

2020

Social Workers' Perceptions of Exercise in Treating Chronic Mental Illnesses: Action Research

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Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Carlene Battiste-Downie

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Walden University
2020

Abstract

Social Workers' Perceptions of Exercise in Treating Chronic Mental Illnesses: Action

Research

by

Carlene Battiste-Downie

MSW, Fordham University, 2000

BS, Oneonta State University, 1993

DSW Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

July 2020

Abstract

Though social workers are an integral part of the mental health profession, there is a fundamental gap in the clinical mental health social workers' practice. This gap is a lack of physical exercise as part of the routine regimen in treating clients suffering from chronic mental illnesses such as post-traumatic stress disorder (PTSD), depression, anxiety, and bipolar disorder. Within the boundaries of the clinical social work practice, there are shifting ideologies in treating chronic mental illnesses. Physical exercise has been ignored as an effective intervention. Clients are not being encouraged to exercise as part of their daily routine, and there is a lack of educational materials being offered to clients to reinforce the benefits of physical exercise to reduce mental illness symptoms. While there is limited social work research regarding the effectiveness of physical activity as a primary intervention in treating chronic mental illnesses, there are studies that support a comprehensive treatment regimen that is inclusive of physical exercise. This qualitative action research explored the gaps and benefits of integrating physical activity in the treatment process of chronic mental illness. The ecological systems theory was adopted to explore the interactions between chronic mental illnesses and physical activity. The study found that clinical mental health social workers engage in various approaches in integrating physical activities when treating chronic mental illnesses. However, half of the research participants indicated inconsistencies in integrating physical activities in their practice and cited relevant factors.

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Dedication

For my children, Ladrick Jr., Eric-Anthony, and Hannah, for allowing me to cut into your time and for your unconditional love. You will forever be my pride and glory.

Acknowledgments

I am forever in debt to my loving husband, Ladrick Downie, for stepping in when I was unable to take on chores and for reassuring me when I was in doubt. I am grateful to my mother, Veronica Hyatt, for her spiritual soul of support and for inspiring me to pursue my doctorate as, according to her, "the sky is the limit."

I want to express many thanks and appreciation to my best friend, the voice of reasoning, and my dearest brother, Charles Battiste. Most of all, I would like to express my unconditional love and appreciation to my three dedicated cheerleaders, my children, Ladrick Jr., Eric-Anthony, and Hannah for their humor and laughter during the most challenging times. Thank you all for preserving with me when I was unable to move forward and for your words of encouragement.

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Section 1: Foundation of the Study and Literature Review

For the social work profession to sustain an effective and efficient practice, social workers must continue seeking knowledge in their area of practice for the greater good of their clients, society, and the profession as a whole (NASW, 2017). Therefore, social workers must employ a comprehensive and wide-ranging approach to treating chronic mental health patients. The Patient Protection and Affordable Care Act (PPACA) along with constant health care reform efforts marks a critical period for all social workers across the spectrum of care in health care because social workers are an essential component of the healthcare transition (Stanhope, Videka, Thorning, & Mckay, 2015). The mental health reform approach component is changing, creating opportunities for all mental health practitioners to examine their practice. The reforms create opportunities for clinical social workers to examine their practice using a holistic approach. Social Workers employing a holistic approach ensure the inclusiveness of a comprehensive treatment modality using exercise (physical activity) as an intervention in treating chronic mental illnesses.

The clinical social worker participants practice in various capacities and are a valuable component of an interdisciplinary team of physicians, nurses, and other clinical personnel treating chronic mental illness. Clinical social workers provide mental health services to clients with persistently high needs, perform psychotherapy, diagnose mental illness, implement therapeutic interventions, and ensure appropriate discharge planning (NASW, 2017). The clinical mental health social worker proficiency, specialty, and standards inform their practice (NASW, 2017). Research is scarce regarding the

effectiveness of physical activity as an essential intervention in treating chronic mental illnesses. However, this research provides a foundation for further exploration of social workers' perceptions of the benefits of integrating physical activity in their clinical practice treatment modality.

In Cobb County, Georgia, I interviewed clinical social workers in the mental health field about their experience using exercise (physical activity) in their treatment regimen of chronic mental illnesses. The clinical social workers were asked how they incorporated physical activity in treating depression, anxiety, post-traumatic stress disorder (PTSD), and bipolar disorder. The ecological systems theory was employed to examine the implications of integrating physical activity into the treatment modality. This doctoral research study may inform social work practice and influence social change by promoting the use of exercise in clients' daily routine. The PPACA and other health care reforms laid a platform for social workers to own their processes while improving their practices (Stanhope, Videka, Thorning, & Mckay, 2015). Social workers need to be at the forefront based on the historical context of the social work profession as one of the first driving force in the area of mental health (Stanhope, Videka, Thorning, & Mckay, 2015).

The pieces of literature reviewed were specific to depression and physical activity; anxiety and physical activity; PTSD and physical activity; bipolar disorder and physical activity; pros and cons of employing physical activity when treating mental illness; social workers' perceptions of the benefits of physical activity in treating chronic mental illnesses; and integrating physical activity in the treatment intervention. I

included discussion relevant to research design, methodology, data analysis, ethical procedures, summary, presentation of the findings, and application to professional practice and implications for social change.

Problem Statement

There is a fundamental gap in clinical social workers' practice. Physical exercise is consistently not incorporated as part of the routine regimen in treating patients who have a chronic mental illness (Huskamp, 2013). In an era where mental health professional practice is being challenged and scrutinized, all clinical social work mental health practitioners need to incorporate a comprehensive treatment regimen inclusive of physical exercise (Mammen & Faulkner, 2013; Hall et al., 2016). Researchers have noted that physical exercise is not a standard clinical intervention documented and fully embraced in the mental health clinical settings (Huskamp, 2013; Kohli, Huber, & Faul, 2010). For clients to become motivated to incorporate physical activity in their daily routine, it would be necessary for clinical social workers to ensure that this is part of their standard of practice, informing clients about the benefits of such intervention (Mammen & Faulkner, 2013; Hall et al., 2016). Additionally, there is a lack of educational resources accessible to clients to reinforce the benefits of physical exercise to reduce symptoms of chronic mental illness (Huskamp, 2013; Kohli, Huber, & Faul, 2010). Graddy and Neimeyer (2002) emphasized that mental health professionals should include physical exercise in the treatment of depression as research has shown that neither psychotherapy nor psychotropic medication has been reliable in the reduction of mental illness.

Purpose Statement and Research Questions

Clinical mental health social work is a specialty practice that consists of conducting a comprehensive assessment, finding a diagnosis, helping clients to identify treatment interventions/strategies, introducing crisis intervention, providing education surrounding mental illnesses, integrating evidence-based practice in their treatment modality, and connecting clients to appropriate resources (Rizzo & Seidman, 2009; Stanhope, Videka, Thorning, & Mckay, 2015). The primary goal of qualitative action research was to explore clinical social workers' perceptions of the benefits of incorporating physical activity in treating chronic mental illnesses.

I explored clinical social worker participants' current practice and position within their agency. Also, I examined participants' experience integrating physical activity in their assessment, diagnosis, and treatment. Participants had an opportunity in the focus groups to describe and address the implementation of physical activity in their practice and documented in the treatment plan. Furthermore, the research explored how participants document assessment, interventions, and progress. It examined participants' perceptions of incorporating physical activity in treating chronic mental illnesses and explored their insight into the pros and cons of integrating physical activity as a treatment intervention. Additionally, the focus groups highlighted what treatment modality participants utilize and the effectiveness of such interventions in working in collaboration with clients who suffers from chronic mental disorders. The participants responded to the research questions, and the findings have the potential for the expansion of knowledge,

awareness, and a foundation for future studies in identifying best practices for the social work profession in treating chronic mental illnesses.

Nature of the Doctoral Project

A qualitative action research method is employed to explore social workers' perceptions of the benefits of integrating physical activity in the treatment process of chronic mental illness. The action research methodology was first coined by Kurt Lewin, a social scientist, in 1946 when he investigated the linkage between various ethnic groups and issues impacting minority, Blacks, in the United States (DePoy, Hartman, & Haslett, 1999; Meyer, 2000; Rauch et al., 2014). The purpose of that research was to effect change through interactive participation between research participants and me using a solution-driven approach (DePoy, Hartman, & Haslett, 1999; Meyer, 2000; Rauch et al., 2014). Though action research is not identical with qualitative research, it usually draws on qualitative techniques such as interviews and observation to understand the subject matter (DePoy, Hartman, & Haslett, 1999; Meyer, 2000; Rauch et al., 2014).

The research investigated participants' practices using a telephonic video conference focus group, thus allowing me to understand participants' beliefs, experiences, attitudes, and interactions. The integration of action research in social work practice enriches the profession because it focuses less on metrics while allowing the subject material to be evaluated in greater detail (Drisko, 2013). Pathak, Jena, and Kalra (2013) emphasized that qualitative research adds fluidity to the research frameworks because of its humanistic methodology. An online directory of mental health social workers provided the contact information for participants. A preliminary email was sent to

participants to include the nature of the research, voluntary participation, informed consent, ethical standards, and a statement about their rights.

The communication methods employed in the research are telephonic video conference, texting, emails, and social networking. The focus groups consisted of a minimum of six clinical social workers participants in the mental health field in Cobb County, Georgia. The participants interviewed about their experiences in using exercise and physical activity in their treatment regimen of chronic mental illnesses. Data from the focus groups were gathered, transcribed verbatim, and analyzed. The data collection method changed due to the National State of Emergency invoked by President Donald Trump due to the coronavirus (COVID-19) pandemic. Hence, the Walden University Institutional Review Board (IRB) approved researchers to employ approved virtual and phone methods to conduct their research instead of face-to-face contact. This additional information about this process is available in section three: Data Analysis Techniques.

