakani, & Billick, 2013).

Moreover, there is also a need for professionals to do more research on the effects these interventions have on foster children's self-regulation, choice, and direction. One such approach is Child-Centered Play Therapy (CCPT). Per Swan in his journal from 2014, he reports that through this creative expression of Play-Based Intervention, children develop control and mastery over their world and experiences and learn to rely on their own internal self (Swan & Ray, 2014). Ample evidence suggests that CCPT is an effective approach for treating children with a wide range of social, emotional, and behavioral problems. Empirical research appears to show that play therapy improves children's self-concepts, external behavioral functioning and language development. CCPT studies also indicate a reduction in the symptoms of stress found in parent-child and teacher-student relationships (Swan et al., 2014).

There are a variety of approaches and models available for the use of Mental Health Professionals to strengthen their roles. In order to treat and manage the assortment of mental health issues children and their families face, the awareness and in-depth knowledge on popular Evidence-Based Models, Community-Based Interventions and Play-Based Interventions are highly recommended.

### Theoretical Orientation

Functional Theory considers social and cultural factors when applicable in a private or public setting with individuals, families, and communities. The worker helps clients release their own potential for choice and growth through the power of relationship. The agency or site through Functional Theory gives, focus, direction, and content to the Professional's practice. Professionals take the lead in initiating, sustaining, and terminating the process. Functional social work is an insight-oriented process appropriate for children and adults. Not all agency employees have professional training. In functional agencies, paraprofessional workers and volunteers are still required to uphold functional principals. As the author explained, "Lack of skill in knowing how to use our functions helpfully is costly to the agency in time in money and in human misery" (Dunlap, 2011, p. 237).

There are many families that seek immediate help with their children who are in crisis due to a traumatic event, an accident, death, separation, illness, and expressing suicide ideation etc. As Mental Health Professionals,

the Crisis Intervention Theory is another theoretical orientation that is short-term and is applied in this study as it is employed to stabilize families and their children by managing emotional distress, impaired task performances, inabilities and helplessness. “A crisis is a period of psychological disequilibrium, experienced as a result of a hazardous event or situation that constitutes a significant problem that cannot be remedied by using familiar coping strategies” (Regehr, 2011, p. 135). Crisis Theory is purposefully directed and focused on a current crisis that may occur unexpectedly or is a part of the life cycle. The professional makes a rapid bio-psycho-social assessment and fully engages with the individual or group on a cognitive level to quickly work to solve the problem and/or mobilize resources.

#### Potential Contribution of Study to Micro and Macro Social Work Practice

This study will contribute to both the micro and macro Social Work practice by emphasizing individual ways in which Mental Health Professionals can strengthen their roles and improve their competence. The on-going efforts, approaches and advanced knowledge that Mental Health Professional undertake will be beneficial in servicing families with children dealing with Mental Health illnesses. The researchers targeted which preventative measures, models, resources and outside programs were advantageous to be integrated into schools, at home and/or in the community to prevent the delay

and expedite the treatment, management, and support of those children affected by mental health disorders.

Agencies and all Mental Health Clinicians will be able to understand why it is critical to increase their access to valuable outside information and trainings, and in turn be equipped to provide the best and up-to-date combination of services available. This study will show how these ongoing efforts and the continuation of building upon the early basic competencies can have a great impact and overall beneficial effect on the families. Mental Health Professionals will be able to understand which approaches are valuable to adopt in order to improve the quality of their services they deliver on a micro and macro level.

### Summary

The assessment chapter starts the study by introducing the developed research question and its focus on three subareas. The Post-Positivism Paradigm is chosen and qualitative data will be collected and analyzed. The Literature Review gives an understanding of how competent professionals are needed to provide services to families raising children with Mental Health illnesses and any barriers. We also explored the on-going efforts Professionals take to meet the demands of their Mental Health role by strengthening their skills and knowledge. The awareness and knowledge of integrated approaches and methods are emphasized in providing effective treatment to clients. Functional Theory and Crisis Intervention Theory are the two

Theoretical Orientations introduced in this study, along with the details of how this research study can serve to potentially contribute to micro and macro Social Work practices.

## CHAPTER TWO

### ENGAGEMENT SITE A: RESEARCHER 1 JENNIFER ROMO

#### Introduction

The study was conducted with the Social Workers and Service Providers who provide services at Site A, a Family Resource Center (FRC) in Southern California. Permission to complete this study was provided by the site supervisor. The site supervisor was informed of the potential research study at the site. The site supervisor agreed verbally to support the research. A letter of consent, as well as a site letter for the site supervisor to review was provided. The site supervisor was thanked for the opportunity.

The Family Resource Center serves anyone seeking support, education and resources to support the families in the surrounding community. The mission of Family Resource Center is to provide education, support, and resources to enhance the process of family growth promote health, self-sufficiency, increase quality of life and foster a sense of community (Mission4health, 2015). The services it provides are individual counseling, family counseling, and life skills groups. In this chapter the engagement strategies for the gatekeepers at the research site was discussed. The chapter discussed how the researcher self-prepared for this proposal. The researcher further discussed any diversity, ethical, and political issues or concerns that may arise during the research process. The role of technology that may be applied during the process of the research was discussed as well.



## Study Site A

The agency is under the Mission Hospital umbrella that oversees two Family Resource Centers in Southern California, providing community based services. These Family Resource Centers, established in 1996 and 1998, respectively, serve approximately 500 people each year and offer a variety of services, resources, and activities to support local families (Mission4health, 2015).

There are a variety of programs offered currently at the first resource center that provide direct services to the surrounding community of South Orange County. The services provided are for the underserved population in this area, and include a variety of classes in Spanish and English including on parent education, support groups, counseling, life skills, and domestic violence. The resource center also provides linkages to information and resources in the surrounding area, and offers assistance to the homeless population in the area. The resource center has interns and are placed in the community at local schools, churches, and are able to do home visits. The family resource center works closely with other community partners such as the Raise Foundation, Children's Bureau of Southern California, and Community Service Programs, Inc., (CSP). The second family resource center has similar partnerships and is a collaborative effort between Mission Viejo Hospital, Social Services Agency, Mission Basilica of San Juan, The Raise Foundation, churches, local schools and the local neighboring cities. FACT

provides support and services to children and their families through community-based services operating at the family resource centers. In addition, it also provides organizational support through program development, grant writing, leadership, and training. The agency strives to meet their mission, vision and goals by offering education, resources, stable homes, healthier families, empowerment, and overall a better quality of life. (Mission4health, 2015).

Currently a Life Skills class is being offered in English and Spanish. Counseling services, Medi-Cal enrollment, as well as tax services are some of the services currently being provided at both sites. The agencies staff is currently going through several changes. There is one Director overseeing the Mental Health Services, one Community Outreach Director for Mission Hospital, and one Intern Supervisor who oversees approximately 10 active interns. There are seven MSW interns, and three MFT interns. There are two full-time LCSW's at each FRC. There are six other employees under special contracts for one of the FRC's. At the other there are six additional employees under special contracts/support staff as well. The majority of the employees are Bilingual in order to serve the Spanish speaking population. The cultural makeup of the staff is very diverse and are able to serve Farsi and Korean speaking individuals as well. It also has other agencies that work out of the center to ensure the community it serves is better served. The Family Resource Center (FRC) collaborates with other agencies such as Human

Options, Children's Bureau, The Raise Foundation, Covered California, Medi-Cal, and Mission Hospital. The clientele it serves is a very diverse population. Although the majority of the clientele is of Mexican heritage most of the services are provided in Spanish. In general, all ethnic, social, economic, and cultural backgrounds are served. Free child care is provided for all participants. All age groups are served including children, teenagers, adults, and seniors.

