The Impact of Stigma on Adolescents Willingness to Seek Treatment

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THE IMPACT OF STIGMA ON ADOLESCENTS’ WILLINGNESS TO SEEK TREATMENT

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

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

by
Alejandra Randol
June 2019
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Approved by:

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ABSTRACT

The focus of this study will be on how the stigma attached to mental illness impedes adolescent’s experiencing suicidal ideation and depression, willingness to seek out mental health services. The purpose of the study is to determine what action needs to be taken to address these issues to facilitate adolescent’s willingness to seek services. The study was qualitative and was conducted utilizing the constructivism approach with a theoretical orientation emphasized on the labeling and empowerment theory. The literature reviews focus on labeling of mental disorders and stigma, preventing factors and interventions that influence help seeking and mental health services utilization, and willingness of seeking services. The major themes identified include the following barriers: parental stigma, cultural beliefs, lack of understanding, mental health as a last resort, and accessibility of services. Recommendations made to encourage utilization of mental health services amongst adolescents include parental involvement, parental engagement, and mental health education.
ACKNOWLEDGEMENTS

Firstly, I would like to thank my family and husband for supporting me throughout my educational path. Thank you for your love and support throughout this program. Thank you for always believing in me, motivating me and encouraging me in everything I do.

I would like to thank all the participants that were willing to participate in this study. Thank you for taking the time to share your knowledge and experience working with this population. Without your participation and support, this study would not have been possible. I hope that this study is able to provide insight, address issues, and inspire changes to encourage seeking out mental health services amongst this population.

I would also like to take the time to thank my advisor, Dr. Barragan whom supported and guided me throughout this process. Thank you for always making yourself available when I needed help and support.
DEDICATION

Queridos padres, quiero tomar el tiempo para darles las gracias por todos los sacrificios que han hecho para mí. Gracias mama por siempre demostrarme que si se puede y puedo lograr todo lo que me propongo. Gracias papa, por enseñarme a luchar por lo que quiero y como trabajar duro por mis metas y sueños. Sin ustedes y su apoyo no estaría aquí. Lo logre, por ustedes. ¡Los amo!

I also want to take the time to thank my husband. Thank you for always encouraging me and supporting me throughout this program. Thank you for being understanding when I was stressed and motivating me to keep going. I got this far because of you always encouraging with your kind words and love. This degree is both of our accomplishments and I could have not done it without you. I love you!
# TABLE OF CONTENTS

ABSTRACT ......................................................................................................................................... iii

ACKNOWLEDGEMENTS................................................................................................................ iv

CHAPTER ONE: INTRODUCTION

  Problem Statement.................................................................................................................. 1

  Purpose of the Study.............................................................................................................. 2

  Significance of the Project for Social Work........................................................................... 4

CHAPTER TWO: LITERATURE REVIEW

  Introduction............................................................................................................................. 5

  Mental Health Concern......................................................................................................... 5

  Terminology.......................................................................................................................... 6

  Stigma ................................................................................................................................... 7

  Public Stigma......................................................................................................................... 8

  Parental Stigma...................................................................................................................... 8

  Australian Studies ................................................................................................................ 9

  Theoretical Orientation......................................................................................................... 12

  Summary.................................................................................................................................. 13

CHAPTER THREE: METHODS

  Introduction............................................................................................................................ 14

  Study Design........................................................................................................................ 14

  Sampling................................................................................................................................ 15

  Data Collection and Instruments......................................................................................... 17
CHAPTER FOUR: RESULTS

Introduction........................................................................... 24
Presentation of the Findings.................................................. 24
Barriers.................................................................................... 25
  Parental Stigma................................................................. 25
  Shame and Fear of Judgment............................................... 26
  Cultural Beliefs................................................................. 28
  Accessibility........................................................................ 29
  Delay in Care Seeking and Timing of Care......................... 31
Recommendations for Change.................................................. 33
Summary.................................................................................. 37

CHAPTER FIVE: DISCUSSION

Introduction........................................................................... 38
Discussion............................................................................... 38
Limitations.............................................................................. 41
Recommendations for Social Work......................................... 42
Conclusion............................................................................... 43

APPENDIX A: INFORMED CONSENT ........................................ 44
CHAPTER ONE
INTRODUCTION

Problem Statement

Chapter one covers the research focus of the study which asks, “How does stigma impact adolescent’s willingness to seek treatment for depression and suicidal ideation?”, and, “What steps need to be taken to facilitate adolescent’s willingness to seek treatment?” The constructivist approach was utilized for this study because it views all reality subjectively, which allows for the researcher and participants engaged in the issue to collaborate and build a shared understanding based on the human condition. The chapter also provides literature reviews that focus on labeling of mental disorders and stigma, preventing factors and interventions that influence help seeking and mental health services utilization, willingness of seeking services, and the impact of attitudes and suicidal ideation among adolescents.

Key stakeholders were asked about their perception on how stigma impacts adolescent’s specifically those experiencing suicidal ideation and depression willingness to seek treatment. Mental health providers were asked what necessary steps need to be taken to reduce mental health stigma among the community and increase the willingness of adolescents to seek help.

The chapter addresses the theoretical orientation which emphasizes the labeling and empowerment theory. The study is beneficial for social work as it can help address the many disparities that exist within mental health that prevent
this population from seeking out help. Lastly, the study identified contributions towards both micro and macro social work practice.

Purpose of the Study

The purpose of this study is to analyze mental health providers’ perceptions on how stigma and other factors impact adolescents’ efforts in seeking mental health services. Mental health providers need to consider the primary role that parental stigma and parental involvement plays in determining whether an adolescent will seek out help. The goal is that the findings provided by the participants will help provide awareness on how stigma and other factors hinders adolescent’s from seeking mental health services. I am hopeful that this research study will also provide knowledge and suggestions on how to address disparities and facilitate mental health seeking amongst this population.