The Significance of the Study

The intention behind conducting the study is to bring about awareness of the benefits of integrating physical activities in the therapeutic regime of treating chronic mental illness in social work. Social work research seeks to inform practice across the spectrum of care, and it is the hope that this study may benefit the profession by enhancing knowledge and, thus, improving the quality of life of those who have a chronic mental illness. Action research is strength-based and action-oriented, offering social workers an opportunity to enhance their practice by embracing the concept of change.

Regarding the overall social work knowledge on a broader scale, the research findings will possibly allow for a more thorough assessment, expanding social work awareness across communities, potentially enhance training opportunity for social workers, and support consistency in the treatment process unique to individual client's needs. Social workers will need to get more involved by examining various research practices, peer-reviewed journals, and participate in sharing their knowledge to improve the profession on a broader scale because they are at the forefront in treating chronic mental illness (Stanhope, Videka, Thorning, & Mckay, 2015). Justin (2013) reported that few licensed clinical social workers engage in research and review peer-reviewed journals to inform their practice. Craig (2008) reported that for the social work profession to expand and grow, it must utilize its own symbolic and existential foundation to enhance social work research. Action research is a method of mutual self-reflective analysis used to improve practice and formulate a more comprehensive understanding of social and educational practices in the social work profession where those practices are shaped and undertaken (Rauch et al., 2014).

Theoretical Conceptual Framework

Bronfenbrenner's ecological systems theory helped understand the multidirectional intricacy and interaction amid factors functioning within and across environments through the individual, as societal norms influence thoughts and behaviors (Gubbels et al., 2014). The ecological systems theory was employed to explain the significance of the interrelationship of the clinical social worker's perception of physical activity and their experience in incorporating it in the treatment interventions of treating

chronic mental illness. The ecological systems theory framework explained the transactional processes between individuals, advocacy, weaknesses, and strengths in integrating physical activity in treating chronic mental illnesses in social work (Pardeck, 1988; Peeters, 2012).

Ecological Systems Theory: Understanding Levels of Environmental Systems

Bronfenbrenner's ecological systems theory emphasizes on the significance of examining an individual in the framework of multiple environments, an attempt to understand the relationship between the individual and his/her environment (Pardeck, 1988; Peeters, 2012; Darling, 2007). Social workers employing ecological systems theory in treating clients must understand treatment as an approach that encompasses working with individuals by conceptualizing the dynamics surrounding the individual such as families, small groups, and broader social systems that can influence or alter changes between the individual and his/her environment (Pardeck, 1988; Peeters, 2012; Eriksson, Ghazinour, & Hammarström, 2018). The ecological approach proposes a comprehensive theoretical framework that social workers can employ to enhance their practice.

The ecological systems theory approach allows for a comprehensive understanding of how environmental factors influence individual mental health well-being (Mutumba & Harper, 2015). Furthermore, it is valuable in understanding the recurrent impact that an individual over a lifespan will experience by the continual and interconnected influences within the microsystem, mesosystem, exosystem, and macrosystem (Mutumba & Harper, 2015). The microsystem comprises the individual

immediate personal surrounding, such as reciprocal interactions with family, peers, teachers, friends, and caregivers (Eriksson, Ghazinour, & Hammarström, 2018; Gubbels et al., 2014).

The mesosystem involves the correlations or connections of the various microsystems which the individual finds him/herself in such as, relationships between home and school, among peer groups and family, or between family and religious institutions (Eriksson, Ghazinour, & Hammarström, 2018; Gubbels et al., 2014). The exosystem pertains to surroundings that are indirectly related to the individual but might impact that individual (Eriksson, Ghazinour, & Hammarström, 2018; Gubbels et al., 2014). The macrosystem encompasses the individual culture, values, political, and large institutions that influence factors connected to an individual (Eriksson, Ghazinour, & Hammarström, 2018; Gubbels et al., 2014).

Studies have shown that individuals who have a chronic mental illness such as depression, anxiety, PTSD, and bipolar disorder have a higher risk of prolonged fatigue than those who are suffering from the same chronic illness but incorporate exercise and physical activity in their routine regime (Mello et al., 2013). Research has shown that physical activity can prevent and improve symptoms found in chronic mental illnesses (Lampinen, Heikkinen, & Ruoppila, 2000), thus enhancing the quality of life of individuals who have a chronic mental illness. Kvam, Kleppe, Nordhus, and Hovland (2016) reported that depression is a global issue and that by 2020 it will be the second leading cause of disease worldwide. Rosenbaum et al. (2015) reported that individuals suffering from PTSD experience heighten levels of heart disease and co-occurring

chronic mental illness. Based on the co-occurring epidemic of PTSD and the correlations of heart disease, Hall et al. (2016) stressed the importance of exercise and physical activity. Studies have shown that exercise and physical activity are useful in treating depression; there is scarce data to support their effectiveness when treating bipolar disorder (Thomson et al., 2015). However, there is viable information that supports the notion that physical activity might be useful in the treatment regimen of chronic mental illnesses (Thomson et al., 2015).

Values and Ethics

The National Association of Social Work (NASW) Code of Ethics (2017) serves as a fundamental guide that facilitates social work practice and standards. The profession of social work is distinctive as it strives to promote the enhancement of those who are defenseless, oppressed, and economically challenged through advocating for social service, fighting against social injustice, respecting the dignity and worth of individuals, recognizing and embracing the importance of human relationships, preserving the integrity, and demonstrating competency (NASW, 2017). Although there are several social work ethical principles relevant to this research, two of the core values significant to this study were the importance of human relationships and competence. The National Association of Social Work (NASW) Code of Ethics (2017) serves as a fundamental guide that facilitates social work practice and standards. The profession of social work is distinctive as it strives to promote the enhancement of those who are defenseless, oppressed, and economically challenge through advocating for social service, fighting against social injustice, respecting the dignity and worth of individuals, recognizing and

embracing the importance of human relationships, preserving the integrity, and demonstrating competency (NASW, 2017). Although there are several social work ethical principles relevant to this research, two of the core values significant to this study are the importance of human relationships and competence.

Clinical mental health social workers are bounded by the NASW Code of Ethics to be competent in their area of practice (NASW, 2017). This research study examined social workers' perception of the benefits of integrating physical activity in their practice of treating chronic mental illness. Hence, it is imperative to consider the social worker's competency to ensure that they practice within the bounds of their knowledge and experience and seek appropriate training relevant to their clinical practice (Bryan, Hingley-Jones, & Ruch, 2016). Kohli, Huber, and Faul (2010) stressed the significance of cultural competence pertinent to social work practice highlighting the paradigm shift in the inclusion of diversity and culture in social work education. Since 1992, the Council on Social Work Education (CSWE) has made it mandatory for all accredited social work programs to implement an inclusive diversity content in their curricula (Kohli, Huber, and Faul, 2010). Furthermore, incompetency hinders the clinical mental health social work practice when integrating comprehensive treatment interventions is not inclusive in standard social work practice (Kohli, Huber, and Faul, 2010). Accordingly, this constrains and reduces effective outcomes for the clients and social work practice (Kohli, Huber, and Faul, 2010).

The fundamental principles and structure of the social work profession lie in the notion of the importance of human relationships (NASW, 2017). Clinical social workers

are bounded by the code of ethics to embrace the significance of relationships in their practice, as this allows positive reciprocity among clients (NASW, 2017). Bryan, Hingley-Jones, and Ruch (2016), in their study, maintained that the social work profession supports the notion that difference emerges through relationships. Thus, the role of the social worker is to engage and strengthen the client-worker relationship to encourage positive changes, even though in some situations, positive change is not always the outcome (Bryan, Hingley-Jones, & Ruch, 2016).

Review of Professional and Academic Literature

An extensive literature review of materials relevant to chronic mental illnesses and physical activity, primarily in social work practice, was examined. The reviewed sources applicable to the social work profession and practice, synthesis of several chronic mental illnesses and physical activity research, and understanding the social work role in mental health proven essential, setting the groundwork for the research. The primary sources employed are published between 2010 to 2018. The older supportive sources are for background information as seminal in social work practice). Relevant sources for the research came from: (a) SocIndex, (b) PsycFirst, (c) PsycInfo, (d) JSTOR, (e) ERIC, (f) Taylor and Francis Online, (g) National Center for Biotechnology Information, and (h) Social Work Abstracts. In conducting these searches, common terms such as clinical mental health social worker, chronic mental illnesses and physical activity, exercise, action research, qualitative methods, social work profession, and cultural competency to query to locate relevant sources.

Social Work Profession and Practice

The social work profession employs a holistic approach when working with a marginalized population in many settings, plays an integral role in promoting health and well-being. Furthermore, clinical mental health social workers have a historical task and responsibilities in treating clients with a chronic mental health disorder. They conduct psychosocial assessments, provide therapy, crisis interventions, and are a part of the interdisciplinary treatment team that includes physicians, nurses, and other clinical support personnel, depending on the clinical setting.

The social work Code of Ethics directly correlates with social determinants of health (NASW, 2017; Coren, Iredale, Rutter & Bywaters, 2011); thus, placing the social worker in a central role to lead the interdisciplinary team in some clinical settings (i.e., hospital and nursing facilities) in conducting assessment and implementation of comprehensive treatment interventions. Coren, Iredale, Rutter, and Bywaters (2011), in their synthesis of published research, found evidence that supports the notion that social workers are an integral component of healthcare. They noted social workers' historical groundwork in healthcare and prevalent contribution in reducing health disparities by shaping factors that negatively impact the well-being of individuals, especially those individuals who are marginalized (Coren, Iredale, Rutter, and Bywaters, 2011).