#### Engagement Strategies for Gatekeepers at Research Site

Permission was granted once the informed consent and agency form was provided to the site supervisor for the two Family Resource Center Sites. Once permission was granted the researcher began the process of interviewing the participants at the sites. The participants were interviewed by a series of questions during the interview process by using the post positivist approach. The researcher engaged the participants through email and ask if they would be willing to block out a scheduled time to talk about the research and established rapport with the participants.

#### Self-Preparation

In order to self-prepare for this research project it was critical to have a better understanding of the literature review pertaining to the focus question, how will professionals strengthen their skills while providing services to families dealing with mental health illnesses? The first step was to begin to

engage the gatekeeper about the project. The researcher consulted with the site supervisor and asked for their expertise and feedback.

### Diversity Issues

The Diversity issues that may arise while doing this research proposal may have to do with the professionals own personal, cultural backgrounds, and their own counter transference when dealing with the participants they serve at the sites. There are also some language barriers that the participants may face since there are only Spanish, Farsi, and Korean languages spoken at Site A. During this process the site supervisor was asked to provide feedback so that the researcher could approach this in a sensitive manner. Once some feedback was given to the researcher the questions were developed for the interview process.

### Ethical Issues

It was important to provide assurance to the professionals/participants being asked to be a part of this research project, that their identities were kept confidential. The researcher provided the informed consent to each participant. All information received was stored and protected on a secured laptop. Once the information was used their responses were destroyed. The professionals/participants were informed of the study and what the purpose of the study is about prior to starting the interview and the questions. They were

informed that this information will be used only to help with a research project for a MSW Graduate program.

### Political Issues

This agency is seen under the Mission Hospital Umbrella; therefore, it was critical to be sensitive to information that could upset the agency if any negative comments are made by any of the participants. Some of the issues that could've arose might be that the participant may not want to disclose to the researcher any issues that could affect their agency. The other issues that could've arose could be confidential information pertaining to the clients that are served at the site. The researcher spoke to the Site Supervisor on how to best handle these issues that may arise about the agency.

### The Role of Technology in Engagement

During the research project the interns used a voice recorder on our phone to be able to go back to the interview and revisit any information that needed to be used during the analysis of our data. An analysis program was used to gather the data from the interviews.

### Summary

In the engagement phase the study site was determined as well as the type of services that are provided at the Family Resource Centers that were a part of this research project. The demographics of the facility were explained in detail and it was determined that the intern supervisor is the gate keeper for

this facility. In order to better prepare for this project it was determined to research the literature review on the focus topic. This helped to better assist and understand the various methods used in order to better support the research proposal. The diversity, ethical, and political issues were explored that could rise during the research project. The importance of keeping all information confidential was discussed. The role for technology was also explained since a voice recorder and data analysis program was used.

## CHAPTER THREE

### ENGAGEMENT SITE B: RESEARCHER 2 SHAMILLE WENER

#### Introduction

The engagement chapter explored the study site, engagement strategies for gatekeepers at the research site and discussed the self-preparation of the research study. This chapter also addressed diversity and ethical issues with the study participants. It considered any political issues involving the site Director. Lastly, the role for technology used during this initial phase of engagement was also assessed.

#### Study Site B

The study site B is a non-profit Mental Health Agency that is located in Southern California and nestled in the Inland Empire area, just 30 miles east of Los Angeles, CA. The mission of the agency is to provide developmentally and culturally appropriate therapeutic services to children, adolescents, and young adults. It provides individual, group, and family clinical therapy, as well as parent support. Its services are provided at the agency, in school-based settings, and community environments. It is committed to providing services across all economic levels, but has a particular focus on an ethnically and culturally diverse population of children (ages 6-17) and families who are economically at-risk for increased mental health illnesses (Youtherapy, 2015).

The modern day site consists of ten Mental Health Professionals to include three Psychologists, one Master of Social Worker (MSW) Intern and six Doctor of Psychology (PsyD) Interns, who are all trained in play therapy which is a specialty of the site. Play therapy engages children at their individual cognitive and emotional level, allowing growth and change to take place in special equipped rooms that the site has constructed. Clients are treated for a variety of Mental Health disorders ranging from Enuresis to Psychotic Disorders.

#### Engagement Strategies for Gatekeepers at Research Site

The engagement strategy consisted of the initial contact with the key players and gatekeepers of the research site, as well as contact with the study participants. In order for this to be accomplished, the researcher used her current established relationship as a Masters in Social Worker (MSW) Intern, and reached out in person to the non-profit Mental Health Agency. The researcher contacted and engaged the Owner and Agency's site Director who controls all access to the site and who makes all of the final decisions, whether to allow the researcher access to undertake the MSW Research Project with its site participants. During individual supervision, the researcher personally discussed the research question and focus of the study as well as all informed consents. The benefits of the research was explained to the site Director that it will have on the site participants and the overall social work practice. Once approved, study participants were contacted by phone and engaged directly in



setting up individual appointment times to conduct interviews to capture confidential qualitative data.

### Self-Preparation

The engagement process consisted of preparing, organizing and developing the study. When using the post-positive approach the researcher willingly prepared to explore the human experience, gathered qualitative research upon developing the research topic, “How can Professionals strengthen their roles to provide the best combination of services available to families raising children with Mental Health Illnesses?” The researcher also prepared for feedback emerging directly from the relationship with the study participants through arranged interview questions, as well as through observations. The on-going efforts that they are exercising on an individual basis outside of their work place environment to strengthen and professionally develop their roles were explored. The gathering, organization and analysis of data at the research site over an extended period of time was also arranged.

### Diversity Issues

To address diversity issues, the researcher was aware and responsive to any diverse situations that come about within the research study. Some diverse issues may pertain to the study participant’s age, ethnicity, experience, socio-economic status, education, religion, gender, perspectives and/or cultural norms. Within questions, surveys and observation, the researcher

strived to acknowledge, respect and demonstrate cultural competence in the study participant's unique identities and characteristics such as years of experience, level of expertise and education, any language barriers, and personal efforts or motivational beliefs in order to carry out the research project effectively and successfully.

### Ethical Issues

The ethical issues addressed by the researcher were adhering to respecting the confidentiality of the research participant's responses. The research participants felt assured and confident when disclosing pertinent information relevant for the research without fearing consequences, judgment, discrimination or a breach in privacy. Confidentiality was protected by not sharing any information with other participants and keeping all data in a password protected and secure and locked designated area. The researcher strived to avoid bias data analysis and interpretation and other aspects of research where objectivity was expected.

### Political Issues

The political issues to be addressed and that were important to both the researcher and the site's Director was acknowledging that there were sensitive topics that needed to be addressed and hopefully the Director will see it as a benefit and not as a personal threat or to the agency. Some sensitive issues included those that the Site Director may not have personally believe in or saw

fit for example, certain evidence-based models or referrals to select outside resources that the participants suggested for the client's families. The researcher tried to work around any sensitive areas that go against the agency's mission statement and/or personal beliefs by trying to present these approaches as a positive and advantageous resource. This is not only for the clients and their families who are struggling with mental health illnesses but also valuable for the community as a whole.