According to Breland et al. (2013), even though there is extensive evidence for the effectiveness of treatments for depression, few youths utilize mental health services or receive these treatments. Previous studies support the significant disparity in the rates of mental health services provided to youth as opposed to adults. Furthermore, it is important to identify how stigma or other barriers encourage or serve as barriers for adolescents when seeking out professional help. Additionally, it is also important to identify effective interventions that can facilitate and motivate adolescents to utilize mental health
services. Addressing these disparities will allow for reduction of stigma and eliminate barriers for this population when seeking out mental health services.

The paradigm utilized in this study was a constructivist approach. The constructivism approach is a subjective strategy that allows both researcher and participants to collaborate and develop a shared understanding on the issue being studied. This approach recognizes that every individual understands reality based on their own point of views; therefore, one can only understand human experiences by thoroughly understanding perceptions or constructions among those people who are engaged in the human phenomenon. I and participants worked together to create a valid authentic shared construction of the human experience being studied which is also called “hermeneutic dialectic”. It is defined as hermeneutic due to the individualized interpretations and dialectic because those individualized interpretations are then compared which can also change during the hermeneutic dialectic process.

Thus, the constructivist approach was the most adequate approach to utilize because it provided insight on the perceptions of the mental health providers who work with the adolescent population experiencing suicidal ideation and depression, while also allowing for understanding how the social construction of stigma in society impacts adolescent’s willingness to seek mental health services.
Significance of the Project for Social Work

This study can lead to beneficial contributions in micro and macro social work practice such as developing effective approaches towards improving engagement among adolescents seeking out services. Possible contributions consist on developing mental health literacy, identifying and addressing treatment misconceptions, and lead to awareness on social sensitivity with adolescents who may feel uncomfortable seeking mental health treatment. This study can also aid further studies and development of interventions that can reduce social exclusion and ridicule and may raise empathy, tolerance, and understanding about mental disorders. Efforts against stigmatization of adolescents with mental health disorders must assist families, peers, and schools overcome negative misconceptions and discrimination against this population. The study will increase public knowledge of suicide, encourage the public to support adolescents experiencing suicidal ideations/depression and reduce stigmatizing attitudes towards this population and may improve help seeking. Overall, this study can assist in destigmatizing mental health illness and services for this population through education to families and the community. The study can also encourage parental involvement/engagement in adolescent’s mental health treatment, since family support has been determined to be a vital determinant on whether a child will seek out help.
CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter includes an exploration of the research associated with mental health and the factors that impact adolescent's from seeking mental health services. The literature reviews selected influence and contributes to the development of the focus along with the study participants and the researcher. The literature reviews focus on labeling of mental disorders and stigma, preventing factors and interventions that influence help seeking and mental health services utilization, willingness of seeking services, and the impact of stigma among adolescent's attitudes; specifically, those experiencing suicidal ideation and depression. Furthermore, this chapter also focused on the relevance and role of empowerment theory and labeling theory, in adolescent's underutilization of mental health services.

Mental Health Concern

McManama, Singer, LeCloux, Duarte-Velez, and Spirito (2014) indicated that suicide rates increase significantly in adolescence and continue to rise until early adulthood. According to the Center for Disease Control and Prevention (2017), suicide is the second leading cause of death for individuals between 10-24 years of age. The National Alliance of Mental Illness (2018) reported that about half (50.6%) of children between ages 8-15 with mental health conditions
received mental health services in the previous year. The organization reported that half of all chronic mental illness begins by age 14, and despite effective treatment there are long delays between the first appearance of symptoms and when people get help. Understanding the severity of this issue can encourage initiative on developing effective treatments and policy changes that can lead to increased utilization of mental services amongst adolescents. Furthermore, the average delay between onset of symptoms and intervention amongst this population is between 8 to 10 years.

**Terminology**

Mental health services include the assessment, diagnosis, treatment, or counseling in a professional relationship to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions or disorders (Baylor University, 2015). Another aspect that was viewed throughout this study is suicidal ideation which refers to the thoughts one has about taking his or her own life with some degree of intent. According to Calear, Batterham, and Christensen (2014), there are two types of suicidal ideation which include active and passive. An individual who is actively experiencing suicidal ideation will have a current desire to die and plan to end’s one life. An individual who is passively experiencing suicidal ideation will have a desire to die, but no plan. Another diagnosis that was explored is depression. The American Psychiatric Association (2017) defines depression as a common and serious medical illness that
negatively affects how you feel, the way you think and how you act. It may cause feelings of sadness and/or loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person’s ability to function.

Stigma

Hom, Stanley, and Joiner (2015) indicated that the study found that approximately 29.5% of mental health services were utilized within the past year amongst those experiencing suicidal ideation and or attempted/ planned suicide due to lack of perceived need for services, preference for self-management, fear of hospitalization, and structural factors. A structural factor found to impact utilization of services was stigma. According to Hom et al. (2015), stigma is often noted as a barrier in relation to seeking mental health services. Moses (2010) inserted that social stigma are the prejudicial attitudes and discriminating behavior directed towards others who are influenced by their social behavior or knowledge about the psychiatric labels and treatment. According to the literature review by Hom et al., self-stigma occurs when individuals recognize and apply public stigmatizing attitudes towards themselves. When reviewing this literature review, I learned that adolescents may believe that receiving mental health services may signify personal failure. Adolescents may also perceive that society may devalue and discriminate them due to the problems they are experiencing or label them.
Public Stigma

The Sheehan (2017) study examined the differences between suicide stigma and the stigma associated with mental illness. The study by Sheehan (2017) surveyed 440 US adults in which they were randomly assigned a vignette that depicted an individual with depression, past suicide attempt, death by suicide, or no information on suicide or mental illness. After being given the vignette, participants where asked to evaluate potential of recovery. According to Sheehan (2017) individuals who have attempted suicide are subject to greater stigma than those experiencing depression.

Parental Stigma

Moses (2010) conducted a qualitative study and interviewed 56 adolescents experiencing mental health disorders. The study focused on the adolescent’s perception of parental stigma. According to Moses (2010) about half (46%) of adolescents described experiencing stigmatization from family members through the form of assumptions, avoidance, and pity. Another study by Chandra and Minkovitz (2007), which included middle school students, supported that finding as they also found that greater stigma attached to services led to underutilization of services due to the poor understanding of mental health disorders and anticipated negative and dismissive responses received from family members. Corrigan, Druss, and Perlick (2014) suggest that feeling like a burden to parents and stigma both impact care seeking. Corrigan et al. (2014)
also suggest that other factors such as lack of education and availability of supportive services for parents is associated with care seeking amongst this population.