Trained clinical social workers use a holistic approach to assess multidimensional information (i.e., presenting issues, medical, and mental health) and develop evidence-based interventions as it is imperative to understand the social dynamics that impact clients to provide culturally competent interventions. In promoting physical activity for

older populations, Rizzo and Seidman (2009) reflected on the significance of social workers' roles in creating and implementing programs at a local level that foster physical activities. The works of literature support the notion that physical activities promote healthy well-being (Rizzo & Seidman, 2009; Lampinen, Heikkinen, & Ruoppila, 2000; & Mello et al., 2013). Although social workers contribute significantly to developing and implementing programs that support physical well-being, Huskamp (2013) found inconsistencies among research participants in the integration of physical activity as part of the treatment interventions. Huskamp (2013) noted in his findings that while some social workers promoted physical activity as part of the treatment component when treating chronic mental illnesses, their practice lacks a structured process, and this was not a standard approach in their treatment modalities.

Chronic Mental Illnesses

Chronic mental illness is a long-lasting prolonged serious illness that typically involves impaired emotional or behavioral functioning that interferes with a person's ability to function in society without supportive interventions (Jochems et al., 2012). In some situations, someone who has chronic mental illness could lose touch with reality, experience delusions, withdraw, and experience episodes of hospitalizations. Persistent mental illness is severe and recurring, limiting individuals' functional capabilities such as daily living activities, family relationships, employment, self-care, and ability to attend social events (Jochems et al., 2012; White et al.). Chronic mental illness is not limited to depression, bipolar disorder, anxiety, and PTSD. Geus and Moor (2008) reported that genetics is a contributing factor for some clients concerning the interrelationship between

physical activity and mental behaviors; therefore, they concluded that interventions should be designed on a personalized level and not based on population-based assumptions.

Post-traumatic Stress Disorder (PTSD) and Physical Activity

PTSD is a mental illness with the persistent cognitive and emotional stress that occurs in individuals who have experienced a trauma such as a shocking, frightening, or critical event (Jochems et al., 2012; White et al.). Individuals who have PTSD experience sleep disturbances and constant recollection of the experience. Treatment for PTSD is typically medication, psychotherapy, and with some patients, both. Patients are unique, and PTSD impacts people differently; therefore, it is imperative to explore various treatment options. Rosenbaum, Sherrington, and Tiedemann (2014) conducted an investigative study to determine the impact of exercise on patients with PTSD. The study consisted of a 12-week exercise program along with the usual treatment of PTSD, such as medications and psychotherapy (Rosenbaum et al., 2014). The researchers randomly selected from an inpatient hospital setting with a primary diagnosis of PTSD. They were randomized in two groups to receive usual care or exercise combined with routine care (Rosenbaum et al., 2014). Results show that PTSD symptoms decreased, and the quality of sleep improved among those who received exercise combined with usual care (Rosenbaum et al., 2014). The study's limitations consisted of a low number of female participants and the public as the study consisted of mostly males with a background of police and service members (Rosenbaum et al., 2014). Other reviews

have similar conclusions that support the theory that physical activity is a very promising intervention to improve symptoms of PTSD (Rosenbaum et al., 2015).

Anxiety Disorder and Physical Activity

Anxiety disorder is common in temporary instances, such as starting a new job, before a doctor's appointment, or taking an exam. However, for some people, anxiety disorder does not go away and is pervasive. Symptoms (i.e., sleep deprivation, restlessness, feeling on edge, worrying the majority of the time, and nervousness) of anxiety can disrupt an individual's daily routine activity such as self-care, relationships, employment, and social events. Mello et al. (2013) examined the symptoms of depression and anxiety among individuals from Sao Paulo and the correlation of regular physical activity. They used a sample of 1042 volunteers, both male, and female, from various economic backgrounds (Mello et al., 2013). The tools used in this study consisted of the Beck Depression Inventory, the Beck Anxiety Inventory Questionnaire, and Brazil's Economic Classification Criterion (Mello et al., 2013). The study concludes that participants who do not incorporate physical exercise are two times more likely to experience depression and anxiety than those who frequently exercise (Mello et al., 2013). Zschucke, Gaudlitz, and Ströhle (2013), in their review of studies using exercise interventions with patients with anxiety and other mental health conditions, concluded that subjects reported a higher frequency of anxiety, typically exercise less compared to those who exercise regularly. They found that aerobic exercise was more effective than other physical activity among individuals with an anxiety disorder (Zschucke et al., 2013).

Depression, Bipolar Disorder, and Physical Activity

Major depressive disorder or clinical depression has become common today (Dinas, Koutedakis, & Flouris, 2010; Garber et al., 2011). However, it is a dire condition that affects one's mood, emotion, behavior, sleeping habits, eating patterns, among other activities (Cooney et al., 2013). Due to the limited sources solely on bipolar disorder, the research combined it with depression. Some symptoms of depression consist of feelings of hopelessness, irritability, anxiousness, fatigue, sleep deprivation, a decline in physical health, poor eating habits, and social withdrawal (Cooney et al., 2013). Common symptoms of manic bipolar disorder consist of feeling elated, jumpy, having lots of energy, and racy thoughts (Thomson et al., 2015). Depressive episodes of bipolar disorder involve feeling sad, hopeless, low energy, and empty (Thomson et al., 2015).

Lampinen, Heikkinen, and Ruoppila (2000), conducted a study over eight years using a sample size of 663 participants who were over the age of 65 to determine the significance of physical exercise relative to depressive symptoms. Results found that participants who decreased their physical activity during the eight years reported more depression symptoms than those who continued routine exercise or increased their physical activity. Factors associated with the results of this study consisted of age, gender, ability to performed physical activity, chronic bodily conditions, and challenges performing daily life activities. Cooney et al. (2013) determined that physical exercise is relatively more effective in comparison to a control intervention in reducing symptoms of depression. They found a relative difference in exercise compared to psychotropic

medications or psychotherapy, concluding that physical exercise is relatively more efficient than medication for lessening symptoms of depression (Cooney et al., 2013).

Kilbourne et al. (2017) conducted a study examining veterans at a Veterans Health Administration (VHA) clinic with a sample size of 293 patients with chronic mental disorders (i.e., schizophrenia, bipolar disorder, and major depressive disorder) who also had severe physical health challenges. They implemented a treatment model called the life goals collaborative care model and compared it to the usual standard treatment plan to determine which care model provided a better physical outcome for patients over 12 months (Kilbourne et al., (2017). The life care collaborative model included physical activity, ongoing assessment, ongoing communication with patients, collaboration among clinical providers, and a tracking mechanism to document outcomes. In comparison, the standard treatment care plan involved assessments and limited collaboration among clinical providers and limited communication with patients. In the study, the researchers report that patients seen by a mental health provider such as a clinical social worker or psychologist (Kilbourne et al., (2017). The study found that patients with chronic mental disorders and heart disease in the life goals collaboration model group improved quality of life with all the supportive care management to include physical activity compared to those who have received the standard care treatment model (Kilbourne et al., (2017). However, the research did not find evidence that physical activity improved the patients' mental health as patients were receiving supportive mental health interventions. The study discovered improvements in the patient's physical health.

While research studies support the integration of physical activity in treating mental illness, there is limited social work research literature that investigated the effectiveness of exercise in the treatment of bipolar disorder to assist mental health practitioners in determining the duration, frequency, and intensity of such intervention (Thomson et al., 2015).

Benefits of Clinical Social Workers Integrating Physical Activity

The social work profession is unique because it emphasizes employing the conceptual framework of the person-in-environment perspective, which is different from other mental health disciplines (Cooper & Lesser, 2015; Beder, 2015). Furthermore, social workers are fundamental players in the delivery of mental health services since the beginning of the social work profession, providing various supports to clients to include those with chronic mental illness (Beder, 2015). Based on the paradigm shift to include an increase in the number of clients diagnosed with chronic mental illness, it is critical for clinical social workers in mental health need to re-examine their practice to ensure that the common theme of the social work profession is integrated into their practice (Cooper & Lesser, 2015). Clinical social workers working in mental health should develop an integrative approach to facilitate their clinical practice by seeking evidence that substantiates and supports interventions (Cooper & Lesser, 2015).

While there is limited research regarding the benefits of social workers integrating physical activity, several studies emphasize that physical activity is helpful for mental health. This issue has been a central area of research in social work and other mental health professions (Huskamp, 2013). Most clinical social workers undoubtedly are aware

of the benefits of physical activity but may not know how to clinically integrate it in their practice to determine the effectiveness and struggle to promote it as a therapeutic intervention (Williams & Streaan, 2006). On the micro-level, clinical social workers can work individually with their clients to determine an appropriate approach to integrating physical health as a therapeutic adjunct (Williams & Streaan, 2006). Even though social workers are not directly involve in some systems such as media outlets and some areas of marketing, at the exo-level, they can use these platforms to promote exercise as a therapeutic interventions to garner public support and wide-scale awareness (Eriksson, Ghazinour, & Hammarström, 2018; Gubbels et al., 2014; Willaims & Stream, 2006). At the meso-level, social workers can encourage social support by engaging clients' family members in participating in physical activities to motivate the client and at the macro-level, social workers can influence decisions in a broader horizontal by assisting in structuring community programs that support physical activities (Williams & Streaan, 2006).

Summary

There is a fundamental gap in clinical social workers' practice as physical activity is not consistently incorporated in the routine regimen when treating patients who have a chronic mental illness (Justin, 2013). I explored clinical social workers' perception of the benefits of such an intervention. The kinds of literature that were review defined chronic mental illness specific to depression, anxiety, PTSD, and bipolar. Several of the research highlight how physical activities could influence the symptoms of chronic diseases. In one of the literature reviews, the authors report that the study conducted drew attention to

physical activity as a useful intervention adjunct because it enhances fitness and healthiness laying the groundwork for more research (Richardson et al., 2005; Garber et al., 2011; Dinas, Koutedakis, & Flouris, 2010). Serious attention should be given to mental health disorders and physical activity because mental health disorders are among the five leading conditions associated with high expenditures in the United States (Kim et al., 2012). There is a need to have more research in this area regarding best practices in promoting physical health in the treatment regimen of chronic mental illness.

