A Grounded Theory of Enduring Motivation in Mental Health Professionals Who Work with Transition Age Youth with Severe Emotional Disturbance

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RESEARCH QUESTIONS

1. What are the rewards and challenges that are encountered by these workers during the course of treatment, and how do they cope with the challenges?

2. What are the factors that support or reduce their desire to stay in this particular field of work?

3. How do these workers see the results of their efforts, and what role does their perception play in Questions 1 and 2?

Methods

- Charmaz's (2006) Constructivist Grounded Theory
- Grounded Theory:
  - No previous studies on this particular group of mental health professionals.
  - I believed that there was no existing theoretical framework that could explain the work experience and motivation of these workers.
  - Valuable in revealing how people make meaning of events and in leading to a deeper understanding of phenomena that have not been sufficiently studied (Neimeyer & Hogan, 2001).

Methods: Participants

- 22 participants → 3 agencies in the Las Vegas, NV metropolitan area.
- Agencies situated in adult system
- 9 female; 3 male
- 5 Caucasian; 5 African-American; 2 Hispanic-American
- 8 provided targeted case management; 2 day treatment counselors; 2 independent living counselors
- Mean number of total years experience in the social services = 13.1 years.
- Mean number of total years experience working specifically with TAYSED = 7.2 years.
- No specialized training in TAYSED.
- No regularly scheduled and formal supervision.
- Education level:
  - 6 = bachelor’s level
  - 6 = master’s level (one participant was also a doctoral student in clinical psychology)

Results

- COPING WITH SYSTEMIC BARRIERS
  - Foundation for resistance
- OVERCOMING RESISTANCE / SELF-SABOTAGE
  - Meeting unmet developmental needs (e.g., ability to trust)
  - Embracing ambiguous boundaries
- INDIVIDUALIZING OUTCOMES
  - Independent of traditional markers of young-adult success
- MAINTAINING MOTIVATION
  - Experiencing success / relational aspect of their work
  - Maintaining self-efficacy

Systemic Barriers: Perceived Institutionalization

- ENGRAINED, MALADAPTIVE BEHAVIORS
  - Primary characteristic of clinical picture
- ENABLING IN CHILDREN’S SYSTEM?
  - Safety concerns → inhibit development of skills?
  - Lacking pre-requisite skills
  - Lacking emotionally-based “pre-requisite skills”
- Workers' expectations highlight the ABRUPT SYSTEMIC and DEVELOPMENTAL TRANSITION:
  - The relative ambiguity and gradual development of various skills in emerging adulthood do not exist for TAYSED.
Systemic Barriers: Diagnostic Uncertainty & Eligibility Criteria

- **GAP IN SERVICES**
  - Increase in pathology / increased risk of victimization
  - Immediate crises → difficult to establish stability
- **Diagnostic Uncertainty → SMI eligibility?**
- **DIFFERENTIATE BETWEEN 2 TYPES OF TAYSED:**
  - Presence or absence of psychotic symptoms.
  - Mental health treatment vs. case management support.
  - Traditional hallmarks of SMI → More latitude and understanding when interpreting behavior of their clients.
- Non-traditional TAYSED youth are viewed differently because their clinical picture is not as clear.

Systemic Transition Influencing Developmental Course

- **IDENTITY DEVELOPMENT: NEW PEER GROUP**
  - e.g., children's in-patient to adult in-patient when 18
- **ETHICAL DILEMMA**
  - Am a good portion of their clients in a system that is not designed to meet their developmental and clinical needs?
- **WHAT IS THE ALTERNATIVE?**
  - Workers have come to accept this as a reality of their work and focus on finding ways to meet the needs of their clients, regardless of the differences in clinical issues.

Coping with Treatment Resistance: Sabotaging Perceived Gains

- **RESISTANCE:** conceptualized in a manner that focuses on three main characteristics:
- **INABILITY TO TRUST:** disrupted development
  - Abrupt systemic transition: another form of abandonment
  - "Inability to trust vs. Indiscriminate trust in community"
- **LACK OF MOTIVATION:** new group norm?
  - Pushing too hard vs. keeping things "too safe"
- **ADULTHOOD → DISENGAGING FROM TREATMENT**
  - Freedom to refuse treatment; desire to be "normal"

Sabotaging Perceived Gains

- **SABOTAGE: LOGISTICAL and RELATIONAL**
  - Making destructive choices that are incongruent with their well-being and ultimately damage the course of treatment and the therapeutic relationship.
  - The immediacy by which their clients make questionable decisions that seem to directly contradict what was discussed is the most frustrating aspect of this dynamic.
  - This is one aspect of their work that is much more difficult to explain due to the illogical nature of this sequence.