Australian Studies

Another study in Australia by Calear et al. (2014) focused on examining the relationships between suicide stigma, suicide literacy, and help-seeking attitude’s and intentions. In this study, 284 Australian adults completed an online survey which assessed a range of mental health outcomes. According Calear et al., high suicide literacy and low suicide stigma were significantly associated with more positive help seeking attitudes. The study also found that respondents experiencing suicidal ideation had more negative attitudes toward help seeking and lower intention to seek help. Another study in Australia by Sheffield (2004), included 264 secondary adolescent students attending schools in Bisbane, Australia and their willingness to seek help and also investigated factors that promote and prevent adolescents from seeking help for a mental illness from both formal and informal resources. According to Sheffield, a high percentage of Australian adolescents experience mental health problems, but do not receive the help they require, and only a small number will seek psychological help. These students were asked to complete a questionnaire which examine the relationship between demographics and psychological variables attitudes towards mental illness, and willingness to seek help from formal and informal
sources for mental illness. Results found that adolescents with greater adaptive functioning, fewer perceived barriers to help seeking, and higher psychological distress were more willing to seek help from formal and informal sources. According to Sheffield the study also determined that negative attitudes towards mental illness impact adolescent’s willingness to seek help and fewer stigmatizing attitudes were associated to mental health literacy. Throughout reading the literature reviews, Australian adolescents demonstrate to be experiencing similar experiences as American adolescents. The study also determined that even though a high number of adolescents are experiencing mental health issues, only few seek mental health services.

A study conducted by Moses (2010) examined adolescents’ perception of being treated ‘differently’ because of mental health problems by family members, peers, and school staff. The study gathered qualitative data that was obtained through narrative interviews with 56 adolescents in Mid-Western U.S.. The findings identified that most participants in his study experienced stigma from their peers (62%), 46% by family members, and 35% by school staff. The participants disclosed that the stigma experienced by their peers led to loss of friendships. According to Moses, adolescents were affected by the social stigma experienced by their peers, mainly the negative perceptions of youth toward peers with mental health disorders. Peers viewed adolescent’s as less popular, aggressive, and as social rejects. On the other hand, stigma from family members was in the form of negative misconceptions/assumptions, distrust, pity,
gossip, and avoidance of the adolescent’s experiencing mental disorders. The stigma perpetrated by school staff members displayed in avoidance, expressed fear, and dislike of the adolescents. Another recent study by Moses (2015) among students found that greater stigma is associated to services due to poor understanding of the mental illness and/or anticipation of negative responses from their families, peers, or staff from school. Lastly, the study determined that stigma can be difficult for adolescents to cope with and may create feelings of poor self-image, acceptance within their age group, and lead to issues with identity.

Michelmore (2012) found that less than 50% of adolescents experiencing suicidal ideation and depression seek out mental health services. A concern within the U.S. is that adolescent’s do not seek out mental health services when needed. Hom et al. (2015) found that many adolescents dealing with suicidal ideation and depression do not engage in treatment; which is concerning since it was also determined that suicide decedents did not seek out mental health services prior to their death. Research has found that stigma is a barrier to help seeking and engagement in health services among adolescents experiencing suicidal ideation and depression.

After completing this literature review, I determined that further research focused on help seeking amongst adolescent’s specifically those dealing with depression and suicidal ideation is needed. The literature reviews determined that stigma associated with mental illness; specifically, suicidal ideation and
depression negatively impacts adolescents’ willingness to seek mental health services. To increase the willingness among adolescents to seek mental health services; stigma associated with mental illness needs to be removed amongst society.

Theoretical Orientation

The theoretical orientation utilized in this research study is labeling theory, which was developed by Becker in 1963. Labeling theory is based on the view that individuals become what they are labeled when they accept the label as their personal identity. The negative label is called “stigma”. Labeling theory also explains how individual’s behavior interferes with social norms. Frequently, adolescents experiencing mental health issues are labeled as being mentally ill and often have negative stereotypes. According to Pasman (2007), the stigma of being labeled mentally ill may lead to being mentally ill because of self-fulfilling prophecy. Labeling theory allows the researcher to understand how stigma among adolescents experiencing suicidal ideation and depression impacts the willingness of help seeking. The theory also allows the researcher to understand how negatively labeling individuals experiencing suicidal ideation and depression affects them.

Another theoretical orientation chosen as the foundation of the root action of this study is empowerment theory, which encourages the participants to self-empower and advocate to create positive change. I will ensure that the
participants are empowered and that the activities discussed in the goals and objectives will improve the participants pride and feeling of self-worth, dignity and feeling of autonomy, sense of social identity, and sense of control of their social position. I will assist and encourage the participants in developing an action plan that addresses the goals and objectives of the study. It is hoped that the participants will implement this action plan themselves and provide awareness of this issue.

Summary

The focus of this research project is to eliminate the stigma associated with adolescent’s experiencing suicidal ideations and depression to increase the willingness of help seeking for mental health services. The literature review determined that stigma has detrimental effect on adolescent’s willingness to seek services and identified that further research needs to take place to develop effect interventions focused on supporting these individuals within the community, agencies, schools, etc. This study will lead to potential contributions at the micro and macro level by addressing and removing the stigma encountered by this population.
CHAPTER THREE

METHODS

Introduction

This chapter focused on obtaining mental health providers, such as mental health therapists, social workers, and parent’s perception on the barriers impacting utilization of mental health services amongst adolescents. Furthermore, this study focuses on their perception of the clients they serve and their suggestions on an action plan to remove barriers to mental health treatment amongst this population. The chapter explains how gatekeepers will be engaged at the study site. Lastly, this chapter demonstrates the preparation process, execution of the study, study design, sampling, data collection and instruments, protection of human subjects, and data analysis.