### The Role of Technology in Engagement

Technology was used in each stage of the research study to provide efficiency and support of the research study in the form of computers, emails, telephones, voice recorders, internet research and using computer software programs. Telephones were used to develop communication and emails transmitted any information pertaining to setting up meetings, providing research findings or answering any questions. Voice recorders were used to record the interview and later develop a transcript. The internet was used to research academic journals and books for the literature reviews. Statistical software programs were used to analyze the qualitative data.

### Summary

This engagement chapter introduces the study site, engages the strategies for gatekeeper at the research site, and explores the self-preparation at a non-profit Mental Health Agency. It also discusses the

self-preparation in developing the study, in showing how professionals strengthen their individual roles and how it can make a significant and valuable difference to the mental health client and their families. Diversity, ethical and political issues are addressed as well. An overview of the types of technology that was involved is highlighted.

## CHAPTER FOUR

### IMPLEMENTATION

#### Introduction

The implementation chapter discusses the study participants as well as how they were selected. The approach is discussed and we will explain how we gathered data at two different mental health study sites. The phases of the collection of data and how it was recorded is addressed. We review the qualitative method that we used to analyze the data. In addition, we provide details on how we communicated our findings to our community gate keepers as well as the study participants at both sites. We also outline the study termination plan.

#### Study Participants

The study participants consisted of Master of Social Worker (MSW) Interns, Psychologists (PsyDs), Licensed Clinical Social Workers (LCSWs), Marriage and Family Therapists (MFTs), and Doctor of Psychology (Psy.D) Interns. Each of these professionals varied in their educational background as well as their own personal experiences, expertise, specialization and years of work experience in the Mental Health field.

At Site A there are eleven Mental Health professionals. All are female and were either interning full time faculty at the site. Only two of them are full time faculty and both are LCSW's, the rest are interns. There are eight MSW

interns, and three MFTS's at the sites. Six of the MSW interns and LCSW's are Spanish/Bilingual speaking and one MSW is Farsi/Bilingual. One MFT speaks Korean and the rest speak English. It is a fairly diverse group, most of the interns are within the age range of 25-55 years of age.

At Site B there are ten Mental Health professionals. Two of them are male while the rest are female. There are three Psychologists who make up the permanent staff in which one is pre-licensed. Six PsyD Interns and one MSW Intern make up the rest of the staff who all work on a part-time basis between 12-20 hours a week. The staff range in age from 26-60 years old and consist of a diverse ethnic makeup of Caucasian, African-American and Hispanic. There is only one employee who is Spanish/Bilingual.

#### Selection of Participants

Both researchers recruited the study participants from each of the mental health agencies that they are currently serving as MSW Interns. The participants met the objectives and standards in which the focus of this research was intended to explore (professionals assisting families and mental health services). The fact that the researchers had already established a pre-existing relationship with the site's gatekeepers and the participants while interning and servicing its mental health clients made it valuable and advantageous in pursuing permission to use each site and its participants in research. Once permission was granted from both site supervisors, the researchers were able to move forward with the research to include all of the

Mental Health professionals within each site. We contacted the participants via email and telephone to advise them of our study, and invite them to meet with us to discuss the research study in detail. As the participants agreed to partake in the research, the informed consents were provided to the participant. For our sampling procedure we applied the criterion sampling as well as the intensity sampling. The intensity sampling was applied since we had experience in the field of Mental Health Services. We selected professionals that have had in depth contact with the families dealing with mental health illnesses. The criterion sampling was used as well since we focused on specific characteristics, interviewing mental health professionals in the field that serve families. The sample would last for approximately a few months if needed.

### Data Gathering

Before approaching the research site and participants to gather data, both researchers individually prepared themselves beforehand by gaining as much knowledge pertaining to the research question and focus in order to have a clear understanding of the overall research project. Both researchers proceeded with the gathering data process by conducting and using a selection of prepared research questions pertaining to our question and focus and using them to interview each of the Mental Health Professionals of each site. The researchers came up with questions in three categories Descriptive, Structured, and Contrast to assist during the data gathering. Please see

Appendix E for a copy of the Interview Question Research tool used. These three categories were also used to get a better understanding of the research focus problem. Our focus question is, “How can Professionals strengthen their roles to provide the best combination of services available to families raising children with mental health illnesses?” During the interviews we reassured the participants of the confidentiality of this research so that we could gather valid data during the interview process.

The interviews were given at the actual sites, in the environment in which the site participants actually provide services to their mental health families. Interviewing at the site allowed for both researchers to engage, make in-depth observations of the setting, as well as continuing to become familiar with the structure and the language used at their agency. Since we did not want our presence to influence the situation being observed we will “become invisible” as researchers. This was not difficult since all staff at both sites knew us and have worked with us. This allowed other interns and staff to make our role as the observer as less important. The observer role had already developed relationships with the interns and staff at the site making it easier to have casual conversations as well as revisit the site for further interview purposes. The site participants were able to also share any documents or reports that help support or justify their responses to any of the questions asked pertaining to the focus of the research. Although some researchers may be able to use documented information such as data, reports or mission



statements. We will not be able to use them since they are constructions of events and since we are using the post positivist approach it may not be appropriate since it may weaken our data. In addition to asking questions, both researchers were able to actively listen to each Mental Health professional and interpret and summarize their reactions and replies by taking notes. This helped to assist with all of the qualitative and comprehensive data, all while decreasing the influence of our own values and bias'.

### Phases of Data Collection

During our data collection, we began with our problem focus from a post positivist approach gathering qualitative data in a naturalistic setting. This process began with us conducting interviews with the mental health professionals at both sites. We were able to work on ourselves on being aware of our own biases and values of the research topic by “controlling” our own values and biases. We will be developing this habit so that it does not interfere with the credibility of our data findings (Morris, 2006). When speaking to our participants about this study we ensured their privacy and confidentiality as well as informed consent. This assured them to be honest and open in answering the questions presented by the researchers.

Since we are using the post positivist approach it was necessary to continuously engage the participants through email and phone calls, offering an explanation and updates on the research. The interviews were conducted in person, in a private setting so that the individual and the researchers had

privacy, and a secured time to conduct this interview. The researchers approached the interview in a relaxed and informal way lessening the anxiety of the participant. Since we are using the post positivist approach it was necessary to provide them the reason behind our research to obtain their interest and focus. The researcher had a list of pre-developed questions at the initial phase of the interview since we wanted there to be similarity in all of the interviews. The questions that we developed were used to promote discussion open ended questions so that they were able to be sorted into the different categories to be used for our analysis. During the termination of the interview we used less intense questions such as, “What personally keeps you motivated in currently providing treatment to and working with Mental Health families?” And “Where do you go from here?” Once we have eased out of the interview and terminated the interview it will be a great opportunity to get feedback and address any concerns (Morris, 2006). This gave us time to analyze one interview before moving on to the next participant. We provided the individual our contact information, and provided updates of our research as needed. We also thanked them for their time and their participation in helping with our research. The participant was assured in receiving a power point describing our findings.

### Data Recording

Both researchers had their research journals to make a narrative account of what is happening during the study from the beginning to the end.

During the interviewing process the journals were used for our observations and any notes about the social artifacts or documents. Prior to interviewing our participant we disclosed our method of recording our data. This prevented any feelings of discomfort from the participant. This information regarding our recording of data was written out in the informed consent to be reviewed by the participant. The researchers recorded by using the cell phone or voice recorder to be able to go back and review the questions and answers. The researchers also took notes of the answers being provided this will once again assure any comments or thoughts the researcher may have while conducting the interview. This was then added to our laptops to be able to secure our information. (Morris, 2006). Both researchers were journaling our reactions about our research process, any setbacks or outcomes. Did our biases or values interfere during the process? This allowed us to be able to evaluate and analyze our data more effectively during our data recording.