Clinical social workers who are mental health professionals are in a unique position to enhance their practice by incorporating physical activity in the treatment regimen by applying the person-in-environment perspective (Huskamp, 2013; Williams & Streaan, 2006). Because of the historical context of the social work profession, clinical social workers are unique in the realm of the mental health profession. They can expand their practice by integrating comprehensive interventions and strategies in promoting the effectiveness of exercise as a daily routine (Williams & Streaan, 2006). The primary dedication of the social work profession is integrating evidence-based interventions; therefore, clinical social workers must incorporate the skills and values needed to employ efficient health-promoting practices at the micro, meso, exo, and macro levels (Williams & Streaan, 2006).

Section 2: Research Design and Data Collection

There is a fundamental gap in clinical social workers' practice whereby physical exercise is not consistently incorporated as part of the routine regimen in treating chronic mental illness. For decades, social workers have been at the forefront of fighting social

inequalities using action research approaches to bring about needed social changes (Healy 2001; DePoy, Hartman, & Haslett, 1999; Rauch et al., 2014). However, in the clinical social work practice, there is a gap in incorporating physical exercise as part of the standard regimen in treating chronic mental illness. In the clinical social work practice, there is a gap in incorporating physical exercise as part of the standard intervention in treating chronic mental illness. The action research approach explored the benefits of incorporating physical activity into chronic mental illness treatment. The literature review identified that there is a fundamental gap in clinical social workers' practice in integrating physical exercise consistently when treating chronic mental illness.

Clinical social workers often encounter challenges working with chronic mental illness. Consequently, employing physical activity in the treatment regimen could be overlooked because clinical social workers do not consider clinical benefits. Across the mental health profession, the focus on treatment interventions consists typically of psychotherapy and psychotropic medications (Huskamp, 2013). In the review of various literature, it determined that there is limited research regarding the benefits of integrating physical activity as a treatment intervention (Cooney et al., 2013; Thomson et al., 2015; Mello et al., 2013; Zschucke, Gaudlitz, & Ströhle 2013).

Employing action research sought to explore the benefits of integrating physical activity in social work practice by interviewing clinical social workers working with mental health in Cobb County, Georgia. The research method's intention allowed me to act as a catalyst, with clinical social workers within mental health practice setting to frame solutions to enhance practice and heightening knowledge. The data identified

patterns that formulated an informative analysis. I followed ethical procedures to ensure data integrity.

Research Design

I employed a qualitative approach design within an action research framework to answer the questions posed in this research study. The qualitative research design included data collection, data analysis, and concluding the video telephonic conference focus group's raw data. I gathered the data by interviewing clinical social work participants via a telephonic video conference focus group. Focus group interviews presented an opportunity to assemble a comprehensive range of information because of its structural flexibility. I used a qualitative action research design framework to gain a basic comprehension of clinical social workers' perception of the effectiveness of physical exercise and its impacts on clients' mental health by collecting data that is useful and diverse. The primary focus of the methodology used was to understand social workers' perception of the benefits of integrating physical activity in treating chronic mental illnesses in their practice.

Methodology

Prospective Data

I conducted a 45-minute video telephonic conference focus group audio-recorded interview session with clinical mental health social workers who agreed to participate in the research study. I gathered relevant data within the focus group setting and asked questions about the participants' clinical practice. Additionally, I asked each participant

about their perceptions of incorporating physical activity as an adjunct intervention and explored strategies to promote physical activity in their practice.

Participants

The clinical social worker participants were recruited randomly by using an online directory of mental health social workers in Cobb County, Georgia. The participants contacted using the contact information gathered from the online directory, and six agreed to partake in the focus group. To be eligible to partake in the research, participants had to be licensed clinical social workers and currently work in mental health practice for at least one year to ensure competency and knowledge. The purposive sampling employed because it allows participants to be selected based on specific social work characteristics such as licensed clinical social workers, experience with the field of mental health practice, and specific nature of the study.

A criterion approach of the purposive sampling was employed for the study because it ensures appropriate screening of social work competency in the practice of mental health as participants. The participants responded to questions about their years of experience in mental health, type of social work licensure, and clinical interventions in treating chronically mentally ill patients. Purposive sampling ensures the quality of data collection, providing a framework to ensure reliability and competent participants (Tongco, 2007). A preliminary email to participants and included the quick reference guide (See Appendix A) that informed them of the nature of the research, voluntary participation, ethical standards, statement about their rights, and consent form. I used

various communication techniques, such as telephonic video conferencing, texting, emails, and social networking.

Instrumentation

The focus group participants were asked the same questions and expressed their points of view without any barriers. The research did not consist of using existing data collection tools. The focus group was ideal as the goal was to collect, examine, and analyze data that has potential benefits to enhance social worker's perceptions of integrating physical activity in the treatment regimen of treating chronic illness. Generally, focus groups are practical and valuable when assessing services to improve processes, as they provide a platform for clinical social workers to examine strengths, limitations, and exchanging ideas on how to improve processes (Villard, 2003; Jayasekara 2012; & Massey 2010). The questions identified in Appendix C consisted of demographic information, education level, clinical mental health social work years of experience, and other essential information. All participants responded to all questions posed in the focus group. The responses were assembled based on questions and responses to the specific questions posed in the group. The participants responded to all the questions.

Data Analysis

I employed content analysis to analyze the data gathered from the focus group interviews. The content analysis helped me determine themes, concepts, and reoccurrence of individual words within the qualitative data collection process (Erlingsson & Brysiewicz, 2017). After the data collection, the information merged and

assembled, making it easier for interpretation of the data. Massey (2011) explained that articulated data such as participants stated practices, pieces of knowledge, skills, thoughts, views, stances, ideas, comments during the focus groups, and reactions in the analysis and interpretations are inclusive in the analysis. I utilized Microsoft Excel to transcribed raw data collected from the focus group interview using color schemes to identify similar responses that emerged from the data. Examining the participants' responses to the research questions were done to find similarities, differences, and significant themes. I investigated within the collected data to find themes correlated to each of the research questions, including social workers' perception of the benefits of integrating physical activity during treatment and how they addressed physical health in their assessment, diagnosis, and treatment regimen. Furthermore, I executed a reliability check to validate that the analysis, results, and conclusions are accurate solely based on the collected data and not my personal bias. Finally, I provided the collected data to the focus group participants for their review to secure the study's integrity.

Ethical Procedures

In any research, the researcher must employ the necessary ethical procedures when conducting action research using a focus group approach. To gain the trust of participants, the research community, and other consumers, I adhered to various ethical considerations to safeguard the dignity, rights, and well-being of research participants throughout the life cycle of this study. One of the fundamental moral principles that were employed was informed consent. The participants were provided with an informed consent form via email for their review, sign, and date to participate in the study. The

informed consent consists of rights, voluntary participation, the study's nature, and confidentiality/privacy. All participants signed and submitted the consent form to me before the video telephonic focus group conference. Once I received the signed informed consent form back from participants, I signed and emailed a copy to the participants. The signed consent form is locked in a drawer to ensure participants' privacy. I provided participants with contact information (phone and email) if any questions or concerns emerged about the research study. Each participant has a three-digit-number assigned that during the data collection process. The assigned three-digit number protected their identity and privacy from disclosure. The coded numbers were transcribed in the Microsoft Excel sheet only to link participants with their responses to the research questions.

An audiotape of the focus groups is securely locked in a drawer; all paper data (interview notes) and electronic informed consent forms are secure on a locked computer that requires a passcode to enter. The participants' identifying statistics, including names, location of employment, and their assigned 3-digit numbers, were not disseminated in the research findings. Following Walden University guidelines, I will destroy all paper data, audiotape recordings, and stored electronic data specific to the research study in 5 years.

Summary

This research proposed an action research approach using a qualitative design to examine social workers' perceptions of the benefits of integrating physical activity in their treatment regimen, the effectiveness of physical activity have on mental health and the promotion of physical activity on a broader scale. A video telephonic conference

focus group with a minimum of six participants was employed to investigate the subject matters of this study, as indicated above. The study aimed to identify the challenges and bring about awareness of potential effectiveness or non-effectiveness of clinical social workers integrating physical activity in the treatment of chronic mental illnesses. Data gathered were transcribed, analyzed, and interpreted to enhance social work practice on a micro, meso, exo-level, and macro-level. Ethical procedures were employed to secure participants' consent and safeguard participants' rights, including voluntary participation, confidentiality, and privacy. An action research approach using a qualitative design to examine social workers' perceptions of the benefits of integrating physical activity in their treatment regimen, the effectiveness of physical activity has on mental health and the promotion of physical activity on a broader scale. From the focus group, the data was analyzed to formulate a conclusion to enhance knowledge in the context of the social work profession.

Section 3: Presentation of the Findings

The purpose of the action research study was to explore social workers' perceptions of the benefits of incorporating physical activity in treating chronic mental illnesses. The research explored clinical mental health social worker participants' current practice and position within their agency. A video telephonic focus group was employed, examining the participants' experience integrating physical activity in their assessment, diagnosis, and treatment. The participants described how they address physical activity in their practice and incorporate it into the treatment plan. Furthermore, the research explored how participants document assessment, interventions, and progress. It

examined the participants' perceptions of incorporating physical activity in treating chronic mental illnesses and explore their insight into the pros and cons of integrating physical activity as a treatment intervention. Additionally, the focus groups highlighted what treatment regimen participants utilize and the effectiveness of such interventions in working in collaboration with clients with a chronic mental disorder.

Data Analysis Techniques

I was initially approved by the Walden University Institutional Review Board (IRB) to conduct a face-to-face focus group with clinical mental health social worker participants. Based on the COVID-19 pandemic, the IRB approved researchers to employ alternative data collection methods such as substituting face-to-face contact with email, phone, video conference, or online format. The IRB defined videoconferencing as Facetime, Zoom, Skype, and other similar applications and indicated that researchers did not need to submit anything to the IRB to request change as this change was a universal procedural precaution. I consulted with the clinical mental health social worker participants, and they agreed to the video and telephonic conference.