Study Design

The purpose of this study focused on identifying and recognizing mental health providers’ perception on the factors that create barriers for adolescents to seek out help. The study also focused in finding effective intervention and solutions that can be developed or implemented to significantly increase utilization of mental health services amongst teens. The study was founded in an exploratory framework, due to the minimal research focused on this subject. The qualitative study obtained its information through individual interviews with open-
ended questions. Their responses were collected as data. This approach was utilized in order to obtain as many participants available willing to be a part of the study. Additionally, this qualitative framework allowed the subjects to share their professional experiences working with adolescents experiencing depression and suicidal ideation and allowed them to share their knowledge. Since participants work directly with this population, it provided me with further insight and information on stigma and other barriers that impact adolescents. A limitation to using this form of study is that participants can share their own personal biases since they will provide their own perception, beliefs, and opinions based on their own experiences working with this population. Although, the one on one interviews occurred privately between myself and participants, anonymity would be difficult to ensure as a large portion of participants worked at the same agency.

Overall, the research study focused on addressing the following question: What do mental health providers believe are barriers impacting adolescents experiencing depression and suicidal ideation willingness to seek mental health treatment?

Sampling

The research study utilized a maximum variation sampling strategy. According to Morris (2014) this strategy is a process that identifies the diversity of experiences with a social phenomenon and gives in depth descriptions of unique
cases as well as any important shared patterns that are common to diverse cases. Utilizing maximum variation sampling allowed me to identify participants with contrasting constructions regarding the impact of stigma on adolescent’s willingness to seek mental health services. As opposed to snowball sampling, this strategy adds alternative divergent constructions instead of similar constructions. Furthermore, the mental health providers utilized in this study were obtained through personal references and were selected based on their professional experience providing services to adolescent’s experiencing depression and suicidal ideation. Additionally, these participants referred further participants that had the same extensive professional experience with the population. Therefore, this approach allowed for further input from a range of key stakeholders and further alternative constructions. After the key stakeholders were interviewed, they were asked to identify other stakeholders who demonstrate a divergent construct or may add a different perspective and viewpoint. This method allowed for further possible key stakeholders to be identified for the final joint construction of the research focus and led to development of an action plan.

Due to the sample being obtained through personal references, an agency approval was not obtained or needed. Therefore, I contacted personal references and informed them about the study and process. Additionally, I emphasized to the participants that participation was voluntary, and they had the option to decline. The sample consisted of eight participants and included participants
from a wide range of professional experience, ages, cultural backgrounds, and educational levels. Amongst the participants, all held a master’s degree in social work or psychology, or had a PhD in psychology. However, all the participants who were a part of the study were female. Participants in the study reported extensive years of experience, over two years.

Data Collection and Instruments

When utilizing the constructivist approach the researcher is the primary research instrument. I did not have to obtain permission to conduct research at a site, as I engaged participants through personal networks. Once the informed consents were obtained from participants, they were engaged, and one-on-one interviews with participants took place either face to face or over the phone. I was prepared for the interview with a list of open and closed ended questions and utilized proper terminology for the research setting. The questions focused on the participants own social work experience/background, awareness of the topic, perception of the impact of stigma and other factors on the willingness to seek treatment amongst adolescents, and knowledge on the topic. Each interview was conducted individually to ensure that participant develop their own individual construction. Once the stakeholder has participated in the maximum variation sampling and the interviews have been completed, the constructions were analyzed by me to ensure a better understanding of the constructions among the hermeneutic circle. After the participants were given the opportunity to review
their constructions as I understood them and had the opportunity to either validate this construction or redefine it.

At the last stage, interviews were completed and individual constructions amongst the participants were already validated. At this stage participants were also able to develop an action, to which they would commit to implementing. The participation of stakeholders in the checking meeting offered credibility and validity of the joint construction.

Procedures

When using the constructivist approach qualitative data was gathered through individual face to face or over the phone interviews with key informants that were recorded. Firstly, key informants were engaged through personal networks via email. Participants were given an informed consent, which had to be signed prior to beginning interviews. I also informed participants about the purpose of the study and informed them of the process. Furthermore, I also encouraged participants to identify and refer fellow colleagues that would be willing and interested in participating in the research study.

In order to ensure confidentiality, the phone interviews took place in a private workplace, while the face to face interviews also took place in a private conference room. In order to ensure accuracy, data recording was done through digital voice recordings. A narrative account journal was utilized to keep discussions, reactions, reflections, rationales, analysis of the progression of the
study, and to store all transcriptions of the interviews. Notes were written into this journal throughout the interviews and immediately after each interview. I also obtained additional information through note taking if necessary, during or post the interview. The data collected at these interviews was then transcribed through a Temi (speech-to-text) program for record keeping and for further analysis.

Participants were asked the following demographic information: years of practice, degree held, and were asked to share on their experience working with this population. After completing the interview, the stake holders were asked to identify an alternative key player who may present a divergent perspective on the focus of the research. This allowed for the formation of the hermeneutic dialectic circle, which will consist of major key stakeholders.

At the initial individual interviews, major stake holders were asked open-ended questions about their educational backgrounds, experiences, and perception on how stigma impacts adolescent’s specifically those experiencing suicidal ideation and depression willingness to seek treatment. Key stake holders were also asked what necessary steps to need to be taken to reduce mental health stigma among the community and increase the willingness of adolescents to seek help. The major key stakeholders were informed of all the stakeholder’s constructions on how stigma impacts the willingness of adolescents to seek treatment by utilizing open-ended questions. The accuracy of this constructions
was checked by sending the written account of the interview to participants in the mail and following up with phone calls to discuss modifications.

I emphasized the purpose of the study is to provide awareness of the stigma adolescent’s experiencing suicidal ideation and depression face, determine how stigma impacts willingness to seek services, and what action plan needs to be implemented to remove this stigma to facilitate help seeking among this population. By proving this information to the stake holders, they were able to compare and define their own constructions in relation to other constructions. Lastly, at the end of the study participants were thanked through a letter for being willing to participate in the research.