### Data Analysis

After gathering and recording the data from interviewing, observations and documents, both researchers analyzed the data which allowed us to understand the verbatim transcription of audio files. A bottom up approach was used with open coding by breaking down the narrative of each interview into themes. Both researchers then used axial coding to connect a relationship between the themes and selective coding to develop a theoretical statement. A conditional matrix was applied where the researchers placed the theoretical

statement into the context of social work practice. In our study of the beneficial approaches for children with mental health illnesses, there were common themes found where the researches could make a theoretical statement to build awareness in social work knowledge.

#### Termination and Follow Up

Termination and follow-up consisted of thanking the gatekeepers and study participants for contributing to the research study as well as giving them an overview of how the study went. The researchers identified to those interested of how the final project will be presented and how a copy can be obtained for future reference.

#### Communication of Findings and Dissemination Plan

A power point presentation will be provided to display findings that can be emailed or presented to community members as well as to both research sites and its participants via email. In addition, printed handout packets of the power point presentation will also be available to site participants and any interested community members in finalizing the disengagement. This will allow them to be able to review the research presentation at their leisure. The researchers and research advisor's contact information will be available to provide any clarifications or to answer any specific questions.

## Summary

The implementation chapter started off by defining who our site participants are which consisted of a variation of Mental Health professionals, as well as the process of selection which included the researchers' sites of internship. The tools used in the recording of data as well as the process of data gathering was detailed in phases in which consists of a qualitative method of interviewing, observing and viewing documentation in a confidential manner.

Data analysis was conducted for understanding the meaning of the data using a bottom up approach. How the researchers followed up and terminated with the research site and participants in good standing are detailed. Communication of the findings and identifying how the final project will be presented and how it can be obtained for future reference is reviewed.

## CHAPTER FIVE

### RESULTS

#### Introduction

This chapter presents the findings of the study in the form of short narratives, which give further description of the following themed categories: Essential characteristics, personal development, workplace development, beneficial services, awareness of client challenges, and maintaining motivation/commitment. In addition, sub-themes were developed and are described as well.

#### Demographics

The sample was comprised of 12 mental health providers from two separate sites that provide direct services to families and children with mental health issues. There were two males and ten females. The mental health professionals consisted of one MFT, three Psychologists, two PsyD interns, two LCSW's and four SW interns. Their Ethnicities are five Hispanic, two African American, three Caucasian, and two Middle Eastern. Seven of them are enrolled in school and five of them are not enrolled. The average age is 37 years old.

#### Theme # 1: Characteristics

Under the main theme of "Characteristics" three sub-themes emerged and will be discussed. The majority of the participants shared about the

importance of all of these characteristics skills, attributes and traits being essential to a mental health professional.

One of the sub themes is “Competence.” Competence is typically a mix between behaviors and skills. Competencies are measures of how well you do certain things, taking into consideration your knowledge, skills and attributes. One participant stated, “You should be knowledgeable, competent, and always staying up to date with the latest research” (Participant 7, Survey Interview, November 2015). Another participant noted that, “Someone who is knowledgeable and aware of the various effects raising a child with a mental illness has on the family dynamics” (Participant 8, Survey Interview, December 2015). Competence is important as a mental health worker one participant stated “Educated, and one who does their own research to develop their unique style by merging several approaches/theories to each unique case.” Another individual stated that, “Someone who is well educated and continues to do research, workshops and seminars and practices those skills learned on children and families” (Participant 1, Survey Interview, December 2015).

Another sub theme that came up were “skills/attributes” of a mental health worker. To be an effective in their role, mental health workers should enjoy helping others and possess specific attributes and skills. A participant stated that, “Being empathic, knowledgeable, flexible, patient, and willing to build relationships with the parents as well” (Participant 10, Survey Interview, December 2015). Another participant said, “I think of someone who is

compassionate, respectful, and culturally aware” (Participant 10, Survey Interview, December 2015). Most of the participants agreed that communication skills are extremely important. “Good relationship skills communication skills are key” (Participant 11, Survey Interview, December 2015). Another participant stated, “They should be caring and aware of the dignity of the client.” Overall each mental health worker is unique but, must possess certain characteristics skills, attributes, and traits to provide mental health services. Some other traits and skills that were mentioned were being passionate, emphatic, caring, committed, self-awareness, relatable, and trustworthy.

#### Theme #2: Personal Development

Personal development outside of the workplace is crucial in advancing your professional skills and career role. Having professional self-awareness is essential to identifying the professional’s learning needs to ensure the development of quality mental health services. Mental Health Professionals are ethically required to stay up to date with the ever changing trends, research, theory, interventions and approaches. Gaining continuing education units (CEU’s), volunteering, mentoring, networking and connecting with the community all serve as ways to develop your role as a Mental Health Professional. These relevant and timely areas of practice updates can be beneficial when serving the needs of individuals and families raising children with mental health illnesses, as well as the community. It is important that



Mental Health Professionals enhance their competence through continuous education, acquiring skills and tools that can be used in practice through counseling, developed programs and /or referral services.

In regards to “Personal Development”, many participants identified various means of accomplishing this growth independent of the workplace, especially when it comes to reading research and using online technology. One participant stated, “I read books about different topics and I consult with other professionals. I do the research and relay my knowledge to the families I serve. It improves the overall quality of their lives” (Participant 7, Survey Interview, November 2015). A second participant stated, “I conduct research on different therapeutic interventions and techniques. Doing research on therapeutic techniques and keeping up with my doctoral education has allowed me to serve my clients better as I have learned much from my classes and research” (Participant 3, Survey Interview, December 2015). Furthermore, a third participant identified,

Any efforts involving technology: webinars, online resources, professional readings and online classes are extremely beneficial. This helps to be able to understand the new and emerging concepts and problems arising in children. This keeps a mental health professional current and relevant and more knowledgeable about what children are presenting. (Participant 5, Survey Interview, November 2015)

### Theme #3: Workplace Development

In the mental health field, it is a continuous effort to advance your knowledge on a personal level to develop skills and awareness to be able to provide services to the families and children at your workplace. Being informed of current trends and research in order to be able to best serve your client. A participant said, "Being aware of client's rights within various systems; i.e. school, medical, etc. We work with clients that are a part of different systems and being aware of what some of their rights are is helpful to the clients as they are empowered to navigate through some of those systems" (Participant 8, Survey Interview, December, 2015). A participant mentioned that once she was done with school she would look into research. "I would also conduct research on different therapeutic interventions and techniques" (Participant 9, Survey Interview, December 2015). Most participants agreed that it is crucial to stay current on research to provide the best care to your clients. Another participant stated that, "Being able to go to workshops and presentations assist my overall growth as a professional. Reading books and reading current research" (Participant 8, Survey Interview, December 2015). Another participant stated that, "Trainings and conferences to continuously expand my knowledge" (Participant 9, Survey Interview, December 2015). Another participant stated that

I think education courses are wonderful staying on top of the latest research is it showing good results they give you practical ideas that

you bring into the session with you. In addition to that I read a lot of books as well as journals. I have a big library and talking to other professionals gaining knowledge from other people that have more experience than me. (Participant 11, Survey Interview, December, 2015)

In order to better serve the clients a mental health professional must be aware of theories, and methods used on specific diagnosis to best treat the individual.