I allowed a 1-month timeframe from the beginning of the spring quarter to recruit participants. Participants randomly recruited came from an online directory of clinical mental health social workers in Cobb County, Georgia. Contact initiated with over 50 clinical mental health social workers, and six responded, agreeing to participate in the focus group. The focus group participants participated in a video telephonic conference that went for 45 minutes. Cisco Webex video telephonic conference was the software used to gather the information. It provided recording capabilities that allowed for data

collection in real-time. The process of content analysis helped in analyzing the data gathered from the focus group interviews.

After collecting the data, I merged and interpreted the responses to each of the questions posed to the group participants. The tools employed to transcribe the data and analyze themes were Microsoft Excel spreadsheets and a pie chart. The data collected were sorted by each participant responses to the questions to determine if the group participants responded to the questions or not. The responses were assembled based on questions and responses to the specific questions posed in the group. I used content analysis and merged the collected data to ensure the integrity of the interpretation of the information collected. The pie chart used illustrated participants' response and allow for data integrity. I identified that having a small sample size limited the full scope and potential of this study. There is limited research surrounding this topic, and as a result, there is an implication for future research to enhance the social work profession.

Findings

The participants had many years of clinical social work experience in the mental health profession, ranging from 7 to 25 years. Three had experience working in substance abuse and medical settings. Two have extensive case management experiences working with homeless, children, and families. Three identified that they worked with a unique population of veterans with complex needs. They all have experience with integrating physical activities into their practice. However, 3 indicated that integrating physical activities varies depending on the clients' capability to mobilize and service delivery settings. One participant indicated that when working with the homeless

population, the primary goal was to assist patients in obtaining housing. However, she did point out that if patients identified physical activity as a goal, she would incorporate it into the treatment plan and document progress self-reported by patients. Two participants explained that a comprehensive assessment and evaluation through a primary care physician is essential before integrating physical activities as not all clients are medically stable to do some physical activity. Three participants identified the consistent implementation of physical activities in their practice in treating depression, anxiety, and stress-related issues. The others identified inconsistencies in integrating physical activities in their practice. For instance, two participants indicated that the setting of their practice and lack of clients' motivation created inconsistencies in integrating physical exercise.

An exploratory stance was incorporated to understand social workers' perceptions regarding the benefits of integrating physical activity in their clinical practice when treating chronic mental disease. The data show that clinical mental health social workers engage in various approaches in integrating physical activities when treating chronic mental illnesses. Half of the research participants indicated inconsistencies in integrating physical activities in their practice and cited relevant factors. Some factors cited were lack of motivation from clients, lack of clients' buy-ins, insufficient education, having a structured process of integration of physical activity as treatment interventions, and more training was needed. However, they were all in favor of integrating physical activities in the treatment regimen for clients suffering from chronic mental illnesses. One research study found that people with chronic mental illness are notably less active than the general population (Richardson et al., 2005). Employing evidence-based physical

activity interventions that are consistent and structured might improve participation among clients with chronic mental illness (Richardson et al., 2005; Garber et al., 2011; Dinas, Koutedakis, & Flouris, 2010).

I was able to find common themes among the clinical social work participants, such as their practice approach, perceptions of the benefits of integrating physical activity as a treatment intervention, and views on working relationships with clients. For instance, 66.8% (four out of the six participants) of the clinical mental health social workers demonstrated commonality with the evidence available to social workers to support the notion that integrating physical activity in the treatment process is beneficial to clients with research being the most significant such as American Psychological Association, (APA) (Figure 1).

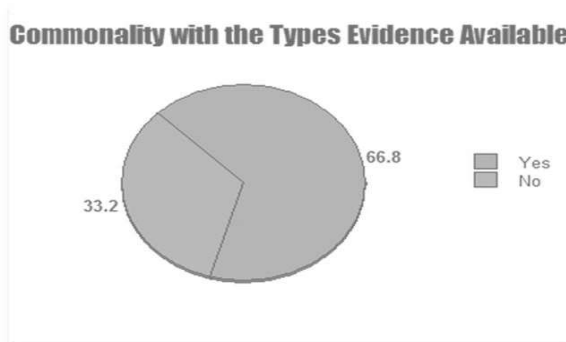


Figure 1. Theme 1: Commonality with the Types Evidence Available to Social Workers to Support the Notion that Integrating Physical Activity in the Treatment Process is Beneficial to Clients.

In addition, 100% of the participants demonstrated a favorable perception of integrating physical activities when treating chronic mental illnesses (Figure 2). They

reported that physical activities helped their clients live a healthier lifestyle and lower the risk of chronic illnesses.

Favorable Perception of Integrating Physical Ai

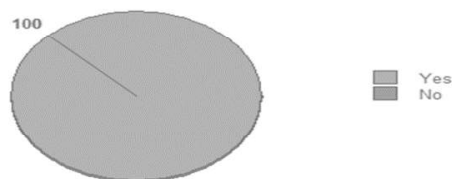


Figure 2. Theme 2: Favorable Perception of Integrating Physical Activities when treating chronic mental illnesses.

Furthermore, 83% of the participants (5 out of 6 of the participants) identified forming/building trust with clients as a critical component in the working relationship between clients and clinical social workers. In contrast, 1 participant did not identify forming or building trust as a critical component (Figure 3).

Forming/Building Trust with Clients

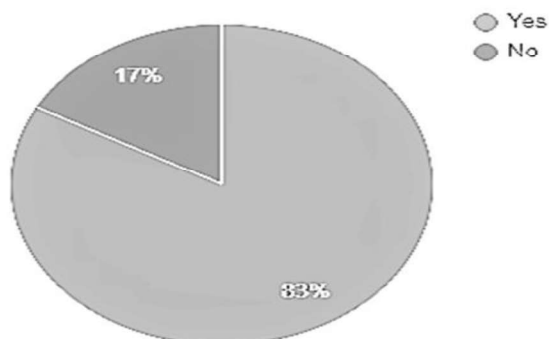


Figure 3. Theme 3: Forming/Building Trust with Client.

The findings revealed that 66.8% of participants identified having clients' buy-ins as a critical factor in integrating physical activities in the treatment plans when treating

chronic mental illnesses such as depression, anxiety, mood disorder, stress, and anger management (Figure 4).

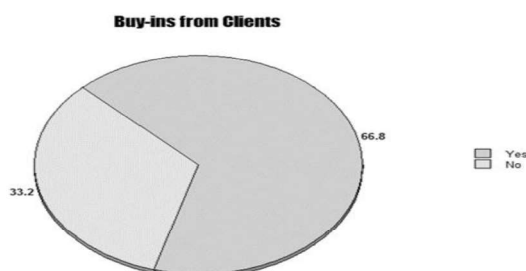


Figure 4. Theme 4: Buy-ins from Clients.

The participants shared similarities in their views of the pros and cons of the integration of physical activity as a treatment intervention. For instance, 2 participants indicated that integrating mindfulness exercise helped clients connect to the mind and body, reducing stress and anxiety. They further explained picking the right exercise is critical as all clients are not capable of performing some exercises due to medical and physical limitations; therefore, they emphasized the need to have clients' primary care doctor complete a comprehensive evaluation as this would assist clients in making appropriate choices in choosing the right exercise to meet their needs. In addition, 2 other participants stated that physical activities, when incorporated in the treatment plan, improved the person's overall health. One participant pointed out that physical activities helped patients to develop healthy habits and positive behaviors, reducing stress, anxiety, and depressive symptoms. In Kilbourne et al., (2017) research, they noted that consistent collaboration among the clinical treatment team is an effective factor that eventually enhanced the service delivery and patients care management at the VA clinic where they

conducted the study. They employed a holistic model using their life care Collaborative model where clinical providers worked in collaboration, ensuring patients were integrating interventions in their daily routine to include physical activity to improve their physical health (Kilbourne et al., 2017). Furthermore, they noted a strong collaboration among the clinical providers who were using the life care collaborative model as the interdisciplinary team often communicated, provided education, enlisted social support when necessary, and frequently monitor their patients progress in comparison to those providers who were using the usual care model of care (Kilbourne et al., 2017).

The participants all agreed that physical activity treatment interventions are complicated because it is based on the individual client's needs for the interventions to be useful as not all fits all. They indicated that many factors could impede many clients to routinely incorporate physical activity in their daily activities such as their socioeconomic status, health status, cultural background, age, gender, service accessibility, cognitive function abilities, education, and social support systems. Some of the cons identified by the participants in their practice but varied among them were lack of education, clients' medical limitations to certain types of exercise, progress is difficult to measure because it is primarily based on clients' self-reporting. The settings of the practice might not support incorporating physical exercise as one participant indicated that when working with homeless clients, the primary goal is assisting clients in obtaining housing, and physical activity is not included.

Another participant explained that vigorous exercise such as jogging and some aerobics classes are not productive among fragile clients, particularly those with chronic

heart conditions. She stressed that employing principles that involve a less strenuous workout and more practical seems to work better among her clients. Self-reporting was identified as an issue for some of the participants because it was difficult to track progress. Two participants explained that they assist their clients in setting goals and to self-monitor their accomplishments. However, they indicated that self-reporting has proven to be very difficult for some clients. For example, one participant mentioned that she inconsistently documented progress based on varying reporting from some of her clients. She further explained that her clients who have memberships with a fitness program are more reliable in their reporting, but only a few of her clients can afford membership in fitness programs. The other participants were able to offer suggestions that they have used, such as frequent feedback during sessions, encouraging clients to use a daily paper log, using their cellphone to log exercises, pedometers, and using a monitor that records heart rate. The suggestions offered are very inexpensive and doable for most clients to track their physical activity achievements.