Protection of Human Subjects

Prior to being interviewed, I obtained written consents from the participants and had them sign confidentiality forms. The informed consent also included a section informing participants that they would be recorded and whether or not they agreed. I also informed the participants that adequate provisions took place to protect the privacy of subjects and maintain confidentiality of data. To protect confidentiality from anyone outside of the group, I safeguarded identifiable records and data. I also informed participants that their identities would not remain anonymous but would be confidential to the participants. Since it is a constructivist study I will be aware of their identity. Participants were informed that anonymity would also be difficult to ensure since
constructions will be shared between participants. Limits to anonymity were emphasized due to the constant change of study focus, desire to build accurate constructions for each respondent, goal of sharing constructions, and the openness of this process which intensifies and broadens informed consent. Therefore, I made sure to inform study participants of the risk. I addressed protection of privacy and confidentiality and renegotiated these limits as the study evolved. The research also openly addressed any issues to avoid weakening the methodology of the study and risk of validity of data collected for development of constructions. By openly addressing anonymity and confidentiality dilemmas, participants were able to decide whether to participate on the study.

I minimized any risks to subjects participating in the research by not selecting vulnerable populations as participants in the research. Participants were also informed that there will be no foreseeable immediate or long-term risks because they participated in the study. Participants were informed of the one minor risk, which could be some discomfort resulting from the nature of the questions asked during the interviews. If participants felt uncomfortable to answer certain personal background questions such as their educational level, experience working with this population, and disclosing their views on the topic; they were informed that they are free to refuse to answer those questions or to withdraw any time without any consequences. After the completion of the interviews, participants were also given a debriefing statement in which mental health agencies’ name and phone numbers are listed for contact in case they
became uncomfortable or upset because of participating in the study.
Participants were also informed that there are no direct benefits to them, but indirect benefits to the participants could be foreseeable in the long run. Lastly, the participants were informed that this research could help concerned individuals, researchers, mental health agencies and service providers better understand how stigma impacts adolescent’s willingness to seek mental health services.

Data Analysis

The research data collected through individual interviews was transcribed through a TEMI application and double checked in written form in a word document. Throughout the interviews, the data was evaluated by utilizing open coding to identify determine major themes, common concepts and links between frameworks among participants. The qualitative analysis began by developing a narrative summary of the constructions among all participants. After participant responses were transcribed and coded, they were categorized within an excel document to identify prevalent themes. When analyzing the qualitative data, I coded responses into two major themes: barriers and recommendations for change. Additionally, major subthemes were identified for each major theme and assigned a code that was placed into a written code book. The subthemes identified included the following: Parental stigma, lack of understanding, cultural beliefs, accessibility of services, mental health as a last resort, and importance of
parental engagement and involvement and mental health education. In order to prevent errors, I reviewed the data in depth multiple times.

Summary

Overall, the research study focused on exploring mental health providers' perspectives on how stigma and other factors impact adolescents in seeking mental health services. The study also identified important suggestions for change to facilitate and increase utilization of services within this population. The interviews motivated participants to share their perception and knowledge on their experience working with this population.
CHAPTER FOUR
RESULTS

Introduction

The qualitative interviews provided insight to participants’ responses on how stigma and other factors impact adolescent’s willingness to seek mental health services. The participants’ responses were recorded, transcribed, and analyzed through coding in order to identify common themes. The central themes identified included barriers and recommendations for change. The common sub-themes under barriers that were identified based on participants responses included parental stigma, lack of understanding, shame and judgment, cultural beliefs, and accessibility to services. The theme on recommendations for change included sub-themes on the importance of mental health education and parental involvement and engagement. The themes identified are supported through utilization of direct quotes obtained from the qualitative interviews. The study found that licensed clinical social workers and therapists perceive that there are various barriers that hinder adolescents from seeking out mental health services.

Presentation of the Findings

The sample was comprised of a total of eight participants (100% female). Amongst the participants, all held a master’s in social work degree, a master’s in psychology, or a PhD in psychology. All the participants reported over two years’ experience working with adolescents in the mental health field.
Barriers

Parental Stigma

The participants in this study identified parental stigma as a prevalent barrier hindering the use of mental health services amongst adolescents. Parental stigma negatively impacts adolescent’s willingness to seek out mental health services. Participants reported that when an adolescent expresses and shares experiencing mental health issues, parents respond by negatively labeling them. One participant reported, “When I recommend mental health services, a lot of moms will say “oh that’s for crazy people. They think there’s only like crazy people, people with severe mental illness that seek out mental health services”.

The same participant also stated:

I used to work with younger kids and the parents would bring them to therapy and when I would try to engage the parents, they’re like, “oh no, no I am not the one with the problem”. I’ve also had parents that refused to wait in the waiting room and would ask, “Is it safe to be in the waiting room? Mental illness still has a negative connotation.

Another participant inserted:

I’ve had adolescent’s parents come in and say “This whole building is really nice because I was like expecting to see people handcuffed. I though people were going to be like on stretchers and see people talking to themselves”. Their vision and perspective of what therapy looked like
was completely different and stigmatized based on what information they have or their beliefs.

Participants also determined that a lack of understanding about mental health as an underlying factor contributing to the stigma impacting the utilization of mental health services. The lack of understanding about mental health services and mental illness leads parents to continue to stigmatize their children and deter them from utilizing the services. A participant stated:

I think the hardest part is for the family to take the child seriously. Parents are very invalidating and think that if they don’t give it attention, it’s not going to happen. Or think its attention seeking behavior and don’t understand why their child is experiencing suicidal ideation. Unknowledgeable or uneducated parents don’t really know how depression can lead to suicidal ideation.

Shame and Fear of Judgment

Additionally, participants identified shame and fear of judgment as a common theme that hinders adolescent’s willingness to seek help. One participant shared, “Adolescents avoid going to treatment or seeking out mental health services because they don’t want to be seen as depressed or like crazy or have whatever level for it or feel like something is wrong with them”.

Another participant added:

I would say that shame and stigma is an issue associated with seeking out mental health services. A lot of my clients do not want people to know and
they try to hide it. I would say they have a fear of perception and fear of the consequences.

