

SUPPORTING MENTAL HEALTH STAFF IN OUR SCHOOLS

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SUPPORTING MENTAL HEALTH STAFF IN OUR SCHOOLS

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EXECUTIVE SUMMARY

SUPPORTING MENTAL HEALTH STAFF IN OUR SCHOOLS

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Children are among our most vulnerable and post-COVID-19 exhibiting an increase in mental health needs in our schools. (Imran et al., 2020). As such needs rise, so does the need for mental health teams within schools. Concomitant to this phenomenon, scholars (Gilbody et al., 2006) emphasize the need for mental health supervisors' attentiveness to mental health staff with regard to their needs.

Dedicated to my father, Donald J. Zeisler

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LIST OF ABBREVIATIONS AND NOTATIONS

COVID-19	Coronavirus Disease 2019
Ethics of Care	EoC
Multifactor Leadership Questionnaire	MLQ
PSBS	Premier School-Based Services

CHAPTER ONE

STATEMENT OF PROBLEM

Schools are in need of quality mental health programs. The mental health needs of children have increased in the 21st century; Bor et al. stated “up to one in five children experience mental health problems” (2014, p. 606). COVID-19 exacerbated this dynamic with isolation and increases in social media use (Geirdal et al., 2021). With the increase in mental health needs came the increased need for quality school-based programs. In addition, the increased mental health needs of students lead to increased demand on mental health staff and agencies. Mental health agencies have had difficulty building capacity and keeping quality mental health professionals, implying there was a lack of understanding of and system for supporting these staff.

The Problem of Practice

Counselors and behavioral support staff (referred to as “staff” as a whole) have historically expressed feeling unsupported and frustrated in their jobs, including reporting high levels of job dissatisfaction and burnout (Gilbody et al., 2006). Studies further claimed that the staff of agencies such as Premier School-Based Services (PSBS) expressed a similar sentiment as they identified emotional exhaustion including feeling depleted, overextended, and fatigued (Morse et al., 2012). In my professional experience, I have observed a pattern of staff expressing a lack of support and feelings of frustration. In March of 2023, my business partner and I started a community mental health agency. I operate as the Clinical Director, while my partner is the Program Director. This put me in a unique position to study my agency and mental health staff. In a staff meeting in May 2023, while discussing plans for this study, the mental health team verbalized feeling

overwhelmed at other agencies. They stated they experienced continual criticisms by administration, which led to them not feeling confident in making any decisions for themselves. They described their jobs as being “hard” and did not believe they had received adequate training or support to do their best. They identified burnout related to agency administration not supporting them or giving them the resources needed to do their jobs. Staff expressed feeling isolated, unsupported, undervalued, and frustrated with agency management. The experiences of mental health staff embedded in the school systems remained understudied, leaving inadequate information in order to address these concerns.

Having dissatisfied staff working with children and families has detrimental effects on their treatment and potentially leads to high turnover rates. Snavely (2016) documented the negative effects on patients of high turnover rates with healthcare employees. With the increase in the mental health needs of students came a higher need to support staff working with them. For Premier School-Based Services, the same held true. Staff consistently expressed frustration with feeling like they did not have the power to work independently and perceived a lack of support (Staff meeting, May 2023).

Justification of the Problem

In adopting an approach which focused on supporting staff, Premier School-Based Services (PSBS) experienced some resistance from both leadership and employees. During the time of this study PSBS was challenged with the task of building a mental health agency which met the children’s needs in school systems by building strong mental health teams. This challenge led to developing a structure and culture which supported the agency’s mental health staff so that these teams could be built, thus

resulting in improved care for the children being served. This current study identified steps to create an environment that was supportive, encouraged professional growth, and helped PSBS workers feel like they are an integral part of programs. Using a transformational approach, the current study identified specific steps to create an environment that actively empowered and supported mental health staff.

The field of mental health has been plagued by the inability to maintain quality staff. In Central Ohio, almost every mental health agency advertised job vacancies for counselor positions. Agencies spent resources to orient and train staff, only to have them leave. Turnover rates for mental health workers were documented to be 30% by Beale (2023). The negative effect on client care was documented by Babbar et al. (2018). It has been my experience that agencies typically do exit interviews after a staff member quits but have not utilized that information to make any changes which may help staff feel more supported and empowered to do their jobs. In starting a new program, I aimed to solicit specific input about why staff have left previous jobs and what they were looking for to improve support and investment in this agency. Inspired by Lipsky (2010), this study purposefully selected a bottom-up approach, as opposed to a top-down review.

The need for staff satisfaction and retention is universal to all companies and employers. This became very apparent following the recent COVID-19 pandemic and subsequent shortages of employees in many businesses in communities. Jayaratne and Chess (1984) stated the turnover rate in community mental health agencies was 43 percent within the first year of employment. Davis (2022) asserted that the retention of social workers presents a significant concern in child-related services. In mental health, relationships are a key component in positive client outcomes. The better trained and

more experienced the staff, the better quality of treatment for the clients. Children need consistency with their treatment providers. Yanchus et al. (2017) stated that “When mental health professionals leave organizations, detrimental effects on quality of patient care occur” (p. 41). Children take time to develop trusting relationships, and often bring with them issues of abandonment by adults in their lives. With high staff turnover, these relationships were continually changing and ending, which negatively impacted consistent treatment (Baylin, 2017). In addition, my study yielded information about what drove staff to feel good about their work and motivated them to stay with an employer, which potentially translated into useful information for other companies.

Considering such findings and the current state of PSBS, the purpose of this study was to research and identify ways to empower and support mental health staff in the school systems. The intent was to investigate our staff’s consistent feelings of frustration, disempowerment, and apparent lack of support amid a growing demand from clients. In doing so, this study’s findings led to an action plan that intentionally addressed such concerns.

Deficiencies in the Organizational Knowledge Record

Mental health programs with full teams of staff embedded into schools remained understudied. There was ample data on how traditional school counselors and agency mental health counselors experienced high rates of burnout (Lloyd et al., 2002), but little had examined outside teams working full-time in the schools. The dynamic of having a team of therapists and behavioral support staff embedded in the school systems brought unique challenges. They are not formally part of the school personnel and were somewhat isolated from the agency that employed them.

Burnout, as defined by Maslach et al. (1996) includes chronic stress and its impact on effectiveness (Collings & Murray, 1996). Burnout in mental health practitioners had been minimally studied. In a study by Morse et al. (2011), they stated “the mental health field has paid relatively little attention to the health and well-being of its own workers. Relatively few well-designed, empirical studies have examined burnout in mental health” (p. 348). As noted above, this absence of data was even greater in regard to mental health providers who are stationed full-time in the schools.

Schunk & DiBenedetto (2020) identified limitations in research with regard to long-term studies on employee motivation levels. The researchers stated that motivation fluctuates and is dynamic and the long-term needs to sustain it had not been studied (Schunk & DiBenedetto, 2020). This related to this study in that a high level of motivation corresponded to lower rates of burnout and higher rates of job satisfaction (Schunk & DiBenedetto, 2020). In searching, the only study found documenting the shortages of employees in businesses since COVID-19 was Mahmood, et al. (2023) regarding the medical field.

Audience

This study targeted improvements which could be made to help staff serving children in the school systems feel more supported and motivated in their jobs. Results of this study were shared with the other director from PSBS, counselors, and behavioral support staff. The results may be transferred to other mental health agencies including psychiatric settings, outpatient services, or home-based mental health. Results were also shared with the administrators of the schools in which the programs were based,

including superintendents, principals, vice principals, school counselors, and teachers in an effort to continue the conversation and growth.

Overview of Framework, Methods, and General Research Questions

Transformational leadership places value on building relationships and inspiring employees (Burns, 1978). A transformational leader is one who supports their employees and is concerned with ways to increase their intrinsic motivation (Thomas, 2009). They seek to empower employees and help them feel as if they are meaningful to the mission of the organization (Thomas, 2009). This leadership approach was effective in increasing employee's sense of empowerment and feeling supported. This study was based on Watson's Human Caring Theory (Sitzman & Watson, 2018), also referred to as the Theory of Caring (Watson, 1997), which focused on relationships. The key concepts of Human Caring Theory incorporate authentic genuine compassion, developing caring relationships, creating an environment of authentic caring, teaching, and coaching within a context of caring, and "creatively problem-solving- "solution-seeking" through the caring process" (Sitzman & Watson, 2018, p. 22). These concepts aligned with a transformational leadership approach emphasizing building positive relationships (Deluga, 1988).

The research questions of this study were as follows:

- RQ 1: What is the scope and experience of burnout among agency school-based mental health provider teams?
- RQ 2: How can the agency increase the empowerment of mental health practitioners?
- RQ 3: How can leadership build support for mental health teams?

Methodology

This study was a qualitative study as it explored subjective meaning with participants, developed an understanding of what is important to them, and identified their central concerns (Merriam & Grenier, 2019). Constructivist grounded theory lent itself to this study as it focused on “meaning-making and interpretation by participants, but also researchers” (Merriam & Grenier, 2019, p. 236). It required the researcher to be actively involved as part of the study. Grounded theory used coding and memo writing to gather rich data (Charmaz, 2006). I used Charmaz’s (2006, 2014) definitions of the methodological process of a qualitative study using grounded theory involving focused coding, identifying the meanings and assumptions, gaps in data, writing memos, and comparison. As a supervisor in the school-based program employing the participants, I was fully immersed in the study and invested in the program’s success. By modeling my investment in the success of staff, it increased their trust in me and the process. By collecting data through interviews, I developed a theory targeting ways to improve staff perceptions of empowerment and support. I gathered data through semi-structured interviews, focus groups, and staff meetings. In utilizing this format, I included staff in the development of an action plan that addressed problems related to empowering and supporting staff using a transformational leadership approach. The field of mental health has been laden with providing subpar services to clients, children in particular. Employing staff who are undertrained, underpaid, and undervalued did not promote quality services. Children are deserving of better.

Limitations

As a newly established agency, the number of potential research participants was relatively low. With the low possible subjects, it was hoped a large percentage would agree to participate. As co-owner and the Clinical Director of PSBS, I also recognized the power differential this posed. Employees may have felt like they did not have a choice in participation or felt reluctant to share honest responses if they felt like they would be reprimanded in some manner. I was limited in the extent to which I assured employees whether they participated or what they shared would not be held against them. I did my best to have ongoing conversations with each in an attempt to convey this. Results from this study may not translate to other agencies, dependent upon administrative support and openness to change.

Review of Related Literature/Framework Informing the Study

Transformational Leadership

I believed the problem of mental health staff dissatisfaction was affected by how management traditionally treated employees in the mental health field. Contributing to the problem were the focus on profits and using a transactional leadership style, as described by Burns (1978), that valued the use of punishment or discipline as a motivator. In contrast, Burns (1978) described the transformational leader as one who engages the employee in the spirit of growth and support. Burns stated the transformational leader inspires workers, builds a relationship, and develops a commitment to the organization's mission (Deluga, 1988). This approach of moving from treating the staff as just an employee to a partner who was vital to the agency's mission and brought a higher level of investment in that mission is described by Barnett (2003). This research study explored

how the agency could improve their support to employees. In doing so, the leadership approach was an important part of this.

Empowerment

Intrinsic motivation and beliefs dictated how employees invest in their jobs and perceive helping behaviors, empathy, emotions, and controllability (Betancourt et al., 1992). Betancourt et al. (1992) found that people who believed they had control over their success or failure was a key factor in motivation. Agencies who increased this sense of empowerment increased their staff's perceptions of control. Empowerment was defined by the World Health Organization as "the level of choice, influence and control that users of mental health services can exercise over events in their lives" (nsw.gov.au). In exploring empowerment, I considered intrinsic motivation. Thomas quoted an employer as stating, "I have learned that the key to *engagement* is not money. It has more to do with the *heart* (2009, p. 7)." Thomas identified four intrinsic rewards: a sense of choice, a sense of competence, a sense of meaningfulness, and a sense of progress (Thomas, 2009). A sense of choice is the perception to act on your own judgment. A sense of competence involves the feeling of providing accomplished work. A sense of meaningfulness is described as the feeling of purpose in making a difference. A sense of progress is the perception of achieving something. These intrinsic rewards are related to empowering staff as well. Employees wanted to feel like they had control over their success. If they felt like they were externally controlled, they felt frustrated. Agencies who empowered their employees increased the employees' perceptions that they have control over their chances for success. Their intrinsic motivation increased as they realized their potential to have a positive impact in the workplace.

Extending on Thomas' conception, a key to developing a sense of being valued is the role of the social environment. Bandura stated that people "seek their well-being and valued outcomes" through the environment they work in, and in effect, through their perceptions of support (Bandura, 2002, p. 270). Another aspect of empowerment or motivating employees was a sense of personal self-efficacy. Bandura stated that workers will only have incentive on the job if they perceive efficacy: that they can affect positive outcomes in the workplace and delay any negative results (Bandura, 2000). Zimmerman (2000) described the importance of the perceptions of competence on success. In exploring staff perceptions in this study, leadership was able to actively promote empowerment and support.

Human Caring Theory

Human Caring Theory was initially developed by Jean Watson in 1975 (Watson, 1997). This theory emphasized the importance of relationships and empathy between nurses and patients (Watson, 2011). It identified the importance of self-care of nurses in order to care for others (Watson, 1997). Caring Theory was easily transferred to mental health. Administration must develop genuine caring relationships with their staff and address their needs so that they may care for the clients effectively. Watson (2011) identified caring as a vital component in the nursing profession. Some of her principles applied to the treatment of staff. "Caring Science is grounded in a relational, ethical ontology of unity within the universe" (Watson, 2011, p. 250). It is a way to establish a culture of caring that accepts the person as they are now and recognizes their future potential. Watson focused on the importance of trusting, caring relationships, as well as the promotion of hope and learning (Watson, 2011). She also identified the importance of

accepting and facilitating genuine expression of positive and negative feelings (Watson, 2011). The collaborative nature of the theory of care is empowering in nature (Watson, 1997). The focus on relationships as primary promoted openness in sharing and problem-solving, as supervisors and employees were interdependent upon each other for success.

Directors actively promoted the value and culture that we are family and “in this” together. Open communication was promoted in all meetings, with the expectation that any issues were welcomed and addressed without repercussions, and that any problems staff were experiencing either on the job or outside of work were things we solved together. Issues included barriers like childcare, transportation, financial hardships, and emotional support needs. We hoped that if staff were treated as human beings and not just “employees,” they would become more invested and committed to clients and the agency overall. Since Watson, other researchers have continued to expand on this theory, including the ethics of care.