When I get a child with a certain diagnosis, I try to become as knowledgeable about treating this particular disorder as I can to be effective with my families and make their life easier. I do the research on parent training and relay my knowledge to the families I serve. It improves the overall quality of their lives. (Participant 7, Survey Interview, November, 2015)

Another participant stated “I have been to some amazing workshops that have changed the way I look at things” (Participant 4, Survey Interview, December 2015). The mental health professional should seek professional development to ensure quality services. This is a self-directed process which requires the mental health professional to assume responsibility for their own professional knowledge growth. It is an ethical responsibility to keep informed of current research, theory, and techniques to better serve the clients of the community. Another participant who is currently in school for her Masters in Social Work,

stated “As I am still in school, I take my commitment to my education very seriously so outside of work, I study for my classes. I would also conduct research on different therapeutic interventions and techniques” (Participant 3, Survey Interview, December, 2015). Some of the participants shared that they are currently in school and unable to take additional workshops to further develop their skills.

#### Theme #4: The Incorporation of Theoretical Approaches, Models, Services and Tools into Treatment

Mental Health Professionals should take advantage of the wide range of techniques that are available when treating children and families with mental health illnesses. These techniques, tools, theoretical approaches, modalities and evidence based models, to name a few, can be conducted successfully in individual settings as well as in group. It results in positive therapy outcomes when combined with comprehensive assessments that can identify treatment areas that can benefit from such interventions.

Nevertheless, the options of having varied treatment approaches strengthens the therapeutic ability to assist children with mental health illnesses and their families.

When asked what services or theoretical approaches Mental Health Professionals find beneficial to incorporate into clinical therapy treatment plans, one participant stated, “Cognitive Behavioral Therapy (CBT), psychoeducation and play therapy are all beneficial when treating children. Also workshops that brings awareness to the warning signs of mental health

illnesses so that a child can get help early on before it progresses” (Participant 1, Survey Interview, November 2015). A second participant expressed, “I use supportive listening, building trust and rapport as well as being honest about myself, expectations, and setting clear boundaries. I use CBT, empowerment, and strength based interventions. I also use the here and now approach” (Participant 2, Survey Interview, November 2015). A third participant stated, “You have to work with the whole family. Parent training especially in cases such as ADHD is very important for lasting change. I also give parents directions on developing a behavior plan/reward system at home” (Participant 7, Survey Interview, November 2015). A fourth participant said, “Consulting with all systems in a child’s life (teachers, extended family, daycare providers etc.) Also getting the parents on the same page is huge. I let the parent(s) know that they are not the problem, rather they are the solution” (Participant 4, Survey Interview, November 2015). A fifth participant elaborated that, “Resourcing is beneficial in helping clients link up to outside agencies that will provide long term services and support for the family as well as support groups for the parents and the family” (Participant 8, Survey Interview, November 2015). A sixth participant explained, “First thing is the assessment to get all the information about their history and their environment to come up with the diagnosis is to best help this person. Counseling, art therapy and EMDR therapy provides very quick results” (Participant 11, Survey Interview, November 2015). Lastly a seventh participant stated, “I do like using the

Adlerian Model and using Trauma work/tools with parents and kids as it helps them to understand their child's goals and helps guide them in decision making" (Participant 6, Survey Interview, November 2015).

#### Theme #5: Awareness of Client's needs and Expectations

There are times when Mental Health Professionals have to take a step back and become aware of the needs and wants of the client in relation to what their limitations and challenges are in obtaining services. This can indeed strengthen the professional's role in providing the best and most successful combination of services to clients that want the regular access to support and treatment, but have no idea how to attain it. Far too many times have professionals heard their clients voicing their opinion and expectations that sadly go unheard. It is best that Mental Health Professional be open to having flexible schedules that can include weekends and evening availability. Accepting a variety of insurances, a sliding scale based on income, or using grants to cover the costs of those sessions of clients who cannot afford to pay out of pocket, are all great notions to help capture those that underutilize mental health services.

Having awareness of the expectations that clients desire of the skilled professional strengthens the Mental Health Professionals themselves. Clients expect them to have a wealth of knowledge, be cognizant of relevant practice issues and an abundant of resources related to the population they are serving. These experiences include cultural, social, psychological, and

economic, to name a few, specific to the particular clients being served. Clients also want to refrain from being judged, and desire a Mental Health Professional who is sensitively responsive and culturally competent in diverse populations. This results in two subgroups categorized under awareness: “Client Challenges” and “Client Expectations”.

In regards to “client challenges”, one participant expressed, “Many cannot afford it. Many do not know where to go or start to seek services. Many are afraid of being judged or singled out” (Participant 1, Survey Interview, November 2015). A second participant stated, “The challenge that we see here at our agency is that of limited resources for those who do not have access to healthcare. There are also the challenges of transportation, childcare, legal status and financial challenges” (Participant 8, Survey Interview, November 2015). A third participant voiced, “Parents are resistant in seeking mental health services until it becomes critical and/or their child becomes non-compliant. There is stigma associated with that” (Participant A5, Survey Interview, November 2015). A fourth participant stated, “Schedule restraints, the amount of sessions being limited to a certain number are a challenge” (Participant 9, Survey Interview, November 2015).

Furthermore, an additional participant detailed in regards to “client expectations”, “Finding a really skilled clinician that has a passion and skill to work with kids and their families to make an accurate assessment and

determination as to what would be a good match for the kids' needs is a challenge" (Participant A6, Survey Interview, November 2015).

#### Theme # 6: Motivation/Commitment

It takes effort to stay motivated in the mental health profession. There are many obstacles and challenges that can cause burn out. Some reasons could be the high caseloads, lack of support, organizational issues, and absorbing the negative emotions from our clients. The participants were asked how they stay motivated in order to provide mental health services to their clients. Two sub themes emerged that clearly continued to motivate the mental health professionals.

The first sub theme that emerged was "positive client outcomes." The participant stated that "The clients are able to express their progress and being able to see how dynamics change within the family because they are working through the challenges that come with having a child with mental illness" (Participant 8, Survey Interview, December, 2015). The participant reported that the family's feedback about the progress of their child is encouraging to the mental health professional. The participant stated that, "The positive feedback of parents tells me that my young clients do take on the techniques I teach them and apply them outside the therapy room." Patient reports and self discloses how they are better, how they overcame their struggle and how they are applying new skills to avoid the same conflicts" (Participant 2, Survey Interview, December, 2015). Another participant stated



“The only thing that keeps me motivated is the actual families themselves they are very grateful, and they come to their appointments and I can see that they value it” (Participant 11, Survey Interview, December 2015).

The second sub theme that emerged was “advocacy”. As a mental health professional we can also have the role of a change agent. A change agent can influence and help implement a positive social change one participant stated “In knowing that we can assist them in better understanding their situations and being the advocate for families that cannot advocate for themselves, let alone advocate for their family” (Participant 8, Survey Interview, December, 2015). Another participant shared, “Knowing that there are families out there with no direction as to where and if to seek services when they have a family member in need of help. Knowing that there is a need and being able to reach out in so many different areas ie: medical, county, schools, community etc.” (Participant 1, Survey Interview, December, 2015). Developing skills to further advocate and provide effective services is key as a mental health professional. A participant stated “In addition, this is a field in which I constantly keep growing. Knowledge acquisition also keeps me motivated to provide treatment” (Participant 3, Survey Interview, December, 2015). Lastly, a participant mentioned “Having more support groups for the kids leading support groups and parenting classes, and having more opportunities at the schools as well” (Participant 12, Survey Interview, December, 2015).