Additionally, a participant shared:

Sometimes adolescents keep it to themselves because they are too embarrassed to tell the school. They are too embarrassed to talk to the doctor. So sometimes they don’t get the information from anyone because they don’t tell anyone. They are too ashamed of the mental health problem to talk to anyone about it.

Participants reported that adolescents look at other people’s perception on receiving treatment, and if they feel judged then they will not seek out services. A participant added:

The detriment is there. They don’t want to feel judged. They know that they are having these thoughts and are experiencing depression some people feel like they are going to be judged. Like, I don’t want to walk into an office where people receive therapy because people are going to judge me you know? So, does it make them avoid? Of course. Some people won’t seek out therapy because of the stigma.

Another participant expanded and stated, “I think that what they perceive other people to think about depression and suicidal ideation is going to impact them on whether or not they’re going to reach out for help”.
A participant reported that “There is a stigma there and it does stop people from getting help. We know that only 33% of people who struggled with depression will seek treatment and that is entirely stigma based”.

**Cultural Beliefs**

Another common themed identified by participant was cultural beliefs. The participants found that cultural beliefs impact adolescent’s unwillingness to seek out mental health services, treat their mental health issues, or engage during treatment. One participant stated:

- Because here is the reality, this is a cultural thing too. There’s a lot of cultures that won’t admit their kid is depressed. It’s a source of shame. It’s a western psychology and social work in western science it’s a complete Caucasian science. Like I am Asian, so in my culture it is very common for kids to commit suicide because we have a lot of shame.

...Because depression in certain culture is viewed and a weakness and people think depression is one of those things that like should be strong enough to get over it, but there is a bio chemical element to it. Often times these parents really mean well, but their view of love and acceptance is based on what the old country has taught them.

Another participant noted, “Hispanic culture is you know, more male dominated and it’s like I don’t talk about my feelings, especially like the dads, usually I don’t really have dads that are extremely involved, and few are willing to participate”.
Another additionally stated that “I think there is still silence within families around mental illness. Just like resistance or culturally not being open to it”.

**Accessibility**

I also found that participants believe that the accessibility of mental health services for adolescents experiencing depression and suicidal ideation serves as a barrier for this population. It was determined that seeking mental health services is difficult due to the lack of materials listing local mental health services, lack of mental health services, eligibility, transportation, and hours of operation. Furthermore, with multiple barriers in the way to access resources, this population are less likely to seek out those mental health services.

The participants shared the belief that seeking out mental health services is challenging for this population, because services are not easily accessed, there is no list of providers and there is a lack of resources. One participant said,

Unless you literally go and look for yourself online and I mean not saying that everybody has access to a computer and if they do have access not everyone knows how to use it. If someone needs help, they will have to do the research and will have to find like the right terms. There is no sign saying like hey this is the clinics you can go to; you have to basically call your insurance provider and get referred. Basically, I think the biggest barrier is like getting the information. So, I think making it very accessible should be number one. I think that’s one of the biggest problems in mental health.
Another participant added:

If one of my patients need mental health services in the community, I have to do like some intense googling to be able to find all the numbers. Why can’t it be just something that is easy to access and then give that list to 211, but even then, I’ve heard that the whole process to calling and they give you a bunch of numbers of people who may not be able to provide the services.

Another participant expanded by stating:

I also think that there’s a massive shortage of help out there for adolescents. Once they are willing to accept, they need help to find the help is very, very difficult. You can find tons of resources online, but how many of those really still exist and what is the wait list because if you’re not actively suicidal and in crisis at that exact moment the resources are few and far between.

Participants also identified the following additional contributing factors: eligibility, streamlining referral process, hours of operation, and transportation as impacting adolescent’s willingness to seek mental health services. One participant shared:

I think streamlining the process of being able to access services is key because I think if more people were able to do it and had positive experiences that potentially could change the culture too cause they can talk about the person having had therapy and enjoyed it or felt better or
had a good rapport with the therapist. Or like navigating the system so they’re not having to figure out ‘where do I even go’, and they know what they are like. Or having more therapists on campuses or afterschool appointments or make it easier, streamline processes, getting it through the insurance or transportation provided, things like that to make it easier for people to actually do it.

Another participant added:

At my agency, we’ll you know go to your house or we can go to the school because a lot of parents don’t have a means of transportation or are like “man I work Monday through Friday, eight to five. I don’t have availability”, so at the agency we’re open Monday through Thursday and Mondays and Tuesdays we are open late for those people. For parents, that have to work late those appointments are often booked up. Monday and Tuesday’s our agency is open till 7:30, and that’s a service we provide for the community.

**Delay in Care Seeking and Timing of Care**

Participants indicated in their responses that families and adolescents seek out mental health services as a last resort. Participants shared that families and adolescent’s avoid care and will only tend to consider receiving help as a last resort. According to the participants, some adolescents do not seek out mental health services due to not realizing the seriousness of mental health conditions,
fear of receiving an being viewed as mentally ill, or because they do not understand the importance of early intervention or because accessing services.

Participants reported that adolescents avoid mental health care until absolutely necessary and until the parents or teens perceive the minor’s condition as an emergency. One participant reported:

Usually, by the time they come to me it’s like the house is burning down, you know it’s a serious problem. The kids have already attempted, so they always wait until the last resort to seek out mental health services.

Another participant supported the theme by stating:

We also have to be like the last resort and usually the issues are so advanced and then sometimes some patients think like “oh, now that I am here, like this is bad, now I have a mental illness,” so it’s almost a negative connotation to getting help.

Another participant added:

People definitely avoid it; you know until it gets to the extreme to the point that their family member has to call in. I have had client where they already receive therapy and are still wanting to avoid it. They are unwilling to express their thoughts.

A participant also shared, “So, there’s a lot of like I’m not seeking the help that is needed at the appropriate time due to lack of knowledge of their own lack of awareness of the resources available”.