Overcoming Resistance

- **Overcoming Resistance:**
  - Complex and Emotional Process
  - Highly relational aspect of their work → rewarding
  - Their ability to overcome resistance is a significantly rewarding aspect of their work → a very complex and emotional process
  - 1. MEETING UMET DEVELOPMENTAL NEEDS
  - 2. QUASI-PARENTAL ROLE
    - modeling accountability
    - providing guidance and freedom of choice
    - providing assistance and understanding when mistakes are made
  - 3. CONCURRENTLY MAINTAIN APPROPRIATE EMOTIONAL BOUNDARIES

Overcoming Resistance

- "EMBRACING AMBIGUOUS BOUNDARIES."
  - The ability to provide a quasi-parental role while concurrently maintaining emotional boundaries was mediated by workers’ ability to embrace ambiguous boundaries
  - High frequency of client contact
  - Day-to-day involvement
  - Interactions in non-traditional settings
Providing Structure & Concurrently Promoting Freedom

- **BALANCE:**
  - GUIDANCE & STRUCTURE while concurrently providing FREEDOM and INDEPENDENCE
  - Must communicate and provide expectations, while being cognizant of potentially pushing clients to the point of avoidance.
- **ACCEPTING LACK OF CONTROL:**
  - Allows workers to be fully engaged in treatment while maintaining emotional boundaries.
  - Ensures that they do not personalize poor outcomes.
  - Focus on providing choices, processing potential consequences, supporting client efforts.

Individualizing Outcomes

- **CLIENT OUTCOMES** → the measure by which the effectiveness and quality of treatment is determined.
  - Synonymous with treatment success or failure.
  - Traditional markers of young adult success
- **TAYSED OUTCOMES CONCEPTUALIZED INDEPENDENTLY OF SOCIETAL AND CULTURAL EXPECTATIONS**
  - PROMOTE SELF-SUFFICIENCY: day-to-day goals
  - CLIENT INITIATIVE IS VIEWED AS SUCCESS → focus on initiative and effort rather than actual outcome
  - MAINTAIN LONG-TERM VISION

Discussion: Grounded Theory of Enduring Motivation

1. **RESPONSIBILITY TO CLIENTS**
   - Responsibility to vs. Responsibility for
   - Meeting developmental needs
   - Pulling back when necessary
2. **RESPONSIBILITY TO MEET THEIR OWN WORK-RELATED NEEDS**
   - Reinforces their intensive efforts with their clients
   - Explains how workers cope with stressors in a manner that allows them to find significant rewards in their work.

Responsibility to Self

- **MAINTAINING EMOTIONAL BOUNDARIES:**
  - This finding is in contrast to research indicating that community based mental health providers tend to experience a high level of personal responsibility for their clients, even after leaving work at the end of the day (Reid et al., 1999a).
  - **EMBRACING AMBIGUOUS BOUNDARIES:**
    - Their ability to embrace ambiguous boundaries is in direct contrast to research indicating that coping with unclear and ambiguous roles is a main stressor facing community based mental health providers and child welfare workers (Brown, Crawford, & Darongkamas, 2000; Itzhaky, 1995; Um & Harrison, 1998).

Responsibility to Self

- **INTERNAL LOCUS OF CONTROL:**
  - Rarely discussed stressors such as excessive paperwork, large caseloads, inadequate supervision, and lack of community resources as being primary sources of frustration in their work.
  - This finding is somewhat surprising, considering that adult case managers have identified organizational factors such as a lack of administrative support, inadequate staffing, lack of adequate community housing and treatment resources, and poor supervision as adversely affecting the quality of their work (Reid et al., 1999a).
  - TAYSED workers have developed the ability to accept the various systemic and organizational challenges associated with their work.

Meeting Their Own Work-Related Needs: Self Efficacy

- **CONFIDENT IN THEIR ABILITIES** → positively influences their motivation to serve their clients.
  - Overcoming Resistance → Self-Efficacy → Strengthens Motivation → Strengthens Commitment to Clients
    - Consistent with the main tenets of Social Cognitive Career Theory (SCCT) (Lent, 2005)
      - self-efficacy
      - outcome expectations
      - personal goals
  - Is their sense of self-efficacy proportional to their actual effectiveness? ?? → how one answers this is very subjective...
Group Characteristics:
Clinical Experience
• The mean number of total years experience in the social services arena was 13.1 years / 7.2 years working with TAYSED
• No initial specialized training and formal supervision → Workers still felt competent in their abilities
  • This finding is in direct contrast with the literature on community based mental health professionals indicating that a lack of training and supervision has been identified as a major stressor in their work and has been shown to be related to professional self-doubt (Cowan, 2000; Lloyd et al., 2005; Reid et al., 1999b).
• Supervision: Positive relationship between confidence level and ability to take initiative in meeting their supervisory needs.
  • Confident workers → more willing to seek out supervision when necessary, since they do not possess an underlying fear or apprehension of appearing to be incompetent.

Limitations
• LIMITATIONS:
  • This focused on mental health professionals who are situated in the adult system and work with TAYSED after they access the adult system.
  • This particular group of TAYSED workers was an extremely experienced group of mental health professionals.

Implications
• TRAINING
  • Resistance: Relational and Logistical Contexts
  • Embracing unique boundary issues.
  • Reconceptualizing traditional outcome measures.
• HIRING
  • More experienced workers → more effective coping skills
• RESEARCH
  • Established measures of self-efficacy
  • Training vs. No Training
  • Experienced vs. Less Experienced
  • Findings present an excellent opportunity to begin discussing ways to redefine outcome measures for TAYSED.
  • This approach assists workers in maintaining some hope for long-term success, and perhaps most importantly, provides their clients with a foundation of successes to build upon throughout treatment.