The third sub theme is “empowerment.” “Seeing families learn different ways to cope with stressors and being able to work through any issues that confront the family. The confidence in themselves and how they are willing to move forward” (Participant 10, Survey Interview, December, 2015). A participant mentioned seeing the children gain trust and build rapport with the mental health professional and stated “I also get encouraged when I see the change in the children from the first time I saw them come into my room to a few sessions later” (Participant 7, Survey Interview, November, 2015). Through the progress I see in my families. I make sure to have clear and established treatment goals that we can monitor throughout treatment. “I make it a point to have periodic check-ins with my clients and their families in order to monitor our progress” (Participant 3, Survey Interview, December, 2015).

### Summary

This chapter presented the results of the study. Participants expressed how Mental Health Professionals can strengthen their roles when treating children and families. A qualitative thematic approach was used to develop the major themes and sub-themes detailing essential characteristics, personal development, workplace development, beneficial services, awareness of client challenges, and maintaining motivation/commitment. The information provided by participants, in their own words, highlighted the best combination of services, skills and tools available to families raising children with Mental Health illnesses.

## CHAPTER SIX

### DISCUSSION

#### Introduction

This chapter discusses the key findings of the present study. The limitations of the study are explained as well as the implications for practice. Next, this chapter addresses recommendations for social work practice and future research on the types of efforts Mental Health Professionals can take to strengthen their skills to provide the best combination of services available to families raising children with mental health issues.

#### Discussion

Findings in the research study are consistent with Functional theory that takes social and cultural factors into account that is applicable in a private or public setting with individuals, families, and communities. The worker helps clients release their own potential for choice and growth through the power of relationship (Dunlap, 2011, p. 237). The other theory discussed is Crisis Theory, which is purposefully directed and focused on a current crisis that may occur unexpectedly or may be a part of the life cycle. The mental health professional will conduct a psychosocial assessment of the situation and offer linkages or resources to the family (Regehr, 2011, p. 135). Overall both of these theories are practiced when working directly with families raising children with mental health. This study has provided the mental health

provider's necessary ongoing efforts and the continuation of strengthening their skills that can have a great impact and overall beneficial effect on the families they are supporting. Through this study we have learned that the mental health providers are aware of the traits that they have to possess in order to provide the best care for the clients and their families. The participants in the study stay motivated by seeing the positive client outcomes and receiving feedback from their clients and families. They are applying new research, going to workshops, becoming change agents, seeking supervision, and networking with other professionals for support.

### Major Themes

In this section we will review the major themes introduced in the results section and discuss how they link back to prior research in this area of study.

#### Characteristics of Mental Health Professionals

The theme of “characteristics of mental health professionals” constantly emerged through this study. The majority of the participants shared about the importance of all of these characteristics skills, attributes and traits being essential to a mental health professional. Competence is typically a mix between behaviors and skills. To be effective in their role, mental health workers should enjoy helping others and possess specific attributes and skills. Some other traits and skills that were mentioned were passionate, emphatic, caring, committed, self-awareness, relatable, and trustworthy. Building competence is aligned with partaking in activities such as professional

readings, participating in mental health workshops, networking, and attending related conferences. These activities can assist with challenging cases while providing confidence in one's capability to provide beneficial mental health treatment.

### Personal Development

The theme of "personal development" arose from the results of this study. The participants expressed how crucial it is to be a life learner. Many participants discussed the importance of making personal strides in order to effectively provide either direct services to help people find resources and handle their problems, or to commendably work in clinical settings to help treat mental, behavioral and emotional and issues. Personal development is not an optional road to take to be a successful Social Worker, it is a critical component in mastering the role. External workshops, seminars and networking increases the Social Workers knowledge in order to act as a link between clients and resources in the community as well as staying anew to the emerging trends. This helps to advocate for and help clients get the much needed resources that would improve their well-being. In addition, over 80% of the participants expressed that they wished they could carve time out of their busy schedules of either being full-time students or employees to volunteer and mentor. Due to the demands of a full-time work schedule, school schedule and/or both, many participants find it challenging to balance and incorporate it in. The awareness of mentorship and mental health volunteer programs is one

of the most effective ways a Social Worker can gain meaningful, hands on experience, the ability to assess the community's needs, as well as have a chance to broaden or reinforce their experience in the social work field.

### Workplace Development

In the mental health field, it is a continuous effort to advance your knowledge, develop your skills to provide quality services at your workplace setting. Participants suggested that weekly supervision would be beneficial for support and guidance. In addition, have a professional group for guidance and support. Being resourceful, knowing the community resources to better serve the clients you are working with. Some participants reported the benefits of networking with other professionals and consulting with other professionals. Professional Support Groups promote professional development by bringing professionals together who share experiences and advice in which can be a valuable resource. These groups also help to identify needs and continuous training within the professional boundaries (Zins & Murphy, 2007). The participants were motivated to attend workshops, presentations, and other agencies to be able to provide the best care to their clients.

### The Incorporation of Theoretical Approaches, Models, Services and Tools into Treatment

Participants provided a variety of the theoretical approaches, models, services and tools that they incorporate into the treatment of their clients. These interventions include but were not limited to evidence based models, theoretical approaches, developing curriculums with activities, role play,

parenting programs, community based, and play-based treatments. Play therapy, for example, allows for the child to express themselves through actual play which brings about their own self-awareness of their skills, talents and personal abilities and can help balance emotions and develop self-esteem (Landreth, 2002). This one type of intervention among the many used by the participants is beneficial in developing communication skills and the way in which children learn. Therapists participate in play therapy to allow children to express their feelings and thoughts using toys in a comfortable and fun environment when they cannot articulate what is disturbing them verbally (Gil, 1991). The cognizance and advanced knowledge on the variety of interventions available to Mental Health Professionals allows for additional support to help prevent or resolve psychosocial challenges in youth. Having a variety of interventions available will help with social integration, emotional modulation, cognitive and behavioral difficulties, as well as trauma resolution.

#### Awareness of Client's Needs and Expectations

From the results of the theme “awareness”, two subthemes emerged on its behalf as follows: “client challenges” and “client expectations”. Participants expressed several challenges that clients struggle with to include flexibility, financial burden and limited resources. Being judged when seeking mental health assistance was one of them that stood out. When really at times most youth and their families are just ordinary people struggling with common everyday issues and are in the need of support, there is a sense of reluctance

to seek professional help. Furthermore, participants also communicated the expectations of the families being treated for mental health illnesses. Mental Health Professionals are expected to be competent, skilled and passionate. These were all components that could assist in improving the client's sessions, lives and experiences. These expectations are indeed reasonable and valuable and helps the Mental Health Professional to implement solutions, conclusions and approaches to problems faced by youth and their families.

### Motivation/Commitment

It takes effort to stay motivated in the mental health profession. There are many obstacles and challenges that can cause burn out. Some reasons could be the high caseloads, lack of support, organizational issues, and absorbing the negative emotions from the clients. The participants were asked how they stay motivated in order to provide mental health services to their clients. Two sub themes emerged that clearly continued to motivate the mental health professionals were positive client outcomes and advocacy. In order to treat and manage the assortment of mental health issues children and their families face, many of the participants practiced and had knowledge of evidence-based models, community-based interventions, cognitive behavioral therapy, and crisis intervention model. All of these models show positive results when working with this population (Thomlison, 2011, p. 95). The participants agreed that empowering families and the patient reporting improvement provided satisfaction and motivation as a mental health



professional. The participants saw the growth of the individuals receiving these services. The participants felt moved by the positive outcomes and motivated some to become a change agent and advocate for the families at their agencies and community.