Recommendations for Change

The last theme I found was suggestions for change. Participants shared suggestions that may be utilized to enhance and improve adolescent’s willingness to seek out mental health services. The suggestions included parental engagement and the importance of education about mental illness and mental health services. The suggestions for parental engagement given by participants included:

I used to get a lot of parents that are very reluctant into participating in mental health services. They think, “Oh here take them, do something, fix it”. My job has always been to educate parents on their part and remind them about how important their participation is. If they don’t participate, things are not going to change. I think parents are so important. They are so valuable because at the end of the day they are the ones going home with them and they only see me once a week for an hour. So, they need to learn how to like to help them, support them, and coping skills.

The study revealed that it is vital for mental health providers working with depressed adolescents to acknowledge the role that the parents play in care seeking. The research participants emphasized the importance of engaging parents by developing their knowledge of depression and to address any biases regarding diagnosis in order to increase youth access to mental health care. A participant supported the theme and inserted:
The number one thing is parent intervention. That is really important. If a parent recognizes that their child is really depressed and suicidal and they accept it. Well a lot of parents don’t know what to do and don’t really know how to help their children. So, it becomes a vicious cycle because the parents will take the kids to counseling and sometimes will just drop them off and leave the counselor to take care of everything when it’s actually a family dynamic change. So, what happens is that oftentimes the engagement with the parents’, acceptance of their child’s diagnosis is a big deal and oftentimes parents don’t want to engage in that diagnosis. Sometimes parents don’t understand or trust the process. So, I would have to say it likes on parental approval and parental involvement. If you were to ask me what keeps them from getting helped more so it is because a child’s first love and acceptance is going to be parental, parental acceptance and love.

Another participant expanded:

The engagement is more with the parents. I have to provide psychoeducation for them. Usually the engagement is getting the family to buy into it (therapy) more than it is sometimes with my teenage patients. I’ve had some teenagers say like I need somebody to talk to and then when you talk to the parent, the parent says it is not that bad. A lot of the time when I bring the families in and we have parenting classes available, I’m like “here this is some parenting classes, you need to attend”. I think in
the past two years, there’s been like maybe two or three parents who have attended. Only a handful of parents actually attended and stuck through the classes. Because some of these parenting classes could be 16 weeks, they could be 10 weeks and to get parents to even commit to that is almost impossible. So even selling parenting classes to parents, I have to put it in a way where it’s like, I’m not telling you you’re a bad parent. That’s not what this is about. It’s more about information and for more support. Maybe some self-care for parents, you know, to try to engage them like that.

Additionally, participants also suggested education as an effort to destigmatize mental health services:

We can break down stigma through education and if we have more people that are more educated about depression and mental illness, we see this, we see stigma reduced. We see more people come forward and ask for help, but the stigma is still there. At our agency, we do parent presentations and staff education. We do staff education because it doesn’t do any good for us to go into a school and tell the kids “hey if you are feeling like this, you come forward to a trusted adult”. If we don’t have trusted adults who know what to do with the information, then the counselor can’t do their part. If an adult doesn’t have an understanding, they can do more harm than good. So, we really work on making sure that they have a good safety net in place and that we have a competent
community underneath the kids. We break down that stigma through education and we know that suicide can be prevented through education. Participants also identified and emphasized the importance of education and interventions: A participant expanded said:

I think just promoting mental health and having appropriate referrals is important. So, start at the school for patients and then community-based programs for parents is going to be really important to kind of develop an action plan to kind of start reducing. I think we need to educate, equip and empower. By helping adolescents understand that it is not their fault that depression is a chemical imbalance, no matter how you got it or if it came genetically or through traumatic events. We help them understand that there’s nothing wrong with them and depression is an illness, just like diabetes and both are treatable. We also know that the number of students that come forward after we hold educational presentations in their school to their counseling department within the first 30 days is exponentially greater with people coming forward, so we know that through education not only are we educating them but we are empowering them and equipping them with resources and what they can do to make a life-saving difference.
Summary

This chapter provided the results obtained from the qualitative study and included the detailed analysis of participants responses from the interviews completed with each individual participant. The chapter also provided an analysis of the prevalent themes throughout the responses and interpret the participants’ perspective of how stigma and other factors impact adolescent’s willingness to seek mental health services.
CHAPTER FIVE
DISCUSSION

Introduction

This research study examined social workers’, mental health therapists’, and psychologists’ perceptions and views on how stigma and other factors impact adolescent’s willingness to seek mental health services. The information was gathered through a qualitative research study that identified the factors and barriers, and also included recommendations for change that can encourage and motivate this populations to seek mental health treatment. This chapter will consist of further discussion on the results, will review the limitations of the study and include recommendations for future social work practice at the micro and macro level.

Discussion

The finding of this study focused on stigma and on other factors that negatively impact adolescent’s willingness to seeking mental health services. I found that all the participants provided insightful information that supported that adolescents do not utilize mental health services due to the barriers mentioned in this study. I analyzed and explored the findings and determined that the primary barriers are parental stigma, lack of understanding, shame and judgment, cultural beliefs, and accessibility to mental health services. The participants involved in
this study believed that stigma, shame and fear of judgment, cultural beliefs, and lack of understanding impacts how adolescent’s view mental health. Furthermore, they believe that parental stigma contributes to adolescent’s being labeled as “crazy” or “weak”, which leads to a vicious cycle of treatment avoidance amongst this population. The findings of this study are consistent with previous research studies that indicated that society’s negative perception on individuals with mental illnesses or whom seek out mental health services; serves as a large barrier hindering adolescents in seeking mental health treatment. Corrigan (2004) notes that individuals may avoid seeking treatment due to avoid being labeled as mentally ill or due to fear of rejection.

The study found that lack of understanding is a prevalent theme that impacts underutilization of services amongst adolescents. The study determined that different cultures have a negative perception of mental illnesses and mental heal services, which hinders this populations willingness to seek mental health treatment. According to the participants, this population gains a negative connotation if they seek out mental health services and are diagnosed with a mental health disorder.

The research determined that cultural beliefs is an important detriment on whether or not a teen will seek out help. Based on this theme, it was found that adolescent’s will decline or deny seeking out services in order to hide their issues and maintain mental health issues a secret. According to participants, some
cultural beliefs encourage individuals to keep their mental health issues a secret, which prevents them from disclosing issues and seeking out help.