The participants reported that one of the most prevalent challenges they encountered in working with clients with chronic mental illness is to effectively coordinate their care across the spectrum of care with other clinical providers such as primary care and specialty care. They explained that due to the severity of some of their clients' mental health needs, it is imperative to work with the other clinical providers to integrate physical activity. Furthermore, the participants indicated that having a holistic approach is the key to helping their clients achieve success as all clinical providers should be on the same page in promoting healthy habits to influence positive behavior changes

with hopes of clients adopting a routine physical activity mindset. The findings answered the questions posed in the study, as all the participants responded accordingly to their practice methods. All participants had positive perceptions about the benefits of clinical mental health social workers integrating physical activating in treating chronic mental illnesses. In addition, they all believe that incorporating physical activity in the treatment regime would help social workers manage patients with chronic mental illness. Like one participant indicated, social workers are trained to employ a holistic approach, and thus, physical activity should be explored. Each participant identified strategies and approaches that social workers can use to integrate physical activity into the treatment process.

The participants maintained that there is a need for the social work profession to promote interventions that support integrating physical activity among persons with serious mental illness across the spectrum of care. They discussed the values of constructing effective physical activity interventions such as improving thought processes, reducing anxiety and depression through mindfulness activities, and enhancing this client's low self-esteem by assisting them in managing weight better. They also indicated that clients with chronic mental illness are at higher risk of developing chronic medical conditions like diabetes, obesity, and cardiovascular disease. Researches have shown that the effects of integrating physical activities have compelling psychological benefits for those with chronic mental illnesses as such interventions can reduce symptoms such as depression, anxiety, low self-esteem, and social isolation (Richardson et al., 2005; Garber et al., 2011; Dinas, Koutedakis, & Flouris, 2010). While the clinical

social work participants in this research, indicated that having clients' buy-ins is challenging to accomplish because of clients' competing priorities, Richardson et al., (2005) reported in their study that people with chronic mental illnesses find exercise to be a favorable component of treatment interventions because it is well accepted among this group.

Summary

The participants were all experienced in working in the field of mental health, treating chronic mental illnesses. The data show that clinical mental health social workers engage in a variety of approaches in integrating physical activities when treating chronic mental illnesses. Similar to Huskamp (2013) and Justin (2013) findings in their independent studies, I found differences among research participants in the integration of physical activity as part of the treatment interventions. The data revealed that there is an underlying gap in clinical mental health social workers' practice as they identified a lack of consistencies in incorporated physical activity in the routine regimen when treating clients who have a chronic mental illness. Conversely, the participants were all in favor that physical activities should be included in the treatment regime. They understand that primary providers play a fundamental role; therefore, collaboration is vital in engaging clients to actively participate in physical activity to improve their quality of life.

The findings suggest that there is room for clinical mental health social workers to improve their practice by measuring progress when physical activity is included in the treatment plan. The findings have substantial implications for future collaboration among clinical providers, especially primary care providers, to promote the integration of

physical activity as this has the potential to increase clients' participation. Further research is needed because the sample size in this research was minimal. There is a significant potential to improve how clinical mental health social workers practice with future research surrounding this topic. Richardson et al., (2005), indicated that the facet of physical activity continues to be an under-researched area, even though case studies imply that participation in such can increase mental health service utilization shying away from the negative stigma associated with mental health. They stressed that helping clients to achieve normalization and promoting social interaction is essential as people with severe mental illness tend to isolate or withdrawn socially (Richardson et al., 2005). The social work profession is unique because of its deep-seated holistic approach it promotes when working with clients. The research participants provided unique views in their methods, with most of them understanding the significance of additional social work research to enhance social work practice across the spectrum of where social workers provide clinical care interventions.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of the action research study was to explore social workers' perceptions of the benefits of incorporating physical activity in treating chronic mental illnesses. The findings imply that while there are fundamental gaps and inconsistencies in clinical mental health social workers integrating physical activity in the treatment regime when treating chronic mental illnesses, all the participants in the study understand the unique value in using such intervention as it promotes healthier lifestyles for their respective clients. The participants' willingness and honesty during the focus group

demonstrate their commitment to the social work profession. Furthermore, they recognized the need for more social work research as this informed social work practice. In addition, they understand that integrating physical activities does not necessarily speak only to the mental health profession but should also be a standard of practice across the spectrum of care of the social work profession.

Other areas of concern identified by some of the participants were the need for education and training in achieving consistency in the integration of physical activity when treating chronic mental illnesses. When asked how can social workers better develop a relationship with clients to adjust to the concept of integrating physical activity in their treatment regime, they emphasized that more education and training would be beneficial in bringing about awareness among clinical mental health social workers and it would also assist clients in understanding the benefits of routine exercises. For instance, four of the six participants indicated that to achieve measurable and realistic goals requires buy-ins from clients. The real-time data gathered during the focus group helped facilitate the discussion among the participants, allowing for critical thinking, sharing of their experiences while expanding on their knowledge from the extensive information discussed during the focus groups. While there was a commonality in how they practice, the participants shared their techniques that allowed for open discussions among the group regarding the various methods such as mindfulness and daily walks they incorporate in their practice to assist clients with chronic mental illnesses to enhance clients' quality of life.

Application of Professional Ethics in Social Work Practice

Clinical mental health social workers are responsible for assessing, diagnosing, treating, and helping clients to address emotional, psychological, social, and behavioral challenges that impact their well-being. In working with clients, some of the challenges social workers face stem from clients experiencing family conflicts, unemployment, substance addiction, life traumas, physical illness, and domestic violence. Therefore, the NASW identified vital principles that inform social work practice. For this research, two essential ethical principles related to the problem question of this research are social work competence and integrity. In regards to competency, social workers must practice ethically within the scope of their experience, education, core professional principles of the profession, and within the organization for which they work. For example, some of the participants cited employing a holistic approach that influenced their work with clients on individualized bases recognizing that one treatment model does not fit all clients.

Integrity allows social workers to practice in a trustworthy manner delivering quality services to clients as this supports positive relationships between social workers and their clients. During the focus group, the research participants shared their social work techniques and approaches. They strongly emphasized both competency and integrity, as they believe are critical components in delivering services to clients. Furthermore, the NASW Codes of Ethics guides clinical work practice by embracing ethical and critical thinking to inform practice while supporting professional judgments in assessing, analyzing, and implementing treatment interventions (NASW, 2017).

Clinical social workers can provide effective and efficient, evidence-based physical activity treatment interventions for clients with chronic mental illness once given the support they need in their practice. They are aware that they can consistently integrate physical activity as they find it a valuable treatment intervention to improve an individual's quality of life, alleviating long-term mental and social disability.

The research findings might influence social work practice because of the identified gaps and inconsistencies in integrating physical activity in the treatment regime. The deficiencies identified by the participants speak to their integrity and competency, not to imply that the participants were practicing unethically as this was not one of the findings. Many factors such as the practicing setting (organization), lack of client's buy-ins, lack of education, and a measurable process to track the progress were some of the contributing factors that interfered with consistent integration of physical activity in the treatment regime. The participants demonstrated integrity in their reporting and competence based on the approaches and strategies they reported that they use in their practice. In addition, they identified areas for improvement and suggested further education and training that promote the concept of incorporating physical activity in the treatment process when treating chronic mental illnesses.

Recommendations for Social Work Practice

Based on the findings, I recommend additional research in this area as the sample size was small to formulate a broader analysis. In addition, there appears to be a need for more education and training to assist clinical mental health social workers with achieving consistency within their practice when treating chronic mental illnesses. Studies on the

impacts of physical activity on the mental health of individuals with chronic mental illness are terrifying. In the researches cited in this study, the researchers found that the small sample sizes used were specific to a few mental health disorders. Therefore, with limited information gathered in those researches to include the one I conducted, they lack the concrete premises needed to reduce the gaps and barriers in the integration of physical activating in the treatment modality of chronic mental health disorder. Future social work research is profoundly needed, both qualitative and quantitative, to examine the dynamics of chronic mental illness and physical activity and methods to integrate across the spectrum of care for this population.

As an advanced practitioner with several years of experience, it is imperative to engage in periodic review of roles and responsibilities specific to the NASW Code of Ethics to inform my practice. In my current employment, some of my responsibilities involve providing consultation and training to social workers to include clinical mental health social workers. The findings helped me to re-examine how information is disseminating to social workers and calls for additionally training that would support social workers to enhance their practice. Undoubtedly, the results of this qualitative action research, if shared with the social work profession, will potentially open the door for additional research and policy change to further enhance the profession. The social work profession fundamentally embraces helping clients to achieve healthier lifestyles by changing how clients view themselves in society. Engaging in various physical activities has substantial implications in assisting clients in developing more positive thought processes and changing their behaviors that support achieving quality of life. Therefore,

on a broader platform, the findings allow for strong advocacy that supports further consideration research and policy changes. As indicated earlier, the small sample size limits the generalization and usefulness of this study.

There is a strong implication for further examination on how to integrate physical activity as a treatment intervention for clients with chronic mental illness. Strategies to assist clients in successfully adopting healthier habits such as routine physical activity are feasible among this population with consistency among clinical providers such as mental health and primary care clinicians. Such collaboration might play a fundamental role in the lives of clients with chronic mental illness and as high potential in successfully improving not only the physical activity of clients but seeing a substantial enhancement of their psychological and social well-being. Despite the small sample size, I encourage more extensive research to be considered as the participants used in this study were from different backgrounds and practice settings and provided valid information with substantial implications for further analysis.

