

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

- 12 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**
 - Are 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 UNMET 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.