Accessibility of services is another theme that was found prevalent in the research study as there is a lack of information and resources among the local community for this population. The participants shared that getting services can be challenging for this population due to operations hours, transportation, and lack of resources available to the community.

The research finding also suggested that parental involvement, engagement and support in treatment plays a large role on whether adolescents experiencing depression will seek out mental health services. Adolescents are more willing to seek out services if they have parental approval, if their parents have a positive outlook on mental health and have clear knowledge on mental disorders and services, and whether parents are willing to participate in their children’s treatment. Family was found to have a substantial influence whether adolescents seek out help. These finding are consistent with Rickwood, Mazzer and Telford (2015), who found that for adolescents, the dominant influence on help seeking was family. Additionally, parental factors such as parental perception of the problem and needs have been found to impact utilization of services. Participants shared that adolescents are often not encouraged by their parents to seek out services and are usually unwilling to participate in their child’s treatment.
Limitations

I determined the following limitations, which need to be considered to gain a better understanding of the study. The first limitation identified was the minimal numbers of participants, since only eight individuals were willing to participate in the study. Another limitation that was determined was a lack of further participants willing to participate. However, even though the sample size for the study was small, there was a wide range of ethnicity, age, and professional levels (MSW, MFT, PhD). The greatest challenge I encountered when attempting to obtain further participants was due to time constraints and conflicts in scheduling. Many of the potential participants were unable to participate due to time constraints as they have busy daily schedules at the personal and professional level. Throughout the interviewing process, I found that the participants that were able and willing to participate only had a certain amount of time they were available, which may have impacted the quality of the responses in the study. Furthermore, those participants that did not have time constraints did provide prolonged and high-quality responses.

I gained participants through personal networks. I implemented a maximum variation sampling strategy to gain further participants, however; all of the participants she gained through referrals were females. Even though I was able to utilize all the female participants, the study still lacked the gender variety and lacked the perspective of a male mental health provider. Furthermore, even
though the females provided extensive responses, male mental health providers could have provided further insightful and beneficial information.

Recommendations for Social Work

This research study explored mental health providers’ perspectives on stigma and the barriers, importance of parental engagement and mental health education and how they impact adolescent’s willingness to seek mental health services. Additionally, providers suggested organizational changes that can result in better outcomes for this population. The findings in this study provide insight to mental health providers on how to develop skills that will assist them when working with this population, how to better engage adolescent’s and families in treatment, and provide knowledge on effective forms of treatment for this population. At the macro level, the findings may lead to encourage policy changes by including legal protections for individuals with mental health conditions as a part of the individuals with disabilities act.

The research study found that parental stigma, lack of understanding, shame and judgment, cultural beliefs, and accessibility to mental health services are prevalent themes that hinder adolescent’s willingness to seek mental health treatment. Therefore, future research studies should consider these barriers to develop and implement intervention and determine their effectiveness in motivating adolescent’s willingness to seek mental health services.

Recommendations suggested by the participants to address these factors
include parental engagement and involvement, and mental health education. Recommendations for mental health education should surround efforts to destigmatize mental health and services and emphasize the importance of participation of these services amongst this population. Furthermore, mental health agencies should consider making structural changes to facilitate accessibility of services for adolescents. By considering these barriers may positively impact the utilization of mental health services amongst adolescent’s experiencing depression and suicidal ideation.

Conclusion

The purpose of this study was to determine whether stigma impacts adolescent’s experiencing depression and suicidal ideation willingness to seek mental health services. The research determined that stigma and other barriers, such as parental stigma, lack of understanding, shame and judgment, cultural beliefs, and accessibility to mental health services; negatively impacts this population’s utilization of mental health services. The findings also determined the importance of parental involvement/engagement in determining willingness to seek services. Furthermore, the study provided suggestions in encouraging utilization of mental health services through mental health education.
APPENDIX A

INFORMED CONSENT
INFORMED CONSENT

The study in which you are asked to participate is designed to examine how stigma affects adolescent's willingness to seek treatment in Southern California. The study is being conducted by Alejandro Maestro, an MSW student under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee at California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine how stigma affects adolescent's willingness to seek treatment.

DESCRIPTION: Participants will be asked a few questions on their experiences working with adolescents with depression and suicidal ideations. Specifically, participants will be asked what they think impacts adolescent's willingness to seek treatment for depression and suicidal ideation, what action plan needs to be created for adolescents to seek treatment, and what steps need to be taken to remove stigma in seeking services for these adolescents.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Responses provided will be kept confidential and no identifying information will be collected to maintain your anonymity.

DURATION: Interviews will last approximately 1 to 2 hours.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to you for your participation in this study. However, your insights can help contribute to our understanding of this problem.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Armando Barragan at (909) 537-3501 (email: abarragan@csusb.edu)

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after December 2019.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

I agree to be audio recorded: ______ Yes ______ No

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393
APPENDIX B

INTERVIEW GUIDE
Interview Guide: Questions for Service Providers

1. What is your educational background and social work experience?
2. Can you explain your experience when working with adolescents with depression and suicidal ideation?
3. What issues have you encountered when attempting to engage with adolescents with depression and suicidal ideation?
4. What do you think impacts adolescents with depression and suicidal ideation willingness to seek treatment?
5. How does stigma impact adolescent’s willingness to seek treatment for depression and suicidal ideation?
6. Does stigma against people who have a diagnosis of mental illness such as depression or suicidal ideation increase the likeliness of treatment avoidance?
7. What action plan needs to be implemented to facilitate adolescent’s willingness to seek treatment?
8. What steps need to be taken to remove stigma in seeking services amongst this population?

Developed by Alejandra Maestro, 2018
APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Alejandra Maestro

Proposal Title: The Impact of Stigma on Adolescents Willingness to Seek Treatment

# _SW1871__________

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:

___ X ___ 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:

___ Investigators' signature missing

___ missing informed consent _____ debriefing statement

___ revisions needed in informed consent ____ debriefing

___ data collection instruments revision

___ agency approval letter missing

___ CITI missing

___ revisions in design needed (specified below)

Committee Chair Signature

Date

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