Care Ethics

Ethics of Care (EoC) addressed the relationship between individual differences and power (Hankivsky, 2014). In looking at relationships in the workplace, EoC considered not just an attitude of caring for workers, but also as an advocate for them in an ethical manner (Robinson, 2020). This theory gave support to the changes needed in addressing problems with perceived lack of support by staff. EoC principles stressed the importance of building caring relationships (Slote, 2007). Primary beliefs founding EoC included empathy and the obligation to help others. The focus was on serving those who have a vested interest in the outcomes, in this case, the staff who served the client directly. EoC promoted the importance of relationships, connections, and collaborations

(Beck et al., 1994). EoC was consistent with transformational leadership theory, in that they both valued empowering and supporting employees. Care ethics is focused on attentiveness and responsiveness to the needs of others (Noddings, 2015). Noddings (2015) addressed how organizations can have caring ethics by tending to employees' needs. Employees cannot be expected to function at their best if their basic needs are unmet. Employers cannot assume what their employees need. Rather, they must explore what is lacking and try to correct voids. According to Noddings (2015) organizations can strive to be caring when they include employees in conversations about needs and ways to meet them, thus providing an environment of care.

Integrated Literature Review

I studied the literature related to this project on transformational leadership, empowerment, and burnout in the mental health field. The literature review identified the importance of several factors in how to best support staff in a way that motivates them to be committed to the agency's mission as well as promote a sense of well-being that will lead to long-term employment and personal growth. Factors included developing within individuals a feeling of control over their personal success and the success of the program overall, the opportunity to model and witness other staff being successful and being given interpersonal and intangible rewards.

Transformational Leadership

Transformational leadership was a key concept when looking at how an agency can support and empower their teams. Leaders who take on a transformational role actively encourage their staff. They openly share their vision and mission with their staff, encouraging them to grow and develop within the agency. Transformational leaders are

“concerned with improving the performance of followers and developing followers to their fullest potential” (Northouse, 2021, p. 191). Transformative leaders inspire their staff and lead by example, with a strong sense of integrity and good moral compass (Northouse, 2021). They genuinely cared for them and developed relationships with each member of their teams. They challenged their staff to grow, actively seeking input and encouraging creativity (Northouse, 2021). The impact of this leadership style has been shown to yield employees who go above and beyond, as well as report high levels of job satisfaction (Northouse, 2021). Stewart (2006) explored the evolution of transformational leadership through Burns, Bass, Avolio, and Leithwood. Burns identified the importance that a transformational leader “looks for potential motives in followers, seeks to satisfy higher needs, and engages the full person of the follower” (1978, p. 4). Stewart stated, “the result is a change in the level of commitment and the increased capacity for achieving mutual purposes” (2006, p. 9). Bass (1998) developed the Multifactor Leadership Questionnaire (MLQ), which identified and rated components of transformational leadership. According to Bass, transformational leaders are inspirational, in that they “behave in ways that motivate others, generate enthusiasm and challenge people” (Stewart, 2006, p. 12). Bass & Riggio (2006) described transformational leaders as those who “stimulate and inspire followers to both achieve extraordinary outcomes” and respond to “followers’ needs by empowering them” (p. 2).

The literature illustrates the positive impact of a transformational leadership approach in the mental health field. Corrigan et al. (2002) found in their study that transformational leadership led to reduced burnout and a higher sense of accomplishment. Jambawo (2018) identified the importance of using a transformational leadership

approach in addressing increasing mental health needs of the community in order to provide high quality care and support the mental health staff. Arnold et al. (2007) studied how the process of transformational leadership affects employees' mental health and job satisfaction. Findings in this study lend support to establishing the link between leadership style and efforts to empower staff. The primary question was how I could, as a leader, effectively use transformational leadership skills to transform this agency into one which promotes employee support, well-being, and feeling empowered. Arnold et al. (2015) documented a positive correlation between transformational leadership and employee mental health. As a leader, I strove to promote my staff to take care of their own mental health needs. If they are mentally healthy, they are better able to help the children they serve. In adopting a transformational leadership approach, I actively focused on how to support and encourage my staff to reach their potential.

Empowerment

Brenton (1994) defined empowerment components as “social action, political awareness, the right to “have a say,” recognizing oneself and being recognized as competent, and the use of power” (p. 23). Empowerment as “gaining control over one’s life” (Brenton, 1994, p. 24) related to the purpose of this study. Empowering mental health teams by providing support and resources, including giving them input and a voice in the workplace was an important dynamic.

Tian et al. (2018) published a study examining leadership characteristics which contributed to empowering employees. They described just delegating responsibilities as not being adequate but stressed the importance of encouraging creativity and doing more than expected (Tian et al., 2018). They stated that “research has regularly demonstrated

that when employees feel empowered at work, it is associated with stronger job performance, job satisfaction, and commitment to the organization” (Tian et al., 2018).

Empowering employees was about supporting them so that they can grow in their positions. In considering how to empower employees, I reviewed a study by Greasley et al. (2005) whose research team conducted a qualitative study comparing perceptions of empowerment of employees versus employers. They identified the key to empowerment as being the sharing of power between the employee and their immediate supervisor. Lee & Koh (2001) identified four components to empowerment including meaningfulness, competence, self-determination, and impact. They stated these factors can be actively promoted by supervisors, thus building a sense of empowerment. The concept of empowerment fits well within the framework of transformational leadership. This current study solicited specific things that staff perceived as empowering so that a culture supporting this could be established.

Burnout

In my professional experience spanning 37 years, I have observed a pattern of staff expressing a lack of support and feelings of frustration. Burnout related to administration not supporting them or not giving them the resources needed to do their jobs is common. Freudenberger (1974) described burnout as potentially debilitating and resulting from chronic work stress. Lambie (2007) stated that burnout affects approximately 39% of all mental health counselors. Moyer identified supervision, or the lack of it, as being predictive of counselor burnout (Moyer, 2011). Lambie (2007) identified potential consequences for counselor burnout including the direct effect on the students and families they are trying to treat. In mental health, supporting workers was

key to providing quality care. If the mental health staff are not mentally healthy, they are limited in helping others. Posluns and Gall (2019) completed a thorough literature review addressing the importance of mental health practitioners' self-care. They found not taking care of their own mental health needs can negatively impact their professional work (Posluns & Gall, 2019). The literature supported this study in prioritizing staff's mental health and well-being. Mentally healthy staff are more effective in treating the children we serve.

Action Research Design and Methods

This participatory action research study was designed to address the social problem of staff empowerment and support by identifying what the agency could do to increase positive feelings and implement change to improve the work environment (Mertler, 2019). This approach was circular, with four steps: planning, acting, developing, and reflecting (Mertler & Charles, 2011). I took a collaborative approach with the other owner and employees. The data collection methods used in this study included interviews, focus groups, and meeting minutes and observations.

Positioning the Study as an Action Research Study

Counselors and behavioral support staff in the mental health field have expressed feeling unsupported and frustrated in their jobs. This study addressed this problem by exploring what PSBS could do to support the mental health staff and empower them. Leadership factors were also identified as interventions to this goal. This study focused on mental health counselors and behavioral support staff, who worked within specific assigned schools. The students or clients were not the focus of this study, but the staff themselves. As a supervisor in the school-based program employing the participants, I

was fully immersed and invested in the success of the employed staff. By modeling my investment in the success of staff, it increased their trust in me and the process.

I performed a collective qualitative study grounded in interpretivism. Each staff member held a unique perspective on the realities of both their job and their value as a person in that job. The process of this action research study followed the four stages as outlined by Mertler & Charles (2011). This “recursive, cyclical process” (Mertler, 2019, p. 17) involved planning, implementing, or acting, developing, and reflecting. I employed data collection methods as identified by Charmaz (2006, 2014) including interviews, focus groups, coding, identifying meanings and assumptions, writing memos, and data comparison. Results and impressions were shared with the study participants throughout the study, including both updates and solicited feedback and input. This, too, established credibility and trustworthiness of the collected data. Further, this study was collaborative and identified themes, then implemented changes to improve the dynamics through the development and implementation of an action plan. Interviews and focus groups explored significant topics and dove deeply into responses and conversations to pull out concerns and recurrent themes.

Ontology describes the nature of the world and how it is viewed. Reality is seen as multiple truths and realities (Hesse-Biber, 2017). What are the “conscious and unconscious questions, assumptions, and beliefs that the researcher brings to the research” (Hesse-Biber, 2017, p. 17). Within the scope of my research study, from an ontological perspective, the lack of effective mental health treatment for children was well documented (Frauenholtz & Mendenhall, 2020). Children who are served in school-based mental health programs need dedicated, skilled, and motivated staff. Betancourt et

al. (1992) found that beliefs and empathy led people to help others. In my study, I explored the subjective perceptions of staff, based on their mental constructs, which brought meaning to their work. The benefits of this study provided information about what motivated staff to be invested in their jobs. Typically, when staff find meaning in their work and feel supported it translates to improved services for clients.

In examining my grounding in epistemology, I looked at how one's sense of reality is formed. The perception of reality leads to the impact that staff can have on helping children develop a positive sense of self. Each of us developed our own sense of what reality is, making it subjective. In my qualitative study, I delved into each participant's personal views on what was important and meaningful to them related to their motivation to work with children in mental health treatment. Slack and Webber (2008) studied staff perceptions of how effective they were and barriers to helping children. My goal was to gain a deeper understanding of what motivated them so that I could identify specific things to put into place to help them feel supported in the workplace, connected to the other staff members, and motivated to grow with the agency long-term. Rich material elicited a good picture of the staff's realities of the job, thus developing an intersubjective view (Hesse-Biber, 2017). I also examined how the relationship between myself, the researcher, and the staff, who are the participants, impacted the study results.

Site or Population Selection

The community mental health agency at the heart of this study, Premier School-Based Services (PSBS), was a newly formed LLC. It is co-owned by the Clinical Director and Program Director, who have worked together for years at another nonprofit company.

Problems related to this study led these two to form their own company so that they could create a better way to do business; a way that supported employees and thus provided better mental services to clientele. The agency was small, with only nine employees. It did not yet have a brick-and-mortar building and had received a variance from the certification body that it was exempted from this requirement. PSBS was based in Northeast Ohio and served several school districts in the area, each with more than one building and served students kindergarten through twelfth grades. The agency provided mental health services to children in kindergarten through high school, who are referred by school personnel. At the time of this study, the agency was serving 65 students among the school districts with whom PBSB contracted. The three school districts served were in rural settings and were under or unserved in the past. The organization's goals were to support the schools in improving academic performance, reduce behavioral problems in school, and improve mental health symptoms in clients. Employees of this agency consisted of counselors and behavioral support staff. All had a Bachelor's degree or higher. Counselors were licensed as either professional counselors or social workers. Employee demographics were diverse across gender (male, female), sexual orientation (heterosexual, bisexual, gay), and race (white, Black, biracial). Participants were selected using convenience sampling, as employee numbers were limited. Employees were solicited by sharing the purpose and procedures of this study and given the option of participation.

Researcher Role and Positionality

As a co-owner of PSBS, the organization being studied, I had full and direct access to all materials, information, and employees. I remained aware of the social

conditions of participants and made every effort to consider those when I collected and examined data. Honesty in considering my own biases and recognizing how they may be impacting my study was imperative (Milner, 2007). As a white woman with privilege, I was aware of intrinsic biases inherent in this. I remained aware of how my position within the agency affected participants' responses and openness and tried to minimize this effect. This reflexivity in approaching my study was key. Through the awareness that "all knowledge is affected by the social conditions under which it is produced" (Mann & Kelley, 1997, p. 392), I remained mindful of how the work environment and how I presented myself impacted the study outcomes.

I started out in the mental health field as a direct care staff, meaning I worked in the same positions as the staff I was focused on in my study. This gave me a unique perspective on what they may experience and need. This dynamic helped the participants see me as an ally and support person in their journey, thus increasing trustworthiness (Berger, 2015). I monitored my own subjectivity, which was based on my past experiences working with diverse staff. I was open about my motivation with staff regarding my agenda and experience to account for any subjective effects (Peshkin, 1988). As a counselor first, and supervisor second, I value client care. I believe to improve client care, you must ensure your staff feels supported, encouraged, invested in the agency's mission, and have the hope they will be able to develop and grow in their position. I tried to effectively convey these beliefs to staff, so they felt free to share their opinions and needs openly. In providing specific things they needed and wanted to feel supported; they can provide better client care.

As a co-owner and Clinical Director, I had significant power over the employees and test subjects. I realized this may have influenced their decision to participate or not. I tried my best to convey they had a choice to participate in the study. I informed them that if they chose not to participate, there would be no repercussions. I informed them also that if they choose to participate, nothing they say or share in any way would be used against them. They were encouraged to voice any concerns or issues to the other owner of the company, who would then address them with the researcher. The co-owner agreed to assist and ensure participants were comfortable and address any concerns that may arise. There were no concerns brought to my or the co-owner's attention during or after this study. I sought information related to their lived experiences, perceptions, needs, and wants regarding what they believed will help them feel supported and valued. I actively encouraged staff to share suggestions and ideas that may help the program develop into something sustainable they wanted to be part of. There was no financial compensation. However, it was explained to the staff that changes would be incorporated based on the input, which would help them both in the short-term and long-term future with the agency. This was a fair exchange in that staff wanted to be invested in the agency's mission and future. Positive changes will help with their motivation, commitment, and professional growth, thus contributing to their sense of purpose and well-being. I kept a journal and memos addressing any reports or perceptions of any perceived or reported conflicts or concerns with power imbalances (Mertler, 2019).

Ethical and Political Considerations

This study adhered to ethical standards outlined by the Collaborative Institutional Training Initiative (n.d.) which addresses human subjects research and responsible

conduct of research (<https://www.citiprogram.org>). Participants of this study gave signed informed written consent (see Appendix D). Consent included information about how data would be collected, stored, and disposed of following the study, including any written data or notations, audio and video recordings, and any data stored on the Cloud. Consent also included potential associated risks and benefits, as well as the option to defect from the study at any point without repercussions. This process, known as the principle of accurate disclosure, ensured participants were fully informed and aware (Mertler, 2019). The integrity of the study was ensured by having regular meetings with staff members. The status of the study and any findings were shared at these meetings. Transcriptions of individual interviews and focus groups were shared with participants for correction and feedback. Openness and transparency were maintained through discussions and other communications with all participants and superintendents. This principle of honesty (Mertler, 2019) was essential to the ethics and integrity of this study.