### Limitations

There are certain limitations to consider in the current study. The sample of twelve participants was slightly small to represent the entire Mental Health role in professional practice and in the community. A quantitative study would have provided a larger sample of Mental Health Professional participants to include additional Clinical Psychologists, Marriage and Family Therapists, and Social Workers both MSW's and LCSW's. Also, the viewpoints of participants are not generalizable since the data was limited to the perspectives of Mental Health Professionals from only two sites, a Family Resource Center and a Non-Profit Mental Health Agency both located in Southern California. In addition, the majority of the participants engaged in one-on-one interviews for a limited amount of time, answering a select number of questions. The limited amount of time and questions may or may not have allowed participants to provide more meaningful and in depth responses. However, all of the participants indeed provided personal insight and communicated work experiences that were relevant and critical to the findings of this study.

Furthermore, this study was not able to conduct focus groups due to the presentation of availability and time constraints, so most engaged and participated in one-on-one qualitative interviews. This qualitative interviews consisted of questions that were descriptive, structured and contrast. Focus groups may have allowed participants to exchange ideas with one another and with both researchers, allowing the observance of social interactions and the discovery how different mental health professional groups think and feel about a topic, as well as why they hold certain opinions. Finally, the study was unable to recruit Psychiatrists, Mental Health Nurse Practitioners, School Psychologists and other Mental Health Counselors specializing with children that were mentioned in the participant narratives as a resource or referral. These perspectives would have provided diverse narratives and aided in further exploration of how mental health professionals can strengthen their skills to provide the best combination of services available to families raising children with mental health illnesses.

#### Recommendations for Social Work Practice, Policy and Research

This study allows for Social Workers that are working with youth and their families to comprehend the importance of strengthening their personal skills, allows for ways to increase their knowledge base in and out of the workplace, as well as the beneficial use of theoretical orientations and the awareness of integrated approaches of treatment in clinical practice.

Moreover, this study will enhance academic research related to the resources and referrals available and the commitment to the mental health community as a whole. It will provide possibilities for further exploration in order to treat and manage the assortment of mental health issues children and their families face. Social Workers will become more aware of the constant changes and challenges fronting parents, families and their kids who have mental disorders and how to meet the needs and be available to those who are in dire need of services. This study will contribute to the growing literature on the importance of professional development in the social work practice, when working with the youth population while maintaining passion.

For future research, it is recommended that researchers continue to incorporate the use of personal/outside exertions as well as workplace training and support, to working with youth identified with mental health disorders. Utilizing both of these efforts will enhance researchers conceptualization of the need to not only rely on our workplace to provide social workers with the tools needed for professional growth, but also the services that are available outside of the workplace that are unconventional yet just as assessable, valuable and rewarding to the social work role and field. In addition, researchers can shed light on the ways that the workplace can enrich the trainings, supervisions and in-services to better support the Mental Health Clinicians since the majority of their time is dedicated at work. Furthermore, researchers can highlight how the growing trend of online based technology can continuously advance and

improve the personal efforts, growth and development of the Social Work profession.

For future policies and practices, it is recommended that Social Workers continue to practice cultural competency, maintain educational competence in their area of practice and strive to be a life learner to better support the youth. The understanding of which practices are valuable to adopt in order to improve the quality of their services delivered on a micro and macro level are of significance. It is also commended that Social Workers are committed to values, ethics and policies that enhance the well-being of vulnerable populations and have an ethical obligation for promotion of the youth's general welfare. Nevertheless, the Social Worker is a change agent in external and internal work environments, where methods learned are translated into practice and policy initiatives enhancing efforts in treatment. Finally, social workers, researchers, and mental health agencies should strive to collaborate with their community, schools, and other programs that continue to advocate, empower and provide effective life changing services to youth and families raising children with mental health illnesses.

### Conclusion

This research study has provided us with data in order to better understand the mental health professional when working with families with Mental Health issues. The qualitative design was used in order to collect the data from the participants. We were able to identify through the participants

answers themes that provided us a better understanding of a mental health professional. The first theme was characteristics/skills, traits of a mental health professional when providing services to clients. We were able to learn that personal development through staying up to date with current research, and or conducting their own personal research to further develop themselves. There was also the discussion of the individual developing their skills at their workplace by attending workshops, collecting CEU's, having weekly supervision, and seeking professional peer support. Another theme that was mentioned was the ongoing need to be aware of various practice models, interventions, theories, activities, and curriculum to offer a variety of options when working with the clients. The participants addressed the challenges that they see the families face when seeking mental health treatment. Finally, the discussion of what keeps a mental health professional motivated in order to continue providing the best care to their clients. We used the data to highlight the Professional's individual efforts to better serve and support the families affected by Mental Health issues. This research study provides valuable information on any limitations or barriers as well affecting the mental health professionals. These findings cannot be generalized to the entire mental health professional population since this study was designed specifically for California State University San Bernardino.

APPENDIX A  
DEBRIEFING STATEMENT

## **Debriefing Statement**

This study you have just completed was designed to research “How can Professionals strengthen their roles to provide the best combination of services available to families raising children with Mental Health Illnesses?” In this study, the types of on-going efforts professionals undertake on a personal level from continuing education or individual research, in developing and maintaining professional competence were assessed in providing services to mental health families. The training on interventions and the involvement in outside Mental Health programs are also explored. We are also particularly interested in any limitations or barriers presented in the pursuit of accomplishing any individual efforts which furthermore prevents the implementation of a comprehensive treatment plan to service the families. Thank you for your participation and for not discussing the contents of the decision question with other site participants. If you have any questions about the study, please feel free to contact Shamille Wener, Jennifer Romo or Assistant Professor Carolyn McAllister, Ph.D., MSW at (909)537-5559. If you would like to obtain a copy of the group results of this study, a power point presentation will be provide by contacting the above Assistant Professor at the end of Spring Quarter of 2016.

Please find the list of resources below that highlight areas that assist in the strengthening of roles for Mental Health Professionals:

- Personal Research
- Professional Readings
- Psychology and Social Work Networking Groups
- Mental Health Workshops
- Mental Health Conferences
- Mental Health Trainings
- Mentoring Programs
- Mental Health Volunteer Programs
- Shadowing
- Work In-Services/Trainings
- Case Presentations with Colleagues
- Community Involvements/ Resources
- Use of Online Resources
- Theoretical Orientations
- Networking
- Associations
- Continuing Education Units (CEU's)
- Advance College Courses or Advanced Degree



APPENDIX B  
INFORMED CONSENT



College of Social and Behavioral Sciences  
School of Social Work

INFORMED CONSENT

California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 7/14/16 VOID AFTER 7/14/16  
IRB# 201574 CHAIR [Signature]

The study in which you are being asked to participate is designed to investigate “How can professionals strengthen their roles to provide the best combination of services available to families raising children with mental health illnesses?” This joint study is being conducted by Shamille Wener and Jennifer Romo under the supervision of Assistant Professor Carolyn McAllister, Ph.D., MSW, California State University, San Bernardino. This study has been approved by the School of Social Work subcommittee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study, is to determine and assess what types of on-going efforts professionals undertake on a personal level, from continuing education to individual research, in developing and maintaining professional competence in providing services to mental health families. The training on interventions, knowledge of models and the involvement in outside Mental Health programs are also explored. We are also particularly interested in any limitations or barriers presented in the pursuit of accomplishing any individual efforts which furthermore prevents the implementation of a comprehensive treatment plan to service mental health families.