The findings support deeper-dive analyses and considerations because integrating physical activity as a treatment intervention for clients with a chronic mental health disorder can significantly improve their quality of life. Furthermore, studies have implied the significance of encouraging clients to maintain regular physical activity because exercise allows the body to release endorphins, which triggers positive energy or feelings alleviating symptoms of anxiety, stress, depression, and schizophrenia (Richardson et al., 2005; Garber et al., 2011; Dinas, Koutedakis, & Flouris, 2010). Future research should consider staying within perimeters of primary problems identified in this study while

ensuring that participants have a specialty practice within the context of the chronic mental illnesses identified. The information found in this research could be disseminated through research databases such as The Journal of Social Work, JSTOR, ProQuest Dissertations & Theses Global, PsyARTICLES, PsycINFO, SAGE Research Methods Online, Social Science Database, Social Services Abstracts, Sociology Database, Walden University Library, and Sociology Abstracts. I could work with each entity to request publication. In addition, this research could be shared with the National Association of Social Workers and Universities Social Work Departments with a request for publication on their databases.

Implications for Social Change

On a micro level, positive social change can be achieved through each clinical mental health social workers changing the way they practice, participating in research, advocating for policy changes, provide education to their clients, and discussing concerns with critical players in their practice or organization. It would be imperative to work in collaborations with a small group at the organization, local city officials, and community partners at the meso level. At the exo level, social changes could occur indirectly within the platforms of social media groups despite not having any direct involvement in the social work profession's bounds. Social media is an excellent source of sharing information, gathering thoughts, and bringing about awareness to any given issue. On a broader scale at the macro level, positive social change would involve working with state and federal officials to conduct further research and implement policies that support

changes, including employing the NASW to guide changes to ensure the preambles of the organizations are met within the positive social change.

Summary

The social work profession is unique, with fundamental principles that inform practice. Conducting this research falls within the bounds and principles of the social work profession as social workers must be involved in research whether at the micro, meso, exo, and macro levels as this contribute to the development of knowledge (NASW, 2017). Social work research brings valuable consideration to the profession, strengthening the overall profession's integrity while promoting the welfare of clients they serve. The findings of the studies support large-scale research within the perimeters of the problems identified as the possibility to enhance the profession out weights the disadvantages of the investigation. The experience of conducting this research gave me a more in-depth insight into the need for more social work research because the profession is a key influencer on social and policy changes on local, state, federal, and organizational levels. The foundations of social work profession are rooted in service delivery, advocating for social justice, embracing the dignity and worth of the person, recognizing the significance of the human relationship, performing ethically while promoting integrity, and demonstrating competency within the bounds of social work practice (NASW, 2017). Therefore, the social work profession must engage in future research.

References

- Beder, J. (2015). *Hospital social work: The interface of medicine and caring*. London: Routledge.
- Bryan, A., Hingley-Jones, H., & Ruch, G. (2016). Relationship-based Practice Revisited. *Journal of Social Work Practice, 30*(3), 229-233.
doi:10.1080/02650533.2016.1215978
- Cooney, G.M., Dwan K., Greig, C.A., Lawlor, D.A., Rimer, J., Waugh, F.R., McMurdo, M., Mead, G.E. (2013). Exercise for depression. *Cochrane Database of Systematic Reviews*, Issue 9. Art. No.: CD004366. doi: 10.1002/14651858.CD004366.pub6
- Cooper, M. G., & Lesser, J. G. (2015). *Clinical social work practice: An integrative approach* (5th ed.). Boston: Pearson.
- Coren, E., Iredale, W., Rutter, D., & Bywaters, P. (2011). The Contribution of Social Work and Social Interventions Across the Life Course to the Reduction of Health Inequalities: A New Agenda for Social Work Education? *Social Work Education, 30*(6), 594-609. doi:10.1080/02615479.2011.586556
- Craig, R. (2008). Empowerment and social work research - participatory action research and the relationship between the extent of mental health consumers involvement in research and its capacity to serve an empowering function (Unpublished master's thesis). University of Manitoba, February.

- Darling, N. (2007). Ecological Systems Theory: The Person in the Center of the Circles. *Research in Human Development, 4*(3-4), 203-217.
doi:10.1080/15427600701663023
- Depoy, E., Hartman, A., & Haslett, D. (1999). Critical Action Research: A Model of Social Work Knowing. *Social Work, 44*(6), 560-569. doi:10.1093/sw/44.6.560
- Dinas, P. C., Koutedakis, Y., & Flouris, A. D. (2010). Effects of exercise and physical activity on depression. *Irish Journal of Medical Science, 180*(2), 319-325.
doi:10.1007/s11845-010-0633-9
- Drisko, J. (2013). Standards for Qualitative Studies and Reports. In FORTUNE A., REID W., & MILLER R. (Eds.), *Qualitative Research in Social Work, Second Edition* (pp. 3-34). Columbia University Press. Retrieved from <http://www.jstor.org/stable/10.7312/fort16138.4>
- Eriksson, M., Ghazinour, M., & Hammarström, A. (2018). Different uses of Bronfenbrenner's ecological theory in public mental health research: What is their value for guiding public mental health policy and practice? *Social Theory & Health. doi:10.1057/s41285-018-0065-6*
- Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine, 7*(3), 93-99.
doi:10.1016/j.afjem.2017.08.001
- Garber, C. E., Blissmer, B., Deschenes, M. R., Franklin, B. A., Lamonte, M. J., Lee, I.... Swain, D. P. (2011). Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in

- Apparently Healthy Adults. *Medicine & Science in Sports & Exercise*, 43(7), 1334-1359. doi:10.1249/mss.0b013e318213fefb
- Geus, E. D., & Moor, M. D. (2008). A genetic perspective on the association between exercise and mental health. *Mental Health and Physical Activity*, 1(2), 53-61. doi:10.1016/j.mhpa.2008.09.005.
- Graddy, J. T., & Neimeyer, G. J. (2002). Effects of Exercise on the Prevention and Treatment of Depression. *Journal of Clinical Activities, Assignments & Handouts in Psychotherapy Practice*, 2(3), 63-76. doi:10.1300/j182v02n03_07
- Gubbels, J. S., Van Kann, D. H., de Vries, N. K., Thijs, C., & Kremers, S. P. (2014). The next step in health behavior research: the need for ecological moderation analyses - an application to diet and physical activity at childcare. *The international journal of behavioral nutrition and physical activity*, 11, 52. doi:10.1186/1479-5868-11-52
- Hall, K. S., Gregg, J., Bosworth, H. B., Beckham, J. C., Hoerster, K. D., Sloane, R., & Morey, M. C. (2016). Physical activity counseling promotes physical and psychological resilience in older veterans with posttraumatic stress disorder. *Mental Health and Physical Activity*, 11, 53-59. doi:10.1016/j.mhpa.2016.10.001
- Healy, K. (2001). Participatory action research and social work. *International Social Work*, 44(1), 93-105. doi:10.1177/002087280104400108
- Hodgson, M. H., Mcculloch, H. P., & Fox, K. R. (2012). The experiences of people with severe and enduring mental illness engaged in a physical activity programme

integrated into the mental health service. PsycEXTRA Dataset.

doi:10.1037/e573122012-011

Huskamp, Kristin K., "Addressing Physical Health in Social Work Practice" (2013).

Master of Social Work Clinical Research Papers. Paper 193.

http://sophia.stkate.edu/msw_papers/193.

Jayasekara, R. S. (2012). Focus groups in nursing research: Methodological perspectives.

Nursing Outlook, 60(6), 411-416.

Jeffrey, Justin, "Use of Research Among Social Work Clinicians" (2013). Master of

Social Work Clinical Research Papers. Paper 201.

http://sophia.stkate.edu/msw_papers/201

Jochems, E. C., Mulder, C. L., Dam, A. V., Duivenvoorden, H. J., Scheffer, S. C., Spek,

W. V., & Feltz-Cornelis, C. M. (2012). Motivation and treatment engagement

intervention trial (MotivaTe-IT): The effects of motivation feedback to clinicians

on treatment engagement in patients with severe mental illness. *BMC Psychiatry*,

12(1). doi:10.1186/1471-244x-12-209

Kilbourne, A. M., Barbaresso, M. M., Lai, Z., Nord, K. M., Bramlet, M., Goodrich, D. E.,

Post, E. P., Almirall, D., & Bauer, M. S. (2017). Improving Physical Health in

Patients with Chronic Mental Disorders: Twelve-Month Results from a

Randomized Controlled Collaborative Care Trial. *The Journal of clinical*

psychiatry, 78(1), 129–137. <https://doi.org/10.4088/JCP.15m10301>

- Kim, Y. S., Park, Y. S., Allegrante, J. P., Marks, R., Ok, H., Cho, K. O., & Garber, C. E. (2012). Relationship between physical activity and general mental health. *Preventive Medicine, 55*(5), 458-463. doi:10.1016/j.ypmed.2012.08.021
- Kohli, H., Huber, R., & Faul, A. (2010). Historical and Theoretical Development of Culturally Competent Social Work Practice. *Journal of Teaching in Social Work, 30*: 252-271. doi:10.1080/08841233.2010.499091
- Kvam, S., Kleppe, C. L., Nordhus, I. H., & Hovland, A. (2016). Exercise as a treatment for depression: A meta-analysis. *Journal of Affective Disorders, 202*, 67-86. doi:10.1016/j.jad.2016.03.063
- Lampinen, P., Heikkinen, R., & Ruoppila, I. (2000). Changes in Intensity of Physical Exercise as Predictors of Depressive Symptoms among Older Adults: An Eight-Year Follow-Up. *Preventive Medicine, 30*(5), 371-380. doi:10.1006/pmed.2000.0641
- Mammen, G., & Faulkner, G. (2013). Physical Activity and the Prevention of Depression. *American Journal of Preventive Medicine, 45*(5), 649-657. doi:10.1016/j.amepre.2013.08.001
- Massey, O. T. (2011). A proposed model for the analysis and interpretation of focus groups in evaluation research. *Evaluation and Program Planning, 34*(1), 21-28. doi:10.1016/j.evalprogplan.2010.06.003
- Mello, M. T., Lemos, V. D., Antunes, H. K., Bittencourt, L., Santos-Silva, R., & Tufik, S. (2013). Relationship between physical activity and depression and anxiety

symptoms: A population study. *Journal of Affective Disorders*, 149(1-3), 241-246.

doi:10.1016/j.jad.2013.01.035

Meyer, J. (2000). Qualitative research in health care. Using qualitative methods in health related action research. *BMJ (Clinical research ed.)*, 320(7228), 178-81.