The results of the study were shared with all participants, any staff who chose not to participate, school personnel, principals, and superintendents. Copies of the study were made readily available to anyone who wanted a copy. The owners of the organization met with all staff to discuss results and make decisions about any changes made to the operations of the organization. The principle of beneficence dictated the study had benefits to those being studied (Mertler, 2019). The results of this study aimed to identify specific changes which could be made to benefit staff.

I solicited signed informed consent and participation from all employees. This was done by first explaining the focus and purpose of the study. I emphasized participation was voluntary and those not wishing to participate would not be penalized.

Ethically, each staff member must be treated with respect. Participants were reminded regularly that they may withdraw from the study at any time without penalty or reprisals of any kind. Participants' identities were anonymized throughout data collection and for any written communication and results. Confidentiality and anonymity were guaranteed. Although there were established boundaries by having clear written rules for behavior related to how they are treated and treat each other in meetings, they were encouraged to share all of their ideas including helpful ideas, but also negative feedback. Staff were encouraged to seek out support and assistance should they experience any issues related to the study. Focus group guidelines (see Appendix C) were established to ensure staff being respectful towards each other during sessions. These guidelines included not scapegoating or calling anyone out in a group forum. Using "I" statements was adhered to, encouraging each to speak from their own experience and needs. Each interview and group meeting began with a reminder of what the study was about and what we hoped to achieve with it to remain focused on the purpose of the study. The study was designed to promote and develop the program with the best interests of staff at its heart. Collaboration was key to this study's success. Without active staff participation and generation of ideas, this study would not have been successful.

First, I needed to ensure that all participants were treated with respect and care by enforcing behavioral rules in focus groups, as well as stressing to all participants that any discussion shared in these groups are private and not to be repeated. In doing this research, I took caution that I actively adhered to ethical guidelines. I did member checking with every aspect of data collection. Participants were given the opportunity to review their transcripts of interviews, as well as the focus groups so they could give

feedback or clarifications. I shared my findings throughout the process of this study with participants.

I was aware I was in a position of authority as a co-owner and supervisor of the mental health staff. With this power differential, I made an ongoing and concerted effort to assure staff they have a choice in whether they participate or not in this study, that they could withdraw or refuse at any point without repercussions, and that they could speak freely without fear of consequences of any kind. I informed them they could “pass” and choose not to answer or comment during interviews or during the focus group or meetings. I informed them they could speak with the other co-owner in private and in confidence if they had concerns or issues, they were not discussing with me, and that this would be done confidentially and without fear of reprisal.

Data Collection Methods

Data collection for this study included individual interviews, a focus group, and field notes of observations during staff meetings. The research took place in school-based mental health programs, serving children in kindergarten through 12th grade, which provided counseling and case management services on site. There were two school districts which housed these programs. Each program employed one counselor and one to three behavior intervention specialists per building. They worked with the students in each grade level, as well as school personnel. I examined the factors which affected the mental health staff’s perceptions of support.

I obtained a written agreement from my co-owner, so they were informed and consented to all operations involved in this study. For the purposes of this study, I focused on a group of nine staff, including counselors, behavior support staff, and one

billing specialist who shared common experiences on the job, as they worked in the same program. This study was best served using a constructivist grounded theory approach. This approach lent itself best to this study, as there were common job performance expectations, common training provided, and each staff worked with the same group of school-aged clients, yet each brought their own subjective perspective (Hesse-Biber, 2017). The sampling procedure chose staff in a purposeful manner (Hesse-Biber, 2017). They were invited to participate, without coercion, to be part of this study. Written, signed informed consent (see Appendix D) was obtained from all participants, who were reminded throughout the study they could withdraw at any time without penalty. Anonymity and confidentiality was explained to all participants, including ways identifying information was deleted, numbers assigned to participants, and the importance of participants not repeating discussions outside of focus groups.

Nine staff members were interviewed one-on-one at the onset of this study to build rapport, trust, history taking, and establish the goals of the study. Each interviewee was again interviewed approximately one month later focusing on more in-depth material to generate rich descriptive data. Each semi-structured interview lasted approximately one hour. Questions were asked to elicit information about what they needed and wanted in order to feel empowered and supported in their jobs (see Appendix A). The interviews also explored potential positive aspects of their past experiences they found supportive or empowering. Responses were utilized to fine tune questions posed to the focus group to further elicit rich data. Interviews were recorded via Zoom. No participants chose to meet in person, although they were given that option. The interviews were transcribed using Microsoft Word and shared with the participants for validation, feedback, clarification,

and any corrections. Identifying information was deleted from the transcriptions to ensure anonymity. Participants were assigned a reference number not connected to any identifying information. The content for interviews was analyzed and coded for recurrent issues and themes.

A focus group was held with five staff members approximately three months after the study began. This group met after the individual interviews with participants were completed. The individual interview data helped guide the discussion questions for the focus group (see Appendix B). The group consisted of staff members chosen with the agreement they would be open to sharing their perceptions and opinions on the research topic. It was their choice whether they wanted to participate in the focus group. I moderated the meeting and ensured each member would be able to participate and I kept the group on topic. The focus group participants chose to meet via Zoom, as they stated it was more convenient for them. I took notes throughout, used active listening skills, and asked questions as needed to elicit more rich details (see Appendix B). The focus group was limited to 90 minutes. Identifying information was deleted from the data. The notes were analyzed to identify themes as well as any quotes and observations relevant to the research topic. The written notes and observations were presented to participants of this group to solicit feedback and any clarifications or corrections at the subsequent meeting. There was no interrater reliability as I was the only observer, interviewer, and researcher.

Observations were made and documented in field notes by me during agency staff meetings on a monthly basis for a three-month period. Observations included how comfortable were the staff in speaking up and participating in discussions. Did they take risks in expressing their thoughts and beliefs? Did they speak up if they noticed

misjustice? For example, would they take a risk and intervene if they thought a coworker was being treated unfairly? I functioned as a participant-observer but focused primarily on observing so as not to influence free sharing of staff's thoughts and feelings. Field notes were taken, including any direct quotes, nonverbal observations, and general information regarding discussions related to the research topic. These observations were coded, and themes identified to include in the findings of this study. Written data from these meetings were shared with participants at each following meeting to obtain any feedback, clarifications, or corrections.

To encourage staff to share I utilized interview techniques that incorporate a traditional client-centered approach (Rogers, 2000). This involved really listening to what they say, reflecting their thoughts and feelings, and clarifying when needed to ensure I understand. I am skilled in counseling techniques, including active listening. This gave me a clear advantage in conducting interviews that allowed me to dig deep into the content. My questions were explorative to gain an understanding of participants' perceptions of the workplace and what they need. I remained aware of my own biases. This included not only how I see staff and their roles in the agency, but also an awareness of any cultural and racial biases I have, as well as how they impacted on the study.

The data yielded a generalized knowledge of staffs' perceptions of support as they experienced it. There were specific themes identified and needs that can be accommodated which will target increasing perceptions of support. These results are in the process of being put into action at this agency, which may transfer to other settings as well. The results were shared with all stakeholders, including staff providing services, administration, and the owner.

As the sole researcher, I conducted all the research myself. I performed in-depth semi-structured interviews, facilitated focus groups, and observed staff meetings. I had a changing observational role in which I adapted my role from observer to participant dependent on the situation (Creswell & Guetterman, 2019). My primary function was as a researcher, but due to the focus of the study, I was actively engaged in interviews and focus groups to guide the discussions. I had minimal input in discussion, instead of soliciting information and input from participants. I actively tried to not lead or influence participant's perceptions or input. Once the questions were posed to participants, I allowed them to take the discussion anywhere they needed it to go without interference. I was fully transparent and open about my purpose and dual roles for this study beginning with the initial meeting proposing it. I met regularly with participants both individually and as a group to update them and give them an opportunity to provide feedback, clarification, or corrections. I encouraged participants to voice any hesitations and concerns they may have about their participation. I met regularly with the co-owner of PSBS to keep them updated, get professional feedback, and utilize them as a resource should a participant have issues and express a desire to speak with someone other than myself about it.

Employees were not compensated for participating in this study. I did not want it to be perceived that they are being bribed to enroll. Instead, they were briefed and updated throughout the study about how this can improve their work environment and culture. The potential benefits of this study have more lasting effects than other compensations. As the Clinical Director, I supervise and train all employees, along with my business partner, the Program Director. Part of this entails building genuine caring

relationships with each employee. Relationships with staff must be built on trust and encourage honest, open, and ongoing communication. As a licensed counselor, building rapport is an established skill set. I used basic counseling techniques including empathy, genuineness, and unconditional positive regard, initially identified by Carl Rogers as important in supporting growth (Berven & Bezyak, 2015).

Transparency regarding the purpose of this study was key to building trust. Hesse-Biber (2017) stated trust, and credibility are dependent on this transparency. Although I am in a supervisory capacity at the organization, I have been a licensed therapist for 32 years and have spent my career developing and honing my craft. I am skilled at developing genuine relationships with each individual. I met with each of them individually and as a group on a regular basis. I encouraged them to be open and honest about their feelings and needs. I presented myself as a professional, but also as someone who cared about them. I learned about their lives and interests. I was forthcoming about my motivations and agenda at work, which built trust.

Positionality directly impacted how I approached and performed my research, as well as how I viewed my study overall. Honesty in considering my own biases and recognizing how they may be impacting my study was imperative. I wrote memos in a journal tracking my thoughts and reactions to monitor any biases and preconceived ideas that arose. As a white woman with privilege, I was aware of intrinsic biases inherent in this. Being aware of how my position within the agency affected participants' responses and openness and trying to minimize this effect was to be also required. This reflexivity in approaching my study was key. My experience in the field helped me present myself as an ally and support person in staff's journey, thus increasing trustworthiness (Berger,

2015). I monitored my own subjectivity, which was based on my past experiences working with diverse staff. As a counselor first, and supervisor second, I value client care. I believe to improve client care, one must ensure the staff feels supported, encouraged, invested in the agency's mission, and has the hope they will be able to develop and grow in their position. In effectively conveying these beliefs to staff, they felt free to share their opinions and needs openly. In soliciting specific needs and desires, I will support them in providing better client care. To encourage staff to share, I utilized interview techniques that incorporated a traditional client-centered approach (Berven & Bezyak, 2015). This involved really listening to what they say, reflecting their thoughts and feelings, and clarifying when needed to ensure I understood. This gave me a clear advantage in conducting interviews that allowed me to dig deep into the content. My questions were explorative to gain an understanding of participants' perceptions of the workplace and what they need. This included not only how I saw staff and their roles in the agency, but also an awareness of any cultural and racial biases I had, as well as how they impacted on the study.

As a researcher, I had to continually assess my personal awareness of my positionality, including biases. I remained open about feedback, including negative, so that I functioned as the researcher to the best of my ability. In the case any participant mentioned concerns regarding biases, I planned to immediately and directly address them. However, these concerns were not raised during this study.

Data Analysis Procedures

Data from individual interviews was recorded via Zoom. Although I planned to use a secondary auditory recording on my cell phone, this was deemed unnecessary.

Those interviews were then transcribed using the integrated software in Zoom. The transcriptions were coded manually searching for themes and key concepts. Grounded theory is rooted in “the study of experience from the standpoint of who live it” (Charmaz, 2000, p. 522). In analyzing the data, I explored recurrent themes and ideas shared by participants as important to them. The process of open coding was used to identify concepts in the data (Merriam & Grenier, 2019). Data was coded according to key concepts and themes, noting the meaningfulness and prominence of each, connecting these into group sharing commonalities. Labels were assigned in order to organize and analyze themes. Codes and categories were identified, with notations of any connections between the themes. The database and coding was analyzed three times, each level narrowing and targeting clear core themes and subthemes which were deemed meaningful. The results from data analysis was shared with all participants to ensure they accurately captured their experiences and perceptions. Data from the focus group was recorded on Zoom, transcribed using the Zoom software, and saved on my computer and the Cloud. Transcriptions were manually analyzed. Observational notes were recorded in a journal entry by me. These notes included any relevant quotes from participants, concerns brought up, feedback related to the study, and observations of nonverbal communications. Field notes from meeting observations by the researcher were examined for themes and patterns. Data were stored on my personal computer, which is only accessible by me, locked, and password protected. Data were also stored on the Cloud, which is password protected. Following the publication of this study, all data will be destroyed.

Member checking was used to ensure data were accurate and complete (Mertler, 2019). Transcripts and meeting notes were shared with each participant to provide them with the opportunity to make any corrections or clarifications. This process ensured the data was accurate and complete. Memoing, including field notes taken during focus groups and notations made during interviews, was used. These field notes contained observations and significant interactions, including the tone of the meeting and nonverbal communications (Mertler, 2019).

Procedures to Address Trustworthiness, Credibility, and Transferability

Trustworthiness was established by addressing the credibility, transferability, dependability, and confirmability of the data in this study. This study was collaborative and identified themes, identified, and implemented changes to improve the dynamics through the development and implementation of an action plan. Credibility was established by using member checking for all data collections (Mertler, 2019). Participants were given opportunities to review all transcriptions and observations within one week of their interview or focus group so they could check for accuracy and ensured they are representing a detailed account of what they wanted to communicate. All three data sources were examined for themes and coded. This method of triangulation also contributed to credibility. This study spanned six months, as prolonged engagement increased validity and credibility. Credibility was also established by using complex, descriptive data of verbalizations, themes, and nonverbal communication (Mertler, 2019). I kept detailed descriptions and notes of all interviews, the focus group, and staff meetings. I engaged in reflexivity, or reflected critically, on my own perceptions (Merriam & Grenier, 2019) to monitor any potential biases or assumptions on my part

and made additional notes to address these when I noticed them (Mertler, 2019). I took notes and analyzed further any data reflective of negative cases.

Transferability was demonstrated by giving a rich, in-depth description of the settings and environments in which the study took place (Mertler, 2019). Each setting for all interviews and meetings was described in detail in my notes. Participant quotes were used whenever possible and applicable to demonstrate the accuracy of data.

Dependability was established by noting any changes in the study, environment, or context of the study (Mertler, 2019). These changes were considered for potential effects on this study. Details of the study were noted throughout in an attempt to facilitate the potential for replication of this study.

Confirmability was demonstrated by making efforts to ensure the data were objective (Mertler, 2019). This was done by generating verbatim accounts of interviews, focus groups, and meetings. I was diligent in examining any of my personal biases, positionality, and potential limitations of this study by reviewing perceptions with the co-owner of the agency. I consulted with colleagues and the co-owner of this agency throughout this study to gain awareness of any personal issues or conflicts. I used reflexive memoing to monitor and track any potential issues with my perceptions and views.