DESCRIPTION: The researcher will collect Qualitative data in the form of interviewing site participants who make up mental health professionals. The interviews will take place at the mental health site in a private setting, over the phone or by web conference and will be held at a secured time to avoid distractions. The location, time and date of interviews will be determined by each participant. The researcher will have a list of prepared structured, descriptive and contrast questions that will be asked to the site participants. The site participant’s responses will be recorded and analyzed.

909.537.5501 909.537.7029

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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**College of Social and Behavioral Sciences**  
*School of Social Work*

**PARTICIPATION:** Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

**CONFIDENTIAL:** Please note that any information received from the participant during this research study will be confidential. Once the study is completed all information will be destroyed. This includes audio and video recordings of participants. All information gathered will be stored in a locked filing cabinet or a password protected computer.

**DURATION:** The expected duration of the subject's participation will be approximately 30-45 minutes.

**RISKS:** There is no risk involved with this research project, all information received will be confidential.

**BENEFITS:** The benefits to this research project will be to provide valuable information as well as a better understanding of how professionals can strengthen their roles to provide the best combination of services available to families raising children with mental health illnesses. This will in turn aim to improve the quality in treating and supporting families and children affected by mental health issues and serves to potentially contribute to micro and/or macro Social Work Practice.

**VIDEO/AUDIO/PHOTOGRAPH:** I understand this research will be Audio Recorded. Initials \_\_\_\_\_

**CONTACT:** For answers to pertinent questions about the research and research subjects' rights, and in the event of a research-related injury to the subject, please contact **Assistant Professor Carolyn McAllister, Ph.D., MSW**, at [cmcallis@csusb.edu](mailto:cmcallis@csusb.edu) or at (909)537-5559.

**RESULTS:** The Researcher will provide the findings of the study via power point which will be available to view on the CSUSB Library website after June 2016. All participants will receive a copy of this information when the research is finalized.

909.537.5501 · 909.537.7029

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**CONFIRMATION STATEMENT:**

I have read the information above and agree to participate in your study.

**SIGNATURE:**

Please Sign with an "X": \_\_\_\_\_ Date: \_\_\_\_\_

California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 7/10/15 VOID AFTER 7/10/16  
IRB# 2015-14 CHAIR [Signature]

909.537.5501 / 909.537.7029

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APPENDIX C  
AGENCY LETTER SITE A



Human Subjects Committee  
School of Social Work  
CSUSB  
5500 University Parkway  
San Bernardino, CA 92407

Date: 3-16-2015

Dear Committee Members:

This is to confirm that Jennifer Romo has permission to carry out her research project, "How can professionals strengthen their roles to provide the best combination of services available to families raising children with mental health illnesses?" at CHEC Family Resource Center. She will be gathering data from the agency's site participants to consist of Mental Health Professionals, by using a qualitative method. The data will be gathered from 4/5/2015 to 6/30/2016.

Sincerely,

A handwritten signature in black ink, appearing to read "Staci Pazdur", written over the printed name.

Staci Pazdur, LCSW

APPENDIX D  
AGENCY LETTER SITE B



Human Subjects Committee  
School of Social Work  
CSUSB  
5500 University Parkway  
San Bernardino, CA 92407

March 19, 2015

Dear Committee Members:

This is to confirm that Shamille Wener has permission to carry out her research project, "How can professionals strengthen their roles to provide the best combination of services available to families raising children with mental health illnesses?" at Youtherapy Psychological Services. She will be gathering data from the agency's site participants to consist of Mental Health Professionals, by using a qualitative interview method. The data will be gathered from 4/5/2015 to 6/30/2016.

The Agency Director reserves the right to approve structured interview protocol.

Sincerely,

  
Victoria Keyser, MSW, Psy.D.  
Agency Director



APPENDIX E  
INTERVIEW QUESTION RESEARCH TOOL

## Interview Question Research Tool

1. Describe your day-to-day experience as a Mental Health Professional servicing families raising children with mental health illnesses?
2. When I think of a knowledgeable and skilled Mental Health Professional providing effective therapeutic services and support to families raising children with mental health illnesses, I think of someone who is...?
3. What is it about the efforts you take on a personal level (outside of the workplace) that advances your knowledge, skills and awareness about Mental Health Services available to provide to your families and children?
4. How has it been beneficial to your clients that you maintain and build upon your basic competencies to strengthen your role as a Mental Health Professional?
5. What types of services do you as a Mental Health Professional incorporate into your treatment plans for mental health families and their children?
6. What services do you find most effective and beneficial for your families raising children with mental health illnesses?
7. What challenges do families and children face when they are seeking services from Mental Health professionals?
8. Do you see yourself as a Mental Health Professional who takes part in any external Mental Health volunteering or mentoring programs, workshops, conferences, peer activities, professional reading, networking groups, and/or research?
9. What are the limitations or barriers that keep you from advancing your knowledge or prevent you from seeking professional development as a Mental Health Professional?
10. As a Mental Health Professional, when I think of opportunities that could enrich and strengthen my role to provide effective therapeutic services and support to families raising children with mental health illnesses, I wish I could take part in or receive more of ...?
11. How do you know/recognize that you are providing effective treatment and feelings of competence?
12. What personally keeps you motivated in currently providing treatment to and working with Mental Health families?
13. Where do you go from here?

APPENDIX F  
DEMOGRAPHIC CHARACTERISTICS

<b>Demographic Characteristics of all Thesis Participants</b>		
<b>Variable</b>	<b>Numbers</b>	<b>Frequency</b>
<b>Gender</b>		
Male	2	17%
Female	10	83%
<b>Profession</b>		
Psychologist (PsyD)	3	25%
Marriage & Family Therapist (MFT)	1	8%
LCSW	2	17%
PsyD Intern	2	17%
Social Worker Intern	4	33%
<b>Average Age</b>	37	
<b>Ethnicity</b>		
Hispanic	5	41%
African American	2	17%
Caucasian	3	25%
Middle Eastern	2	17%
<b>Employment Status at Sites</b>		
Full-Time	7	59%
Part-Time	5	41%
<b>School Status</b>		
Full-Time	7	59%
Not Enrolled	5	41%
<b>Educational Goal in progress</b>		
Psychologist (PsyD)	2	17%
Licensed Clinical Social Worker (LCSW)	3	25%
Masters Degree (MSW)	2	17%
None	5	41%

APPENDIX G  
INSTITUTIONAL REVIEW BOARD

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**SCHOOL OF SOCIAL WORK**  
**Institutional Review Board Sub-Committee**

Researcher(s) Jennifer Rose & Sherrill Lerner  
Proposal Title Designing for families with kids  
with parents/families  
# 51274

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

-----  
Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent  debriefing statement
- revisions needed in informed consent  debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature] \_\_\_\_\_ 7/10/15  
Committee Chair Signature Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:  
Assigned Leader (Site A): Jennifer Romo  
Assigned Leader (Site B): Shamille Wener
2. Data Entry and Analysis:  
Team Effort: Jennifer Romo & Shamille Wener
3. Writing Report and Presentation of Findings:
  - a. Introduction and Literature  
Themes 1, 3, 6: Jennifer Romo  
Themes 2, 4, 5: Shamille Wener
  - b. Methods  
Themes 1, 3, 6: Jennifer Romo  
Themes 2, 4, 5: Shamille Wener
  - c. Results  
Themes 1, 3, 6: Jennifer Romo  
Themes 2, 4, 5: Shamille Wener
  - d. Discussion  
Themes 1, 3, 6: Jennifer Romo  
Themes 2, 4, 5: Shamille Wener