Questions for the two interviews and focus group were evaluated to establish credibility and trustworthiness by soliciting feedback from two external colleagues (Ary et al., 2010). The external colleagues reviewed the questions and rated each for quality and relevance, as well as providing specific feedback regarding improvements (see Appendix F). Questions were modified for improvement based on this feedback.

Descriptive validity was established by using member checking, follow up interviews, and monthly staff meetings (Mertler, 2019). Data transcripts and observations were shared with participants during these to ensure accuracy of transcripts and allowed participants a chance to add to or modify them. Interpretive validity addressed the accuracy of my interpretations (Mertler, 2019). Participants were given opportunities at follow-up meetings and interviews to review notes and make any additions or changes they saw fit. Theoretical validity was demonstrated by ensuring this study remained connected to the theory of care (Mertler, 2019). Evaluative validity dictated I remain objective and report data without any evaluation or judgements (Mertler, 2019). Generalizability was addressed in the study's limitations. Data gathered is specific to this agency and may not generalize to other organizations. Due to the fact that there were only nine participants, transferability to other organizations may potentially be limited. This leads to potentially low external validity, as findings may be specific to my organization.

Conclusion

The purpose of this study was to examine factors which contribute to increasing support for and empower mental health staff embedded in the local school systems. Guiding this study was Caring Theory (Watson, 1997), which focuses on the importance of building genuine caring relationships. This study used a transformational leadership approach to identify ways to empower and support staff.

This action research study identified and implemented specific components of the program and leadership to empower and support staff in order to increase their sense of satisfaction in their jobs and improve client care. As a result of this study, an action plan

that addresses specific ways to support and empower staff was developed and implemented.

CHAPTER TWO

RESULTS OF RESEARCH

Reporting Results

The purpose of this qualitative action research study was to gain an understanding of what mental health staff members identify as factors in feeling supported and empowered in their jobs. The field of mental health has been fraught with staffing issues (Yanchus et al., 2017). The inability to hire and keep quality staff is a fundamental problem in community mental health agencies (Yanchus et al., 2017). They pay low wages and tend to burn out employees quickly (Johnson et al., 2018). In addressing this dynamic, it became clear that there needed to be a mindful effort to attract mental health staff and support them so that they want to stay and grow with the agency. I chose to research what they want and need to feel like they are invested long term. Based on the findings of this study, I created an action plan to actively support and empower mental health staff at my community mental health agency. My research questions were as follows:

- RQ 1: What is the scope and experience of burnout among agency school-based mental health provider teams?
- RQ 2: How can the agency increase the empowerment of mental health practitioners?
- RQ 3: How can leadership build support for mental health teams?

Participants

Participants for this study were selected by soliciting all current employees of my co-owned community mental health agency. The nine participants in this study are

reflective of 100% participation. Since the start of this study, one staff member was terminated due to job performance issues. They were not included in this study. Another resigned due to changing life circumstances. That staff member requested to be part of the study prior to his exit from the agency. All other staff members chose to participate, which totaled nine participants. Each interview lasted between 60 and 90 minutes. Of the nine people who participated in interviews, five were asked to participate in a focus group. This purposeful sampling was based on their years of experience and potential contributions inferred from their interview participation. These five had worked at other community mental health agencies previously and had at least four years' experience in the field. They also were perceived as forthcoming in their individual interviews. All five agreed. The focus group was held following the conclusion of all individual interviews and was limited to one hour. The third data source was observational data from a series of five staff meetings held weekly from February 2 through March 1, 2024. Staff meetings lasted for one hour each.

Job position was relevant to include in the demographic data. Counselors meet with clients both on a scheduled and crisis basis, as well as directly supervise the behavioral support staff on site. The behavioral support staff are available to work with clients daily at the request of teachers, as well on a crisis basis. Both positions actively engage with clients and parents/guardians. Both can experience similar burnout from dealing with mental health needs inherent in their jobs. The billing specialist does not have direct client contact, but deals with billing and insurance issues, which carry their own stressors.

Prior to this study, I spoke with each of the participants in person about my study. I explained the rationale for the study, reviewed the recruitment letter (see Appendix E) and informed consent form (see Appendix D). I encouraged them to ask any questions they may have and verbalize any concerns. Each participant signed an informed consent form with the understanding they could rescind consent without reprisal. Although debriefing following data collection was offered to anyone who took part, none accepted this offer.

Demographic data were collected to reflect characteristics relevant to this study, including age, race, and approximate years of experience in mental health, and current position in the organization (see Table 1). Table 1 also indicates which staff were participants in the Focus Group.

Table 1*Participant Demographics*

Staff #	Education Level	Race	Age	Gender	Years MH Experience	Position
1	BS	Black	27	F	4	Behavior Support Staff
2	BSW	Black	35	M	5	Counselor
3	BA	Black	27	F	6	Behavior Support Staff
4	BS	Black	23	F	4	Behavior Support Staff
5	BS	White	31	M	5	Behavior Support Staff
6	BSW	White	44	F	7	Counselor
7	AS	White	44	F	7	Billing Specialist
8	BA	Biracial	24	F	3	Behavior Support Staff
9	BS	White	63	F	3	Behavior Support Staff

Note. Participants 4, 5, 6, 7, and 8 were also members of the focus group.

Trustworthiness

As a researcher, I made every attempt to ensure my research was conducted in a methodical and rigorous manner. I ensured the data were accurate and exhaustive. I utilized measures of credibility, transferability, dependability, and confirmability to maximize the likelihood that data outcomes are trustworthy. I chose these measures of trustworthiness as criterion of trustworthiness as they best applied to my research process (Hesse-Biber, 2017).

Credibility. In qualitative research, credibility is defined as “the accuracy or truthfulness of the findings” (Ary et al., 2010, p. 639). In establishing credibility, I created a clear plan for collecting my research data, including questions that specifically targeted soliciting information regarding my research questions from my participants. I created interview questions for the initial and second series of semi-structured interviews, as well as discussion topics for the focus group. I confirmed content validity by conducting an external review of the questions using two experienced professionals in the mental health field. These professionals confirmed that the interview questions targeted the problem of practice and research questions. The interview and focus group questions were modified from their input for improvement prior to the data collection. Each video of the semi-structured interviews and focus group were reviewed twice to ensure the transcriptions were accurate. Each transcript was examined four times to search for and extrapolate themes and notable quotes which reflected the results of data. Data were gathered using all three data sources until it was clear the data saturation point had been met as data started repeating. According to Ary et al (2010) data saturation entails terminating data collection at the point where no new information is being collected,

rather there begins to be duplication of data (Ary et al., 2010). For this study participant responses and data analysis led to such an understanding throughout the process. Recordings and transcripts were reviewed multiple times in an attempt to build confidence that my interpretation of the data was as accurate as possible. Credibility or internal validity was established by collection triangulation in using data from three data points for this action research study (Ary et al., 2010). Triangulation of data in this manner establishes structural corroboration in support of findings (Ary, et al. 2010). Data from all three data sources was utilized, or data triangulation, to identify and corroborate themes and subthemes (Ary, 2010). Triangulation was also used to compare and contrast data from the three data sources (Hesse-Biber, 2017). Inductive analysis was used to interpret this data in a three-tiered analysis to identify themes and subthemes, thus establishing pattern matching (Hesse-Biber, 2017).

Transferability. Transferability is the extent these research findings can be generalized to other organizations (Ary et al., 2010). In this study, transferability is supported by the literature review details in Chapter One of this dissertation in practice. This study, however, provided rich, detailed accounts of participants' experiences and perceptions relevant to the study that may be similar in other organizations, thus providing descriptive adequacy (Ary et al., 2010). The study yielded relevant information regarding what participants viewed as important in providing them with support and a sense of empowerment which can be translated into taking specific actions by organizations. I must also recognize that although participants were encouraged to be open and honest throughout the study, I am a co-owner of the company and the power

inherent in my position may have influenced their ability to be forthcoming in some manner.

Dependability. Dependability is based on the consistency of the results or whether the same results would result in a different organization or group of employees (Ary et al., 2010). Dependability or trustworthiness was established through the use of providing detailed steps of data collection, data triangulation, a clear audit trail, and coding processes (Ary et al., 2010). The process began with an external review by sharing the questions for the series of two interviews with two outside colleagues to solicit feedback and input. This external review of the questions was evaluated, scored, then modified to best target the research questions (see Appendix F). These questions were then shared with participants, so they were fully aware of the purpose and content of the research study.

Confirmability. Confirmability is another measure of validity that reflects the ability that the research findings can be corroborated in other studies and settings (Ayn et al, 2010). I made every effort to ensure neutrality in my study to demonstrate confirmability. I journaled my reactions and biases throughout the data collection process to minimize any effect on the data results. I remained reflexive throughout the interview process, allowing participants to share their experiences freely without assuming any predetermined results. Member checking was done for all interviews and the focus group. I printed out copies of transcripts for participants to review, confirm for accuracy, clarify their intent, and provide any feedback. Member checking involved each participant being given a copy of their transcripts so they could review and make any modification, which ensured the accuracy of the data, and that each participant was comfortable they

accurately reported their experiences. They were given two weeks to review, make any needed changes or additions, then return them to me for updates. However, no corrections were considered necessary by the participants, thus supporting confirmability. I determined that data saturation was met during the second course of interviews, as participants began repeating what they had already shared, with no new insights or input.

Reporting Qualitative Results

Data Collection Process

Initially, I submitted my research proposal to the members of my Dissertation Committee, including my Dissertation Chair, Dr. Ricardo Garcia. They gave valuable feedback, which I used to update and solidify my study. Next, I submitted my research proposal to the Institutional Review Board (IRB) at the University of Dayton (see Appendix G). I received approval without modifications.

I used participants from my organization, which I co-own, using a purposeful sample to explore and gain a detailed understanding of mental health staff perceptions and needs related to ways to help them feel empowered and supported. I met with staff as a whole initially to explain the purpose and procedure of my action research study. I then met with each individually, as all requested to participate. I reviewed the nature of the study, and that participation was voluntary, and data would be anonymized. I informed them they could stop the interview and participation at any time for any reason without reprisal. I gave them copies of the interview questions for both interviews, as well as the topics for the focus group (see Appendix A and Appendix B). I encouraged them to give me feedback and suggestions regarding things they viewed as important to address. Although they had no additions or modifications, they validated the questions targeted at

the study focus. Following each interview, participants were given printed copies of the transcriptions to review and correct, modify, or add to.

Interviews and Focus Group

Interviews and the focus group were held via Zoom, which recorded each and auto-transcribed data. Identifying information was removed from the data, including names. The data were saved on my computer and the cloud, both of which are secure, and password protected. Transcripts were printed out for analysis. The participant quotes were not altered in any way, instead choosing to leave the data in its' raw form to accurately reflect the statements. Field notes were taken during the series of five staff meetings to document dynamics and interactions of staff members. All data were analyzed and coded using a phenomenological approach with a systemic design to establish a connection between the dynamics documented and a theory regarding human needs (Mertler, 2020). I used a constructivist grounded theory approach and took the role of a researcher who was flexible and active throughout the study (Creswell & Gutterman, 2019). An in-depth analysis of the transcripts was completed which focused on developing an understanding of meaning for the participants (Creswell & Gutterman, 2019). All data were analyzed and coded by hand, reviewing each source and document a minimum of four times searching for themes and patterns. Field notes were taken during each data collection to note any significant dynamics with interactions and trust. Inductive analysis was used to reduce the volume of transcriptions and notes to identify main themes and subthemes (Mertler, 2020). The initial analysis and coding involved open coding of all data gained through all three data sources. Next, axial coding was

employed to focus on patterns of specific themes. The third level of coding further reduced the data into clear themes and subthemes as reflected in Appendix I.

The semi-structured interviews began with connecting with each participant on a human level and building rapport. I reviewed with them the purpose of this study and asked them general questions about what was going on in their lives and how they were feeling. Once each participant appeared relaxed and comfortable, I began discussing the interview questions (see Appendix A). Video interviews were recorded on Zoom and auto-transcribed using the same software. Transcriptions were printed out to analyze and share with the interviewees for member checking. The same process was used for the focus group.

Nine mental health staff members were interviewed twice each, which reflected 100% participation. Participants were given a copy of the questions for both interviews, as well as the topics for the focus group (see Appendix A and Appendix B). The interviews were held from January 15, 2024, to March 21, 2024. The series of two interviews per participant were held one month apart and explored their past and current experiences, as well as what they identify as needs and wants. These interviews took place using video meetings through the Zoom Video Communications, Inc. software platform. The Zoom data transcription service was used for all interviews and the focus group, as well as Zoom video and audio recordings. Notations of observations were made during each interview, including body language and indications of comfort level. Observations and field notes were documented during weekly treatment team meetings over the course of five weeks.

The focus group was held on March 27, 2024, after all individual interviews had concluded, which included five mental health staff members who were chosen based on their previous experience in the field and perceived willingness to share honestly and met via Zoom. Participants were given a list of focus group guidelines to ensure respectful and productive interactions (see Appendix C). The focus group was recorded using Zoom video and transcribed using Zoom transcription services. Throughout the focus group field notes were documented, noting anything of significance related to demeanor and interactions.

The final data collection point was through observations of the weekly staff supervision meetings. I observed these meetings every week for five consecutive weeks (February 2, 2024, February 9, 2024, February 16, 2024, February 23, 2024, and March 1, 2024), keeping field notes to document significant indications of relevant interactions including both verbal and nonverbal communication (see Appendix H). Observations of factors relevant in cohesive working teams (Lencioni, 2010) were noted in field notes. Included in these are those factors as identified in Lencioni (2010) description of working teams and included indications of positive interactions, teamwork, encouragement, trust, commitment, accountability, achievement, willingness to be vulnerable.

In reporting data, low-inference descriptors were used, including direct quotations from interviews and the focus group, to demonstrate credibility (Ary et al., 2010). Finally, reflexivity was used in my note taking process to self-reflect and recognize my personal biases. In this manner, I was able to remain objective and not interpret participants' responses to what I wanted to hear.

In data analysis, inductive analysis was used during which I took details of all of my data source transcripts and notes building general codes and themes (Creswell & Guetterman, 2019). Coding for themes and subthemes was done by hand and documented in Microsoft Excel.

Qualitative Findings

Data analysis of this qualitative action research study yielded three main themes and nine subthemes. The first theme was validation, including subthemes of appreciation, recognition/praise/positive feedback, and making a difference. The second theme was relationships, including connection/team building/family/belonging, trust/empathy/caring, and supportive/advocacy. The final theme was professional growth, including subthemes of training/resources, incentives, and supervisor availability. See Table 2 for an outline of themes and subthemes. Details of these themes, subthemes, and participant quotes can be found in Appendices J and K. Observational data reported for the staff meetings can be found in Appendix H. Participant quotes in reporting are designated as P1 through P9 to indicate the specific participant who made each statement.

Table 2

Themes and Subthemes

Themes	Subthemes
Validation	Appreciation Recognition and Praise Making a Difference
Relationships	Connection and Belonging Trust and Caring Support and Advocacy
Professional Growth	Training and Resources Incentives Supervisor Availability

Theme 1: Validation. Analysis of the data revealed the importance of staff perceptions of validation. In all interviews and the focus group, every participant verbalized the need to be validated. This included supervisors actively verbalizing appreciation for their work efforts, receiving ongoing and genuine recognition, praise, and positive feedback, and feeling like they are making a difference in the lives of their clients. This theme resonated throughout the interviews and focus group. I also observed dynamics during the staff meeting observations which reflected the importance of validation. Participants actively engaged with each other, validating efforts, collaborating, and encouraging each other. As the meetings progressed through the month observed, participants became more relaxed and freer in sharing their thoughts and feelings.

Subtheme A: Appreciation. Participants described the pervasive desire to be recognized by their supervisor as doing a good job. The theme of appreciation was key when participants described what helped them feel supported in their jobs. They detailed times when they did not feel appreciated, indicating this as a deciding factor in leaving a job. When questioned about what specifically made them feel appreciated on the job, they shared the most impactful were positive words of affirmation. Telling them they were doing a good job, especially by their direct supervisor, was identified by several participants. Participants stated words of affirmation were motivating and validated them. Participant 6 stated “I’m an old school words of affirmation girl. Tell me I’m doing a good job. Speak highly of me to staff. That’s my motivator.” They stated they also had positive responses when coworkers recognized them and validated their efforts. Participant 5 stated “Congratulate each other ... kind of inspiring each other ... just

somebody acknowledging that you're doing a good job and really go above and beyond with stuff.”

Participants also shared previous experiences in which they felt unsupported and belittled on the job. Supervisors who they felt were demeaning or punitive in some manner had the opposite effect on their sense of appreciation. Participant 7 shared an experience in which their supervisor was critical and questioned everything they did, which took a toll on their confidence and job performance. This participant stated “You're not gonna support me. You don't trust what I am doing.”

Subtheme B: Recognition and Praise. Participants stressed the importance of feeling appreciated as part of being validated. They identified a need for recognition of their efforts and hearing they are doing a good job on a regular basis. They described how praise, especially when it was given in front of their peers, had a significant positive impact on their self-esteem, sense of competence, and feeling motivated. Participant 8 shared the importance of “Just someone being there supporting me. Letting me know that I am doing that good job ... Let them know they're appreciated.” Time was spent in the monthly staff meetings focused on sharing wins for the week. This included progress made with specific clients, personal achievements, and clapping for each other. The following are quotes made by participants which support this finding.

Subtheme C: Making a Difference. Participants stressed their personal need for achievement in that they need to believe they are making a difference, both in the organization as well as in the individual lives of clients. They stressed the satisfaction of making a positive impact on children and their futures. They shared personal stories about their own experiences as children and who they remembered as making a

difference to them. Participants described feeling accomplished and empowered through recognizing the impact they have with clients, which energized them and reduced burnout. They indicated a need to have these successes recognized both individually and in front of their peers. Participant 8 addressed ways to help them with burnout on the job by sharing “On those bad days, remind me of my successes. Times that we have made a difference.” Concerning their need to feel like they are making a difference was a core value with participants. Participant 8 made several statements indicative of this dynamic including “We genuinely care about them (regarding the clients). They’re going to remember how they felt around us ... Make a difference ... The work we do is going to have lasting effects on these kids...can help stop maybe a cycle of abuse or trauma in their family and just kind of stop that generational cycle.”

Theme 2: Relationships. In mental health, relationships are the foundation of treatment and emotional growth (Yanchus et al., 2017). With the participants in this study, I quickly became aware of the importance of relationships at work. Participants craved a sense of emotional connection, which was often referred to as being like a family relationship. In the weekly staff meetings, staff exhibited growth in interpersonal relationships. They began to joke with each other more. They actively encouraged and clapped for each other. They were increasingly more interactive with each other as well as supervisors. They wanted their supervisors to get to know them as a person, not just an employee. They cited a need for supervisors to make a genuine effort to learn about them and what is important to them. They wanted to spend time with coworkers and supervisors outside of work, building these relationships and just having fun.

Subtheme D: Connection and Belonging. A sense of belonging is a fundamental human need (Waller, 2020). The mental health of staff is connected to perceptions of belonging in the workplace and directly linked to self-esteem, depression, and anxiety (Waller, 2020). The workplace has become a place where we spend a significant amount of time with people who are not family but can become close. It seems a logical progression to then desire the kind of closeness with coworkers we would have with family members. This dynamic was observed during the weekly staff meetings. They began to talk more about themselves, their personal lives, their families, and interests outside of work. They expressed a desire to spend time with each other outside of work, including going out to dinner and doing recreational activities. Participant 1 shared an important dynamic for them was “Feeling like I am part of the company and people really care about me and how I am doing.” The fundamental need to belong (Waller, 2020) was reflected in Participant 5’s response of “Having the confidence that we’re all on the same team. Not that us versus them. We’re all in this together.” Participants described their need to be treated like a person with feelings and needs, not just someone who is there to produce revenue. Participant 6 identified that supervisors need “to build a relationship with you employees, a sincere and genuine relationship.”

Participants further expanded on the importance of leadership respecting they have lives outside of work. Participant 8 stated it was important for them to work for “Someone who treats me like a human being and not just like a robot. Not as someone who is supposed to just dedicate their entire life to work. Someone who understands that we all have lives outside of work.” Some participants focused on their ardent desire to belong to a work community. Participant 9 described supervisors and coworkers in the

following manner “It’s also kind of like a family. We all get to put our input in ... to feel appreciated and part of a family.”

Subtheme E: Trust and Caring. The subtheme of trust surfaced in both positive and negative ways. The sense that they are cared about and can trust their supervisors was an important aspect of work relationships. They described the importance of not only being able to trust their supervisors, but also have their supervisors trust them.

Participants also shared how difficult it is to build trust, while it can be easily destroyed, thus affecting work. Open and honest communication was identified as important to build trust both ways. Participants emphasized the need for genuine concern and caring from leadership. Participant 2 stated “Just someone who is like generally able to like listen and show empathy. Just a simple like, hey, do you need anything, or I notice you seem kind of down.” Participant 6 further shared “To inquire what’s going on. Ask questions to find out what the underlying issue is, then having the empathy and understanding.” It has been my experience that this type of compassion is not generally taught to supervisors or promoted by organizations. Rather, it is something that was brought to my attention by coworkers and supervisees over the years. Participant 6 shared their perspective that “I do think that’s about relationships and trust. Understanding and knowing your employees. It can do wonders.”

Subtheme F: Support and Advocacy. Participants freely shared needs that they want to feel like someone genuinely cares about them and will have their back. They identified a desire to work together collaboratively with supervisors, as well as a need for supervisors to check in with them and advocate for them. This advocacy can look like a supervisor collaborating with them on specific cases, checking on them throughout the

day, or supporting them with their personal mental health needs. Participant 1 identified the importance of collaborating with them by stating “Just meeting with me and talking one on one and kind of figuring out the situation together.” Participant 3 shared that they appreciated their supervisor “just kind of checking up on me, cuz that always helps just knowing that I have someone in my corner.”

Interviews revealed staffs’ need for leadership who values their need for self-care. They were open about their own mental health needs and did not want to feel like they were being judged or “feel less than (Participant 3)” in any way. Participant 3 stated “Kind of like your own mental health is important too and don’t sacrifice that.” Participant 7 identified their need from their supervisor to “Remind me to do self-care. Being encouraged to set healthy boundaries. It’s okay to take care of yourself.” Work life balance came up regularly during the interviews, as well as in the focus group. Participant 8 stated “I want to have a good balance between family and work.”

Some shared negative experiences and perceptions, including beliefs that “Employers only care about you either if it’s getting units (billing) or if you’re doing what you need to do with clients, like they don’t really care about your own mental health or how’s your day, things like that (Participant 3).” They wanted to feel like they were just as important as everyone else at the organization and not the attitude that “I’m management. I’m better than that kind of thing (Participant 5).” Participant 6 shared an example of management’s overt attitude with their statement “At a previous mental health agency I was being told directly and not infrequently, you are replaceable.” In a similar experience, Participant 8 stated at one former organization they worked for they perceived “You’re just a number. Everybody’s replaceable. You need to make more

money for the company. It's really hard to work for a company long-term like that.”

Participants also shared blatant disrespect on the job from leadership. Participant 8 shared one supervisor at a previous employer “didn't take me seriously at all. And it just made me feel very small. He did that in front of everybody. I just felt horrible, and it was really embarrassing.”

Theme 4: Professional Growth. Participants identified a strong desire to grow in the mental health field. Whether it be learning new skills or information regarding how to understand behaviors and interventions, or pursuing higher education, they were clear about their need to have the supervisor's and organization's support.

Subtheme G: Training and Resources. Participants identified a need to have adequate staffing and supplies to do their jobs. They wanted more training on an ongoing basis. They wanted an opportunity to actively learn and be able to ask questions or get assistance. They stated that they wished supervisors would accommodate them when they needed flexibility in their schedule or the ability to work from home if their circumstances required it. They stated that having a supervisor who fully understands their job and challenges was important. They wanted a supervisor who would come alongside them and help in the moment, not just tell them what to do. That ability to show them in vivo was described by staff as a more effective way for them to learn. They discussed a desire to know what the organization's vision is and wanted to be an active part of it. Participant 4 stated “Being recognized and also having a clear path moving forward. Just the ability to grow ... do more, learn more.”

Subtheme H: Incentives. One would expect the participants to focus on their paychecks as a motivator. However, that was not the focus of what they shared. They did

verbalize appreciation of monetary incentives including raises and bonuses, but identified simple, cost-effective things as more important. Participant 2 stated “just sharing that camaraderie with everybody just hanging out without having to think about work.” Participants identified past experiences in which supervisors gave them goody bags, certificates of appreciation, brought snacks or food to meetings, lottery tickets, and other assorted small gifts as validating and important.

Participant 5 shared an experience in which management at a previous workplace did a survey of staff, who asked for a paid mental health day to help them deal with work stress. Management first implemented a plan in which they could request a mental health day of their choice when they needed it, then dictated when they could take it, then rescinded the option. “They went back on some of the stuff they promised they were going to do.” Participant 5 further shared “I ended up not getting paid because apparently the week before they had retracted that mental health day. It was really just trying to give us what we wanted to hear.” When questioned about what incentives they would like to see as motivators, participants were able to identify specific suggestions. Participant 1 focused on clients and their desire to do a good job. Client progress as a motivator was mirrored by several staff. Participant 3 had the following response “What also motivates me is I didn’t have certain things like that growing up and being able to be that person for someone is like what keeps me going.” Participant 5 shared “So I want to say the best motivator is the progress and the kids. I think that the progress will outweigh money any day.” As a researcher, I was surprised money was not identified as the first incentive. Rather, I hear things like what Participant 7 shared, “I think people are willing to take a

pay cut if the work environment and the management and their supervisors are in their corner.”

Subtheme I: Supervisor Availability. Participants shared that the availability of their supervisors and the organization’s management as key in helping them feel secure and supported in their jobs. They opened up, specifically in the focus group, about past experiences, both positive and negative regarding this dynamic. They described a need for supervisors to approach them in a supportive manner instead of being critical or punitive. They identified a need for easy access to supervisors whether it is to answer a question, come alongside them to assist with a client, or simply talk to them if they were having a difficult day. Participant 8 clearly stated “Help me with it. Stand by me.” Participant 5 shared their insight into staff needs with their statement “Employees don’t leave, you know, the jobs or the field. They honestly leave the managers.”

Discussion

The data from this study indicated there are patterns of what mental health staff needed in order to feel less burnout, supported, and empowered. The first research question posed was related to the scope and experience of burnout among agency school-based mental health provider teams. The data collected gave insight into ways to reduce burnout in mental health staff, which has been identified as a pervasive problem according to Lloyd et. al (2002). The results indicate that if staff feel supported and empowered, they are more invested, feel better about work, and do not experience burnout. Watson’s Theory of Caring (1997) is focused on building genuine, caring relationships. This theory supports the findings of this study in that staff clearly identified a need for strong, caring relationships with leadership and each other. In collecting the

data from all three sources, there were clear patterns noted. In the interviews and focus group, participants consistently identified a need for leadership to value them as people beyond a traditional employee. They expressed a need to have balance in their lives between work and family. They wanted an emotional and interpersonal connection with both leadership and each other. They were clear about needing to be able to speak freely with management without fear of criticism or punishment.

The second research question addressed ways the organization can increase empowerment. Participants in this study identified specific things leadership can actively do to empower them. Having a voice and involvement in the organization's mission and vision for the future was important to them. They wanted open communication both ways. They wanted to have input into plans and strategies of how to improve services and treatment for their clients. They wanted regular and positive feedback regarding their job performance, both individually and in front of their peers.

The last research question queried how leadership can build support for the mental health teams. Participants focused on their need to take care of their own mental health, and that management supports and encourages this. They wanted their supervisors to take the time to ask them how they are doing and give them an opportunity to talk without judgement. They identified a desire to grow in their jobs and stated in order to do this, they needed encouragement and resources. They wanted additional training and a forum in which they could bring up issues to problem solve as a group.

Impact of Leadership

Mental health agencies struggle with high rates of staff turnover, which impact the treatment of their clients (Baylin, 2017). If agencies can improve the culture for their

staff members, thus reducing burnout and increasing empowerment and support, those rates would likely come down. Participants in this study were clear about what they wanted and needed from management. Transitioning to a transformational leadership style aligns with these results. Transformational leaders are skilled at supporting and empowering staff (Thomas, 2009).

Leadership in mental health organizations should use a transformational style. Focusing on building caring and genuine relationships is key. They must actively take steps to show they care in a variety of ways. Examples include asking whether the staff person is okay, supporting and encouraging them to take care of themselves, and trying to learn about their lives separate from work. Participants in this study expressed a desire to know they are valued and important in the organization. They cited gestures like little gifts, kind words, public acknowledgement of their efforts and successes, and supervisors who come alongside them and help in moments of crisis. Participants want to have a voice and feel that they are being heard. They want to collaborate on client care and the growth of the organization. They want managers who actually listen to them then implement suggestions. They emphasized a need for managers who do what they say they are going to do. During the interview process, Participant 8 emphasized “I like to have a voice. I raise a concern, and something actually gets done or something actually gets changed.”

Mental health agencies want to attract employees who not only want to grow with the organization, but in the profession. Leadership needs to provide both internal and external resources and training. They need to actively encourage staff to build their skills and further their training and education.

Implications

This study brought specific implications to light. Most significant were data suggesting the strong need of staff for genuine connections with both their coworkers and supervisors. The findings repeatedly described this connection similar to family relationships. Further, the data reflected a need to be nurtured and actively encouraged, much like a parent. There was a connection between the strength of this need and the age of the employee. This dynamic may be related to the reduction in support from extended family members in the younger employees. Could there be generational differences present? This is an area worthy of further study.

The findings of this study support its grounding in Watson's Theory of Caring (Watson, 1997). This theory stresses the importance of being a genuine, caring human in building relationships with employees. This study yielded data which centered around participants' high need to feel cared about and valued. Without relationships and connection, they felt unsupported and left their jobs. Employees are recognizing their rights to be treated with respect and dignity. They recognize the value they bring to any organization and want to be recognized as valuable. It is not just financial compensation, but more importantly, they desire genuine relationships with employers.

The next step in this study is to use the data to implement specific changes in the organization's approach. If these changes help meet employees' needs, those employees will demonstrate a higher commitment to the organization, thus reducing turnover and improving client outcomes. Although this study is of mental health staff embedded in schools, the results are transferable to any community mental health agency. Considering these findings, an action plan was collaboratively developed alongside the entire mental

health team and the co-owner that focuses on specific relationships and interactions between mental health staff members and leadership. This action plan used a transformational leadership approach in collaboration with staff to identify steps to take as a vehicle for changing the culture of the organization in support of and a way to empower staff, thus reducing burnout and turnover.

Action Plan

To determine how best to use the data from this research study, I first met with my Program Director on May 9, 2024, who is the co-owner of my organization. We met twice more, on June 14 and September 6, 2024, to review all the data and discuss potential steps we can take to address each theme and subtheme. We collaboratively developed an action plan draft to present to the entirety of our mental health staff. We met in person with all our staff on June 14, 2024, to present the proposed plan, soliciting input, feedback, and suggestions. On July 5 and September 6, 2024, we met to finalize the updated action plan incorporating all changes suggested by staff (see Appendix K). We discussed the action plan as a living document, intending to change and grow with staffs' needs and wants. The action plan specified clear objectives and outcomes related to reducing staff burnout, increased support, and increased empowerment of staff. The action plan also specified tasks taken to meet each objective, persons responsible, target times, locations, resources needed, and funds necessary (see Appendix K). In a staff meeting on September 6, 2024, all staff were invited to join the newly identified Positive culture committee. Staff agreed to consider serving on the committee and decide by the end of the year. The purpose and responsibilities were explained, as well as how this committee will hold power and decision-making powers in the organization.

The final action plan will be presented to staff in the weekly meeting by January 17, 2025. The action plan will be implemented by February 3, 2025. At the start of March 2025, I will collect feedback regarding the action plan and perceptions of its efficacy from all staff. Committee members and a chairperson for the Positive culture committee will be chosen by January 17, 2025. They will be charged with monitoring the success of the action plan on an ongoing basis and making any changes to it. This committee will be empowered to identify any specific areas they would like to implement or change in the plan, including scheduling activities outside of work and ordering anything they would like to distribute to staff as rewards or incentives. This committee will meet monthly during the paid workday so as not to infringe on their personal time. Members of this committee can choose to participate for as long as they want; others can join at any time if they choose. Please refer to Appendix K for details about this action plan. Furthermore, the subsequent chapter to this narrative further describes the proposed action plan.

Logic Model

The logic model (see Appendix L) is a graphic representation of the goals, strategies and barriers to implementing the action plan. This model identified inputs including conditions and collaborations needed, outputs including steps taken, short-term, medium-term, and long-term outcomes including steps at each time point met towards the overall outcomes, as well as assumptions inherent in this plan and external factors which potentially could negatively impact its success (see Appendix L). The logic model graphic broke down all aspects in a chart, providing a clear picture of the process.

CHAPTER THREE

DESCRIPTION OF THE ACTION/INTERVENTION

Taking Action on the Problem of Practice

At the conclusion of my study, I met with my Program Director/Co-owner of my organization. We reviewed the results of my study in detail, discussing every aspect of how we could use this data to improve our organization. We developed a draft action plan, which I then presented to my mental health staff at our weekly meeting for feedback and input. I used all this information to develop the action plan (see Appendix K).

Although the plan has not yet been fully implemented, it is in process. I developed the logic model from this action plan, which graphically breaks down steps towards the objectives in short-term, medium-term, and long-term steps (see Appendix L). I am excited about how it can change how mental health staff feel about their jobs and improve our organization.

Professional Code of Ethics

I have been licensed as a professional counselor since 1991. The American Counselor Association has a clear Professional Code of Ethics, which it reviews and updates as needed. The most recent update is date 2014 (www.counseling.org). As a licensed counselor, I am bound by this code professionally.

In the ACA Code of Ethics (2014), section D addresses relationships with other professionals. The ACA stresses the importance of working with other professionals as a team to resolve any issues or conflicts. In D.1.h. (2014), the ACA states ethically, counselors must address policies which potentially could “limit the effectiveness of services” (ACA Code of Ethics, 2014, p. 10). Section G of the ACA Code of Ethics

addresses research and publication. In this document, the ACA promotes research and addresses the issues of confidentiality, the use of an IRB Board, informed consent, responsibilities of the researcher, data storage, optional participation of subjects, and results reporting. This study maintained compliance with this Code of Ethics throughout the process.

Leadership Style

My personal leadership style is that of a transformational leader. I believe in the importance of genuine relationships with staff. In my experience, to bring out the best in your employees, you must build on their strengths and foster a caring attitude. Transformational leaders value relationships and inspiring employees (Burns, 1978). They seek to empower employees and help them feel as if they are meaningful to the organization's mission (Thomas, 2009). As a transformational leader, I focus on my employees' strengths and building relationships. This style aligns with my study in that I sought to explore and identify ways to reduce burnout, empower and value my mental health staff. I do not believe people learn best or grow by being told what to do. Rather, I have found they learn best by using their critical thinking skills and integrating new experiences and knowledge into their belief systems. My approach to making meaningful changes to our organization was to first really listen to my staff. I tried to ask the correct questions, then let them talk about whatever they needed to and perceived as relevant. My skills as a mental health counselor were valuable in this study. I was able to use person-centered counseling techniques, including respect, the ability to take the other person's view, active listening and validating feelings and experiences to facilitate open communication and encourage connection and trust (Rogers, 2000).

Theories

My study was grounded in Caring Theory (Watson, 1997). Watson (1997) focused on the importance of relationships. Caring Theory, or Watson's Human Caring Theory (Sitzmen & Watson, 2018) strives to create an environment of authentic caring, which supports my action research study plan. Using this theory as a foundation for an action plan, paired with a transformational leadership approach gave me a way to build genuine, caring relationships and involve my staff in a collaborative manner. VanVactor defined collaboration in terms of organizational mindfulness (2012). The ability to stay grounded in the mindful practice of "social networking, reciprocity, and interpersonal trust" (VanVactor, 2012, p. 556) allows leadership to focus on a more creative, synergistic, dynamic, and inclusive approach (VanVactor, 2012). Collaborative leadership, a form of transformational leadership, is based on the premise that the collaborative process between leadership and employees is mutually beneficial and involves all party's involvement (VanVactor, 2012). My study approached the problem using collaboration with both my co-owner, as well as all of the employees. From the onset, I talked with all about what I saw as the problem with mental health staff teams within the school systems. I sought input and direction from everyone regarding what direction to take in establishing my research questions through the action plan. The semi-structured interviews identified themes and subthemes related to the topic, while the focus group really brought staff together in genuine discussions about their experiences and what they need. This collaborative approach resulted in a clear plan forward to address issues related to burnout, support, and empowerment.

Development of an Action Plan

Collaboration in Recruiting and Assembling my Action Plan Committee. I

took a transformational, collaborative leadership approach in developing my action plan. I first engaged the co-owner of my organization. I needed her to be fully vested in the plan to maximize the best outcomes. We met several times to discuss options and identify specific things we could implement. Next, I met three times with the entire mental health staff. I shared with them potential actions generated, based on the results of this study, including the co-owner in discussions. I collaborated with staff to identify and finalize a clear action plan of what would be implemented. The following timeline (Figure 1) specifies dates and steps taken.

Figure 1

Action Plan Timeline



The action plan (see Appendix K) includes the objectives and outcomes, tasks needed to meet those objectives, internal and external stakeholders, a timeline for implementation, location, and resources/funding necessary to meet the objectives.

Addressing the objective of reducing staff burnout, we discussed the importance of self-care, including making sure they are physically well, as well as focusing on how they can take care of their mental health. Staff expressed appreciation that they felt heard and identified a desire to take a day off if they needed to recharge their emotional batteries. They also identified a need to learn more about specific mental health diagnoses and how to best address them with clients. They identified an interest in using an EAP (Employee Assistance Program) for personal counseling should it become available. The group discussed taking breaks during the workday every day. Staff stated they benefit from the ability to “tap out” in which they can pass a client to another staff person if they feel overwhelmed or frustrated. They stated they planned to use this tactic more and wanted management to be available in person to use for support.

We discussed what active staff support looked like for them. Staff validated they respond to verbal praise positively and wanted more of this from both each other and leadership. Staff discussed utilizing email and announcements in the group chat to formally recognize and validate efforts, progress, and wins. They would like monthly emails sent to all staff as well as the school leadership in recognition. We discussed implementing a monthly newsletter, which would be included in the email. We talked about what they would like to be in those newsletters, including featuring a staff person each month to include human interests outside of work. Staff also requested that the organization arrange and fund a monthly dinner focused on developing relationships outside of work.

Lastly, I addressed specific ways for leadership to empower staff. Staff identified a need for increased collaboration on client cases, increased internal training via

professional development monthly, increased external training through conference attendance both live and on-line, the opportunity to enroll and have their education partly funded in pursuit of higher education.

The logic model (see Appendix L) illustrates how the action plan will be implemented. The objectives are: Reduce mental health staff burnout, increase mental health staffs' perceptions of support, and increase mental health staffs' sense of empowerment. The action plan also includes specific tasks necessary to achieve these objectives and outcomes, stakeholders involved, a timeline for achievement, locations, resources, and funding needed (see Appendix K). The logic model (see Appendix L) depicts a graphic representation of the action plan (see Appendix K) including short-term, medium-term, and long-term outcome steps. With this study, the short-term outcomes have been met. Medium-term outcomes focused on collaborating with all mental health staff to develop a clear plan implementing strategies to reduce staff burnout, increase support, and increase perceptions of empowerment. A positive culture committee was established as the vehicle for implementation, monitoring, and evolving these strategies. This committee is essential to meeting the long-term outcomes for a continuous improvement cycle (Mertler, 2019). The committee will submit quarterly reports to leadership with their recommendations, results of surveys and feedback from staff, and any changes they have made to the action plan.

Timeline of Action Plan

Once I had analyzed all of my data, I began discussing results with my organization's co-owner. We met initially on May 9, 2024, and talked about results, beginning the discussion about implications for our organization. We met monthly after

that to further discuss the action plan. We lastly met on August 30, 2024, and collaborated to identify specific tasks as options to address ways to reduce burnout, increase support, and increase staffs' sense of empowerment. We discussed building resources into the budget for next year to support tuition reimbursement, conference and training, monthly organization activities for relationship building and fun. We talked about how the positive culture committee could be utilized to help build the organization's workforce into a healthy, productive, and invested group.

I began talking with staff about the results of the study at the end of September, after it was analyzed. I presented preliminary ideas to all of our employees at a staff meeting on September 6, 2024. I facilitated dialogue about what they want to focus on and what specific plans they want to implement. I requested 3-4 volunteers to serve on an ongoing positive culture committee charged with implementing and monitoring tasks and results. Those who volunteer will be responsible to hold monthly meetings as well as report findings to leadership on a quarterly basis. The committee members will be asked to choose a chair, who will facilitate meetings and document activities. This committee will commence meeting in January 2025.

The co-owner and I, in collaboration with all the employees, will agree upon a clear plan of action moving the organization forward. Leadership will solicit commitment from staff by discussing the organization's mission, values, and goals. We will focus on how the mental health staff are integral to these to increase their understanding and sense of purpose. Leadership will identify how the action plan will help change the culture in the organization with a focus on supporting, empowering, and helping staff grow in the profession. It is hoped that these changes will cultivate a team of staff who are dedicated

to the organization's mission and want to grow with the company in the long-term, as this gives us the best chance at helping our clients.

Implications for practice

This study's findings were aligned with literature reviewed. The importance of reducing burnout among employees is well documented and reflected in this study's results. A transformational leadership approach was key in building relationships with staff. Actively recognizing staff as key to the organization's ability to fulfill its mission (Barnett, 2003) was an important part of this study's approach. I met with the entire group of staff to share the results of this study. We discussed in detail the themes and subthemes from the detailed analysis of data regarding what was important to them related to reducing burnout, and ways to increase feelings of empowerment and support.

Empowering mental health staff within the school system focused on ways leadership can increase staffs' sense of control and ownership. Staff need to feel like they have a say in operations and are vital to the organization's mission. Intrinsic rewards include a sense of choice, a sense of competence, a sense of meaningfulness, and a sense of progress (Thomas, 2009). Leadership can actively promote these to increase motivation and empowerment. In this study, participants clearly identified a need to feel like their voices are being heard. They wanted to have input to decisions and open communication with supervisors. They wanted to collaborate on all important decisions, from client care to the direction of the organization.

Supporting mental health staff in the schools was confirmed as a key component by this study. Participants described a core need to feel like supervisors and leadership valued them as people, including outside the work setting. They wanted genuine

expressions of caring, including learning about them, their families, and what is important to them. They also wanted clinical support in terms of guidance, training, and resources to do their jobs to the best of their ability. They wanted opportunities to grow as professionals. The literature supported these findings. Bandura (2002) described the importance of perceived efficacy on motivating employees.

During the meeting with all the organization's employees, we generated a list of specific things they wanted to implement to reduce burnout and increase their senses of empowerment and support. We collaboratively identified which things on the list were most important to them and a plan of action. My co-owner and I met and discussed this prioritized list. We developed a plan to implement these action plan steps. This action plan (see Appendix K) identified steps towards meeting each attainable goal.

The short-term goal focused on collecting, compiling, and analyzing data targeting staffs' experiences and what was important to them. The medium goal focused on sharing and collaborating with employees. This collaboration identified a way to reach the long-term goal of reducing staff burnout, increasing support, and increasing empowerment. A committee was formed with staff volunteers who expressed a vested interest in long-term changes and success. This committee will meet monthly, beginning in January 2025, to review actions which meet these goals and focus on continual improvement. Committee members will evaluate and monitor the success of the program in terms of burnout, support and empowerment using satisfaction surveys and suggestion boxes. They will make changes as necessary as this program is seen as vital and a living organism. They will address any staff concerns regarding what is not going well, or

experiences not in alignment with their plan. They are empowered to address any issues in the weekly staff meetings, as well as in private with the owners when necessary.

The committee will identify one person to serve as the chair who will collect any relevant data from surveys and suggestions to discuss in staff meetings. This person will submit outcome data to the owners to monitor and track which parts of the program are effective and which need modified or terminated. Any results from this process will be shared with all staff to further collaborate. This process of continuous improvement is documented as an effective way to grow and improve organizations (Mertler, 2019). The continuous improvement cycle, which involves engaging the staff committee as essential in evaluating, monitoring, and changing the action plan is depicted in Figure 2. This cyclical approach allows the mental health staff members to be an integral part of changing the organization's culture. The positive culture committee members will be paramount in orchestrating what is being presented to the entire staff team.

Figure 2

Continuous Improvement Cycle



The committee members will coordinate getting feedback using both in person monthly committee meetings, as well as weekly staff meetings, quarterly satisfaction surveys, and suggestion boxes. They will evaluate the feedback and examine what needs to remain and what needs to be modified or added. They will determine whether the program is successful through satisfaction surveys yielding high results consistently. These results will be reported to the owners of the organization for guidance. Satisfaction surveys will focus on staff perceptions of burnout, empowerment, and support. The surveys will use a Likert scale, ranging from 1-5, with 5 being extremely satisfied. Scores which fall below a 4 will be examined closely for ways to change the program and increase the score.

Reflecting on Implementation

I anticipate the changes we will make as a result of this study will result in immediate and noticeable results with improved staff mental health wellness and positive culture changes. It will be imperative that leadership consciously continue to follow through with not just implementing the interventions but continuing to look for new ways to take care of staff, support them, and empower them. Newness has a way of wearing off. If my organization is to take these changes seriously, we as leaders must make it a priority long-term. I believe that empowering the positive culture committee with the task of monitoring the plan and giving them the power to change and evolve it will assist with this. The committee itself must also be able to evolve, including adding new members, allowing others to leave, and choosing a leader for their committee to ensure they remain on task and motivated. To aid the committee with its tasks, there will be resources built into the budget beginning in January. The committee can use these resources to provide incentives for staff, as well as plan and fund social activities. Should the committee be unable to meet expectations independently, the addition of one of the co-owners to the committee is possible, but not preferred.

The success of this action plan will be measured by requesting staff to complete satisfaction surveys on a quarterly basis. These surveys will be developed in January 2025 by the committee and will include targeted statements regarding staff's feelings of support, empowerment, the level of burnout, and feelings regarding the culture of the organization. I believe and am hopeful that staff will respond positively to efforts by leadership to implement the action plan. They were forthcoming about their past

problems and perceptions of what they want and need to be different. With collaboration as the vehicle of change, staff are expected to exhibit an elevated level of investment.

Implications for Future Research

This action research study showed relevant differences with needs related to generations. The study merits further exploration of what these differences are as differentiated by the generations. For example, data suggested that people in the Baby Boomer generation seemed to be more willing to support a transactional leadership approach, while Gen Z focused on their need to collaborate and have a voice. Additional research is needed to discriminate between the generations. Data from additional research could be used to individualize how staff are best supported and empowered, based on the generation they belong to. Generational differences in the workplace related to motivation and engagement have been studied extensively (Schullery, 2013). It was noted that as younger generations including Millennials were brought up immersed in the digital world, which may have led to their brains actually working differently than previous generations (Tapscott, 2008). As opposed to Baby Boomers and Gen X, who were motivated by success in the workplace and saw working hard as its own reward (Schullery, 2013), Millennials desire to be more independent, having a voice, and a need to build friendships in the workplace (Schullery 2013). This shift in value systems reflects a higher need for work-life balance and self-care, which is actually a healthier lifestyle. Gone is the expectation that employees are available 24/7 and that they will work as long as organizations dictate. Instead, employees have boundaries and see their needs as priorities. Organizations must adapt to the younger generations entering the workforce if they are to be successful and build strong teams. I believe this is a wonderful

shift. It places the mental and physical health of employees at the core. How can we take care of our clients effectively if we cannot care for our own employees?

Conclusion

Previous studies have shown mental health staff have expressed feeling unsupported and frustrated in their jobs (Gilbody et al., 2006, Johnson et al., 2018, Yanchus et al., 2017). With the increased need for mental health services in the school systems, there was an increased need for leadership to acknowledge and support mental health staff working in those schools. In order to best serve our clients, we needed an approach which supported staff. The organization studied, employs teams of mental health staff embedded in the school systems, which brought about unique challenges with how to manage burnout, actively support staff who were working in isolation from the rest of the teams, and how to empower them so they felt like they were essential to the mission of the organization.

This qualitative action research study solicited detailed, rich data from mental health staff through a series of two semi structured interviews, a focus group, and five staff meetings. The data reflected subjective experiences and an understanding of what is important to the participants. The data were analyzed to identify three themes and nine subthemes around the research questions regarding staff burnout, supporting staff, and empowering staff. Data obtained was consistent with using a transformational leadership approach, which places value on building relationships. The data supported Watson's theory of caring (1997) which focuses on connecting with others in a caring, nurturing manner.

Prior to beginning this study, I spoke with several colleagues who work in mental health, but at other organizations. They consistently verbalized the need for study and data in this area, as they have experienced high turnover rates and dissatisfied employees. When I started interviewing staff, they voiced a prominent level of interest in making a difference in creating a healthier culture at the organization. They stated they were motivated to help, and optimistic meaningful changes could be made. I expect the same staff will be willing to be members of the ongoing committee. If we are able to create a culture in which mental health staff experience reduced burnout, feel supported in their job, and feel empowered to make a difference, I believe we can both model and share with other organizations to benefit them.

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APPENDIX A: Interview Questions

RQ: What can the agency do to help you feel supported in this job?

Interview #1 Questions:

1. Tell me about your last job in mental health.
2. Why did you leave your last job in mental health?
3. What are you hoping will be different here?
4. What do you need from a supervisor?
5. How are you best supported and whom do you look to for support?
6. What kind of training would you like to get?
7. What would best motivate you in this job and help you feel like what you are doing is meaningful or makes a difference?
8. What at work helps you feel competent or confident?
9. How can you tell if you are making a difference here?
10. What are your long-term goals in this profession?
11. What motivates you?
12. What would make you want to stay at this job or our company long-term?

Interview #2 Questions:

1. Tell me about a time when a supervisor did something that made you feel valued.
2. Tell me about a time when a supervisor did or said something that led to you feeling unsupported.
3. Tell me what your ideal supervisor would say or do.
4. Tell me what motivates you to work with children.
5. If you were struggling in your job, what is the best way for a supervisor to help you?

6. How can the agency help you feel valued?
7. What were some activities, events or situations that made you respect and feel proud to work for a past employer?
8. Tell me any ideas you have about how to support and empower staff, the more creative and innovative the better.

APPENDIX B: Focus Group Guiding Topics

1. Discuss past negative experiences related to management or supervision and how that impacted you and your job performance.
2. Discuss any and all ideas you have about how this agency can help you feel supported, the more creative, the better.

APPENDIX C: Focus Group Guidelines

FOCUS GROUP RULES

1. Use respectful language
2. Use “I” statements
3. You can “pass” or choose not to answer/respond
4. Do not scapegoat or call anyone out
5. Only share your own personal experiences and needs
6. Do not talk about other employees
7. Wait your turn to speak
8. Do not interrupt or speak over someone else
9. You can leave the group at any time without reprisal
10. What is said in group stays in group. Confidentiality is essential

APPENDIX D: Informed Consent

INVITATION TO PARTICIPATE IN RESEARCH

Interview, Focus Groups, Monthly Meetings

Research Project Title: Supporting Mental Health Staff in Our Schools: A Qualitative Study

You have been invited to participate in a research project conducted by Cynthia Zeisler from the University of Dayton, in the Department of Educational Administration, Doctor of Education Program. The purpose of this project is to learn more about how this agency can empower staff and how a transformational leadership approach can build support for the mental health teams. Through the individual interview the researcher hopes to understand the motivations and needs of staff in order to create an optimal work environment.

You should read the information below, and ask questions about anything you do not understand, before deciding whether to participate.

- Your participation in this research is voluntary. You have the right not to answer any question and to stop participating at any time for any reason. You also have the right to refuse participation without reprisal.
- You understand that the researcher is co-owner of the agency at the center of this study.
- The individual interview will take about 60-90 minutes.
- The Focus Group will meet twice and last approximately 60 minutes each time.
- Monthly meetings will be held for 3 consecutive months.
- Discussions held are confidential and not to be discussed outside of meetings.
- Interviews will be recorded either through cell audio recording or via Zoom.
- Focus groups and meetings will be documented in notes.
- All identifying information will be removed from the data.
- Data will be destroyed after results are processed.
- You will not be compensated for your participation.
- All the information you tell me will be confidential.
- This interview will be recorded both in audio and written format. Only the researcher and faculty advisor will have access to the recordings. They will be kept in a secure location and password protected. Once transcribed and the results included in the study, the original formats will be destroyed.
- You understand that you are only eligible to participate if you are over the age of 18.

Participant's Signature/Date

Witness Signature/Date

Please contact the following investigators with any questions or concerns:

Cynthia Zeisler, zeislerc1@udayton.edu 330-942-1371

Dr. Rick Garcia, rgarcia1@udayton.edu, 937-229-3738

If you feel you have been treated unfairly, or you have questions regarding your rights as a research participant, please email IRD@udayton.edu or call 937-229-351

APPENDIX E: Recruitment Letter



**University of
Dayton**

Dissertation in Practice Research Study Recruitment Letter

Mental Health Staff,

As you know, I am in The University of Dayton's doctoral program for organizational leadership. As part of this program, I am required to do a dissertation. My dissertation topic is "How to support our mental health staff in the schools." I respectfully request your participation in this research and want to give you an overview of what that participation would look like so that you can be informed prior to giving consent. Participation in this study is completely voluntary. You will not be penalized in any manner, whether it be overt or covert. In addition, even if you consent to participate, you can decline to answer any question or decline to participate in any aspect of the study. You can withdraw your consent and stop your participation at any time for any reason without reprisal. This study will begin in January and is anticipated to conclude in June 2024.

I will be doing two semi-structured interviews (60-90 minutes in duration) with each participant, about one month apart. The questions I will ask are related to things that would or do make you feel supported and empowered. Following the individual interviews, I will also be asking some staff to participate in one focus group (60 minutes), which will pose discussion topics around the same themes. The interviews and focus group will be audio recorded and transcribed. Interviews may be in person at a location of your choice, or through Zoom if you prefer. In addition to the recordings and transcriptions, I will note any significant nonverbal communications. Although confidentiality will be stressed and identified as a rule for the focus group, due to the nature of groups, I cannot fully guarantee that members of the focus group will honor this. As a mandatory reporter, the exception to confidentiality is that I am required to report any alleged or suspected abuse or neglect of children or other vulnerable populations.

The third data source will be from discussions during three monthly meetings (one hour). I will take notes reflecting on any discussions of support and empowerment, including what is working and what is not. These notes will possibly include direct quotes as well as nonverbal observations. I will share raw data and transcriptions with each participant involved in that particular session to provide them with an opportunity to correct, clarify, or elaborate on what they intended to say. I want to make sure I get the information and data correct to make sure this study is helpful and relevant. Any identifying information

will be completely removed from all data. This includes names, all demographic information, and any other information that could potentially lead to identification of you as a participant. Only I and my dissertation chair will have access to the audio and written recordings. Once the information has been transcribed and coded for information related to the topic, and my dissertation is approved, the raw data will be destroyed. Data will not be shared with any other researchers, nor used in any further study once this study is completed. Data will be stored on my personal computer, which is password protected, kept locked in my home, and only accessible by me.

In full disclosure I need to acknowledge as a co-owner of this company, I have a clear conflict of interest. I am committed to making this the best working environment for mental health workers, as it translates to better services for our clients. I will do my best to not influence the outcomes of this study.

I recognize that as employees of this agency, you may feel some pressure to participate or censor what you share due to the power differential innate in our work relationship. I want to acknowledge this, but also want to assure you that your participation is completely voluntary. My intent is to gather the most accurate and honest information about how we can make things better for mental health workers. I will encourage participants to share whatever they are comfortable with, including negative feedback and information. You will not have any kind of discrimination or reprisal for sharing honest opinions and thoughts. I do not want to influence your decision to participate or be open if you choose to participate. Should you choose not to participate, this will not affect your employment or benefits in any manner. If you experience any distress resulting from participation in this study, I will make available time to debrief or refer you to another therapist to support you. There is no financial benefit or payment for participation. If you have any concerns with participation, please speak with Karen Kocis, the TSS co-owner, or my dissertation chair at the University of Dayton, Dr. Garcia. Karen can be reached at 724-260-1405. Dr. Garcia can best be reached through his email at rgarcia1@udayton.edu.

Sincerely,
Cindy Zeisler, LPCC-S, RPT-S

APPENDIX F: Interview Question Trustworthiness

Interview Question Trustworthiness							
Component	Definition of question component	Ratings					Comments and final tally of validation scores
		1	2	3	4	5	
Content of questions: total questions: 21	The questions align with the study's objective or research question.	0	0	0	0	63	Modified wording Interview #1 on Q5, Q12 Interview #2 Added Q7
Wording of questions: total: 21	The wording and terminology used are appropriate for the target audience.	0	0	0	1	62	
Arrangement	Correspondence between the content of the question and the category in which it is placed. Logical order of presentation of questions.	0	0	0	0	63	
Number of Questions: total number: 21	The number of questions, for each of the objectives. Interview does not become too long, in order to avoid interviewees finding it tedious to answer all of the items.	0	0	0	0	63	
Add question(s): total brought to 22	Questions that should be considered as they relate to the study's objective or research question.						One question added
Delete question(s)	relate to the study's objective or research question. Or, other reason (state in Comments section).						No questions deleted
Comments	Totals	0	0	0	0	0	0

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

APPENDIX G: Internal Review Board (IRB) Approval

Kelli Tittle updated ticket 21887124 IRB Non-Exempt Form on Mon 12/11/23 1:18 PM

Eastern Standard Time with the following information:

"Changed Status from In Process to Approved.

DATE OF APPROVAL: 12/11/23

TICKET ID: 21887124

Principal Investigator Name: Cynthia Zeisler

Project Title: Supporting Mental Health Staff in Our Schools

Funding: None

Incentives: N/A

Cynthia Zeisler

University of Dayton

300 College Park

Dayton, OH 45469

Dear Cynthia,

The subject proposal has been reviewed through expedited procedures, as described in 45 CFR 46.110 Category (7).* I am pleased to approve your IRB application, and you may begin your data collection.

REMINDERS TO RESEARCHERS:

-This approval does not expire per 45 CFR 46.109(f)(1)(i).

- The IRB must approve all changes to the protocol prior to their implementation, unless such a delay would place your participants at an increased risk of harm. In such situations, the IRB is to be informed of the changes as soon as possible.**
- The IRB is to be informed immediately of any ethical issues that arise in your study. Adverse Event forms can be found on the IRB website.**
- You must maintain all study records, including consent documents, for three years after the study closes. These records should always be stored securely on campus.**
- It is the researcher's responsibility to notify the IRB when this study is closed. You can find the Application for Renewal/Closure on the IRB website.**

Please let me know if you have any questions. Best of luck in your research!

Best regards,

Kelli Tittle

FWA00015321, expires 10/14/2025

***Expedited under 45 CFR 46.110 Category(7):**

Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research

employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

APPENDIX H: Meeting Observations

Meeting Observations					
	2/2/2024	2/9/2024	2/16/2024	2/23/2024	3/1/2024
Number of Staff	7	6	7	7	7
Engaged Peer	7	4	4	5	8
Asked Question	2	2	5	2	4
Supported Peer	7	3	9	2	7
Asked for Support	0	6	2	5	2
Positive signs of interaction: laughing, joking, familiarity	3	5	15	8	6
Accepted feedback	0	2	7	5	7
Clapping for each other	0	0	7	1	3
Notable Observations	Focused on clients; reviewed cases; Staff interacted respectfully and positively	New staff introduction; More relaxed and interactive	Shared wins; staff recognition for meeting production goals; Admin focused on goals; provided food; eating, laughing, joking; improved relationships	Shared wins; one staff joined via Zoom; Staff interacted freely, asked questions and for support	Shared wins; talked about summer camp; More relaxed; Staff certificate for winning foot race; Food; New staff introduction

APPENDIX I: Interview Themes and Subthemes

INTERVIEW THEMES									
Themes	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Staff 9
Validation									
Sub 1: Appreciation	X	X	X	X	X	X	X	X	X
Sub 2: Recognition/Praise/Positive Feedback	X	X	X	X	X	X	X	X	X
Sub 3: Making a difference	X	X	X	X	X	X		X	X
Relationships									
Sub 1: Connection/Team building/Family/Belonging	X	X		X	X	X	X	X	X
Sub 2: TrustEmpathy/Caring	X	X	X	X	X	X	X	X	X
Sub 3: Supportive/Advocacy	X	X	X	X	X	X	X		
Professional Growth									
Sub 1: Training/Resources	X	X	X	X	X	X		X	X
Sub 2: Incentives		X	X	X	X	X	X		X
Sub 3: Supervisor Availability	X	X	X	X	X	X		X	X

Participant Quotes

P1: "Positive words of affirmation." " Feeling like I am part of the company and people really care about me and how I am doing."

P1: "Communication is the key." "I want to know what's going on with the company. I need to feel comfortable talking with them also."

P1: "Seeing the kids get better and supervisors telling me I am doing a good job."

P1: just meeting with me and talking one on one and kind of figuring out the situation together.

P1: "Spend time together and just get to know each other."

P2: "Like feeling comfortable being able to talk to you guys about anything."

P2: "Like connecting with people on that human level, like I'm gonna have a family, like, you know, other interests other than work."

P2: "I'm saying just to help build strong teams like so that we're all supporting each other."

P2: "Just someone who is like generally able to like listen and show empathy. Just a simple like, hey, do you need anything or I notice you seem kind of down ."

P3: "Just kind of checking up on me, cuz that always helps just knowing that I have someone in my corner."

P3: "Whether it's to my own mental health or just in general, like how are you doing today? Like things like that really help me."

P3: "Employers only care about you either if it's getting units or if you're doing what you need to do with clients, like they don't really care about your own mental health or how's your day, things like that."

P3: "What also motivates me is I didn't have certain things like that growing up and being able to be that person for someone is like what keeps me going."

P3: "perpetually understaffed;" "wasn't safe"

P3: "I definitely need a safe place where we can talk about...issues;" " a place where I don't feel judged;" "not feeling like I'm going to be looked at as less than."

P3: "Kind of like your own mental health is important too and don't sacrifice that."

P4: "Not just focused on the business part, but anything they do to show you that they care about you as a person."

P4: "Being recognized and also having a clear path moving forward. Just the ability to grow...do more, learn more."

P4: "just being able to communicate and to bounce ideas feedback off of one another;" "being recognized and appreciated."

P5: "I'm management. I'm better than that kind of thing."

P 5: "congratulate each other;" "Kind of inspiring each other."

P 5: "favoritism among staff;" "they went back on some of the stuff they promised;" "just trying to give us what we wanted to hear"

P5: "The politics of the company or within the company was kind of discrediting."

P5: "Having the confidence that we're all on the same team." "Not that us versus them. We're all in this together."

P5: "So I want to say the best motivator is the progress and the kids." "I think that the progress will outweigh the money any day."

P5: "I don't feel like you guys are out to attack me or degrade me or punishing me. It's like you guys are there supporting and trying to help me in any way you guys can even if it's out of the norm."

P5: "Just somebody acknowledging that you're doing a good job and really go above and beyond with stuff."

P5: "My kindness was being taken advantage of at that time." "take you for granted"

P5: "Understanding that people go through things in life."

P5: "Hyperfocused on driving profits and neglecting their workers. I think that's when you start to see turnover."

P5: "Learning about your employees and how to approach them so you can communicate effectively."

P6: "seeing the impact that you have on the kids."

P6: "To inquire what's going on. Ask questions to find out what the underlying issues it, then having the empathy and understanding."

P6: "To build a relationship with your employees,a sincere and genuine relationship." "I do think that's about relationships and trust." "Understanding and knowing your employees. It can do wonders."

P6: "Validation of the things that you're doing well. Your strengths just getting the reinforcement and acknowledgement."

P6: "I am an old school words of affirmation girl. Tell me I'm doing a good job. Speak highly of me to staff. That's my motivator."

P6: "Come alongside and boost each other up when we need it." "I also love the tendency we have to laugh together. There's just a light heart where we do serious work, but there's a light heartedness to it."

P7: "The necessary resources for me to do my job correctly, even it is with modifications. The ability to be flexible with some things."

P7: "Negotiate and come up with something that works for everybody."

P7: "You're not gonna support me. You don't trust that I know what I'm doing."

P7: "Reminding me to do self-care. Being encouraged to set healthy boundaries." "It's okay to take care of yourself."

P7: "Mandated usually leads to resentment." (citing mandatory outside activities)

P7: "I think I didn't feel like I belonged there, or was welcome." "I felt like an individual there." "I still wanna feel like part of the team." "Just feeling like I belong there and that I'm a part of something."

P7: "I'll do it for you and you do it for me, kind of that respect two ways."

P7: "If I ever have a question or a concern, someone's always a phone call away."

P7: "Belittle you or criticize you or judge you."

P8: "on those bad days, remind me of my successes. Time that we have made a difference."

P8: "Based on building the rapport and sense of belonging."

P8: "Just someone being there supporting me. Letting me know that I am doing that good job." "Let them know they're appreciated."

P8: "Help me with it. Stand by me."

P8: "Just spending time together building relationships. Trying to get to know people on a personal level."

P8: "Someone who treats me like a human being and not just like a robot. Not as someone who is supposed to just dedicate their entire life to work. Someone who understands that we all have lives outside of work."

P8: "I want to have a good balance between family and work."

P8: "I like to have a voice. I raise a concern and something actually gets done or something actually gets changed."

P8: "We genuinely care about them. They're going to remember how they felt around us." "Make a difference."

P8: "You're just a number. Everybody's replaceable. You need to make more money for the company. It's really hard to work for a company long-term like that."

P8: "He didn't take me seriously at all. And it just made me feel very small. He did that in front of everybody. I just felt horrible and it was really embarrassing."

P8: "The work we do is going to have lasting effects on these kids. Can help stop maybe a cycle of abuse or trauma in their family and just kind of stop that generational cycle."

P9: "It's also kind of like a family. We all get to put our input in." "To feel appreciated and part of a family."

P9: "Just getting that advice from each other and that we're all listening to each other and we're all working together to fix a problem."

P9: "I feel like everybody is a family. There's not a lot of finger pointing and backstabbing. This is a very safe place and nurturing."

P9: "Are you okay? We want to take care of you. We got this."

APPENDIX J: Focus Group Results

FOCUS GROUP RESULTS					
Themes	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
Validation					
Validation/appreciation/recognition/verbal praise	X	X	X	X	X
Willingness to compromise/accommodating	X	X	X	X	X
Felt taken advantage of/overlooked (-)		X	X	X	X
Relationships					
Empathy/caring	X	X	X		
Have your back/supportive/Advocacy/availability/protective	X	X	X	X	X
Importance of relationships/connection/reduce isolation/sense of belonging/family	X	X	X	X	
Professional Growth					
Punishment focused/fear of reprisal (-)	X	X	X	X	X
Focus on clients/mission instead of money	X	X	X	X	X

Participant Quotes

P5: "Employees don't leave, you know, the jobs or the field, they honestly leave the managers."

P4: "The ultimate determination was, you know, how I felt I was being looked at as an employee by management."

P7: "But I think people are willing to take a pay cut if the work environment and the management and their supervisors are in their corner."

P6: "At a previous mental health agency I was being told directly and not infrequently, you are replaceable."

P4: "If I don't feel appreciated, I'm not gonna stay."

P8: "When you take that you are replacement mindset towards me, I flipped it right back to, wait a minute, that means so are you."

P8: "I don't think anyone wants to constantly hear about what they're doing wrong."

P6: "I think sometimes manager forget that your relationship with work is a relationship and that relationship could be damaged which then affects your work."

APPENDIX K: Action Plan

Objectives and Outcomes	Tasks	Persons	Time	Locations	Resources	Funds
<p>Objective Establish recommendations to reduce staff burnout</p> <p>Outcomes Staff will take better care of their own mental health needs</p>	<p>Analyze qualitative data to establish recommendations regarding: Self-care Breaks “Tapping out” with other staff Offering EAP services Quarterly staff surveys Establish Positive culture committee</p>	<p>All mental health staff employed by the organization Behavior Support Staff Billing Specialist Counselors Counseling Interns EAP contract company</p>	<p>Start immediately Positive Culture Committee to meet monthly beginning Jan 2025 Recommendations to be implemented monthly as recommended by committee Quarterly surveys to start March 2025 Quarterly opportunities for staff outings</p>	<p>Agency staff meetings weekly at library Professional development training at library Zoom meeting as necessary for convenience</p>	<p>Local library training room reservation Zoom subscription Contract for EAP services Annual Budget</p>	<p>None EAP service fees (unknown at this time)</p>

<p>Objective Establish steps leadership can take to support staff</p> <p>Outcome Staff will verbalize feeling increased support</p>	<p>Analyze data to identify specific steps leadership can take including: Verbal praise Newsletter Emails to all staff and school personnel Quarterly bonuses Quarterly staff surveys Build positive relationships outside of work Monthly staff feature in newsletter/website Annual performance evaluations</p>	<p>Leadership: Clinical Director Program Director Positive culture committee members</p>	<p>Leadership will meet weekly to discuss and identify a plan immediately Incentives (weekly, monthly, quarterly) Monthly newsletter beginning Jan 2025 Quarterly staff outings outside of work Performance evals will begin immediately and be linked to raises</p>	<p>In person at library or dinner Phone calls Zoom meetings</p> <p>Community resource places to socialize</p>	<p>Email Library meeting room Zoom</p> <p>Annual Budget</p> <p>Canva: newsletter</p> <p>Organization website</p>	<p>Estimated at \$500 annually, plus quarterly bonuses based on profits</p> <p>Canva Pro annual plan (\$120)</p> <p>Zoom professional plan (\$250)</p> <p>Merit based raises annually</p>
<p>Objective Establish steps leadership can take to empower staff</p> <p>Outcome Staff will verbalize and</p>	<p>Analyze data to identify specific ways leadership can empower staff including: Increased collaboration Increased training Increased professional development</p>	<p>Leadership: Program Director Clinical Director</p> <p>All mental health staff</p> <p>Positive culture committee members</p>	<p>Leadership implemented internal training beginning August 5, 2024</p> <p>Professional development training will begin monthly in January 2025</p>	<p>Local library Zoom</p> <p>YSU Conferences available around the state of Ohio through other mental health</p>	<p>Announcements regarding available trainings</p> <p>Monthly schedule of PD</p> <p>Annual Budget</p>	<p>2025-2026 Annual budget will earmark monies for training, certifications, and higher learning for all staff</p>

demonstrate empowerment	<p>Offer outside training when available</p> <p>Promote higher learning by offering tuition reimbursement</p> <p>Quarterly staff surveys</p> <p>Suggestion boxes</p> <p>Actively promote sharing “wins” in weekly staff meetings</p>	YSU Directors of Social Work and Counseling	<p>Tuition reimbursement and outside conference attendance will be budgeted for the 2025-26 budget</p> <p>Skills development training (attendance optional) will be scheduled during school breaks beginning Dec 2024</p> <p>Suggestion boxes will be placed in all locations by Jan 2025</p>	agencies, professional organizations		Estimated at \$10,000 annually
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APPENDIX L: Logic Model