Mutumba, M., & Harper, G. W. (2015). Mental health and support among young key populations: an ecological approach to understanding and intervention. *Journal of the International AIDS Society*, 18(2 Suppl 1), 19429.

doi:10.7448/IAS.18.2.19429

National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Washington, DC. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>

Pardeck, John T. (1988) "An Ecological Approach for Social Work Practice, " *The Journal of Sociology & Social Welfare*: Vol. 15: Iss. 2, Article 11.

Peeters, J. (2012). Social work and sustainable development: Towards a social–ecological practice model. *Journal of Social Intervention: Theory and Practice*, 21(3), 5.

doi:10.18352/jsi.316

Rauch, F., Schuster, A., Stern, T., Pribila, M., & Townsend, A. (2014). *Promoting Change through Action Research*. *Promoting Change through Action Research*, 1-5.

doi:10.1007/978-94-6209-803-9_1

Richardson, C. R., Faulkner, G., Mcdevitt, J., Skrinar, G. S., Hutchinson, D. S., & Piette, J. D. (2005). Integrating Physical Activity into Mental Health Services for

Persons with Serious Mental Illness. *Psychiatric Services*, 56(3), 324–331. doi: 10.1176/appi.ps.56.3.324

Rizzo, V. M., & Seidman, J. (2009, February 13). Health Promotion & Aging Section 3: The Role of Social Work in Promoting Health. Retrieved November 17, 2018, from <https://www.cswe.org/getattachment/Centers-Initiatives/CSWE-Gero-Ed-Center/Initiatives/Past-Programs/MAC-Project/Resource-Reviews/Health/HP3-Role-Social-Work.pdf.aspx>

Rosenbaum, S., Sherrington, C., & Tiedemann, A. (2014). Exercise augmentation compared with usual care for post-traumatic stress disorder: A randomized controlled trial. *Acta Psychiatrica Scandinavica*, 131(5), 350-359. doi:10.1111/acps.12371

Rosenbaum, S., Vancampfort, D., Steel, Z., Newby, J., Ward, P. B., & Stubbs, B. (2015). Physical activity in the treatment of Post-traumatic stress disorder: A systematic review and meta-analysis. *Psychiatry Research*, 230(2), 130-136. doi:10.1016/j.psychres.2015.10.017

Smits, J. A., Berry, A. C., Rosenfield, D., Powers, M. B., Behar, E., & Otto, M. W. (2008). Reducing anxiety sensitivity with exercise. *Depression and Anxiety*, 25(8), 689-699. doi:10.1002/da.20411

Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving Toward Integrated Health: An Opportunity for Social Work. *Social Work in Health Care*, 54(5), 383-407. doi:10.1080/00981389.2015.1025122.

- Thomson, D., Turner, A., Lauder, S., Gigler, M. E., Berk, L., Singh, A. B., ... Sylvia, L. (2015). A brief review of exercise, bipolar disorder, and mechanistic pathways. *Frontiers in Psychology, 6*, 147. <http://doi.org/10.3389/fpsyg.2015.00147>
- Tongco, M. D. (2007). Purposive Sampling as a Tool for Informant Selection. *Ethnobotany Research and Applications, 5*, 147. doi:10.17348/era.5.0.147-158
- Villard, J.A. (2003). Use of Focus Groups: An Effective Tool for Involving People in Measuring Quality and Impact. U.S. Department of Education, Educational Resources Information Center (ERIC). Ohio State University, OH Website: <http://www.leadershipeducators.org/Archives/2003/villard.pdf>
- Williams, D. J., & Strean, W. B. (2006). Physical Activity Promotion in Social Work. *Social Work, 51*(2), 180-184. doi:10.1093/sw/51.2.180
- Zschucke, E., Gaudlitz, K., & Ströhle, A. (2013). Exercise and physical activity in mental disorders: clinical and experimental evidence. *Journal of preventive medicine and public health = Yebang Uihakhoe chi, 46 Suppl 1*(Suppl 1), S12-21.

Appendix A: Quick Reference Guide

Researcher Demographic Information:

Name: Carlene Battiste-Downie, MSW, LCSW

University: Walden University

Doctoral Program: Doctor of Social Work (DSW)

Research Chair: Dr. Beth Walker

Research Title:

Social Workers' Perceptions of the Benefits of Physical Activity in Treating Chronic Mental Illnesses: An Action Research Study

Contact Information:

Carlene Battiste-Downie

Cell phone: xxxxxxxxxxxx

E-mail: xxxxxxxxxxxxxxxxx

If you have any concerns and questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact Research Participant Advocate at Walden University at xxxxxxxxxxx. Walden University's approval number for this study is 12-31-19-0532234, and it expires on December 30, 2020.

Brief Overview of the Research:

I will be investigating social workers' perceptions of the benefits of physical activity in treating chronic mental illnesses. Also, I have an interest in learning through social workers' perspectives on how and if they integrate physical health in their assessment, diagnosis, and treatment regimen when working with chronic mentally ill patients. I am hoping this research can enhance social work practice on a micro, meso, exo, and macro-level by deriving a plan of action based on the analysis, interpretations, results, and conclusions of the collected research data.

Qualifying Criteria:

To be selected to participate in this study, clinical mental health social worker participants should have at a minimum 1-year experience working in the mental health profession and possess a Master's Degree in Social Worker and practice at the advanced licensure level (Licensed Clinical Social Worker, LCSW). You were selected as a participant in this study because you met the criteria.

Procedures:

1. Recruitment contact to reach participants

- a. Participants for the interview will be recruited using an online directory of mental health social workers in Cobb County, Georgia, to obtain contact information for 12 social workers.
- b. A preliminary email with the quick reference guide is sent to participants to include the nature of the research, voluntary participation, ethical standards, statement about their rights, and consent form (See Appendix B).
- c. To qualify to participate in this study, participants must be licensed clinical social workers and currently working in the practice of mental health for at least one year to ensure competency and knowledge.
- d. After participants decide to partake in this research study, individuals will be assigned a three-digit number that will be known only to that individual and me. The three-digit number will only be used in the Microsoft Excel sheet to transcribe participants' different responses to the research questions.
- e. Participants will be asked to provide necessary demographic information, level of education, and level of social work licensure, years of experience in mental health, and other pertinent research questions for collecting accurate and reliable data.
- f. Two audio-recorded focus group session not to exceed 45 minutes per session. I will seek your permission to conduct the audio recording.
- g. The focus group sessions will be done through video telephonic conferencing. Randomly selected dates and times will be provided to participants to decide what two dates and times are appropriate.
- h. Participants identifying information will not be shared with other participants. Only the 3-digit code will be used in the focus group to identify participants to ensure privacy, confidentiality, and to limit participants from sharing information pertaining to any participants.

- i. All data collected will be adequately secure, and only I will access it. In accordance with the Walden University guide, all received data will be securely destroyed at the mark of the five years of the study.

2. Inform Consent

- a. The consent form is part of a process known as “informed consent,” explaining about your rights and the nature of this study.
- b. Participants will be provided with an informed consent form via email for their review, sign, and date to partake in the study.
- c. Communication such as telephone conference, texting, emails, and social networking will be used.
- d. Your confidentiality and privacy will be secure. Your identifying information (name, place of employment, and your assigned three-digit identity number will not be disseminated).
- e. The research is voluntary, and you can request to end your participation at any time without any negative impact/retaliation. You may elect to not respond to any question as you are not under any pressure to participate.

3. Data Collection Procedures

The questions identified in Appendix C will consist of demographic information, education level, clinical mental health social work years of experience, and other essential information that may influence the study. The data will be collected by separating the answers to the questions to determine if the group participants responded to the questions or not. The responses will be assembled based on questions and responses to the specific questions posed in the group. If participants did not respond to the questions, non-responses would be set aside.

I will employ content analysis to analyze the data gathered from the focus group interviews. After collecting the data, I will then focus on merging and interpreting the responses to each of the questions posed to the group participants.

Risks and Benefits (privacy, psychological, relationship, legal, economic/profession, and physical risks):

- 1. There is no immediate risk associated with this research. Data collected will not be linked to participants' identities; only I will have access to the audio recording,

and any other information that could potentially identify participants as addressed above under procedures.

2. I will facilitate communication by asking each participants question. Also, each participant will have the same amount of time to respond to questions to eliminate any confusion/confrontation.
3. Please keep in mind that during the focus group discussions, the conversation might be a little challenging as participants will be sharing their professional experience relevant to the nature of the research that could result in some minor discomfort. If at any point during the focus group, participants are experiencing any type of acute psychological state, the participants can request me to stop the session.
4. If the research procedures might reveal or create an acute psychological state that necessitates referral, participants will confidentially be provided an appropriate referral or contact 911 if required in the case of an emergency.
5. While there are no personal benefits (i.e., payments) for participants' participation in this study, your voluntary participation will possibly help to enhance social workers' practice by expanding knowledge.

Thank you for your voluntary participation in this research!

Appendix C: Focus Groups Questionnaire

Participant's Name: _____

Professional Role/Title: _____

Employment Status:

- Full-time paid
- Part-time paid

Professional Practice Area:

- Mental Health
- Medical
- Community-Based
- Other: _____

Number of Years in Mental Health: _____

Educational Level (please, check all that apply):

- BSW
- MSW
- Ph.D./DSW

Licensure Level (please, check all that apply):

- LMSW (Independent licensure)
- LCSW (Advance licensure)

Questionnaire

1. Describe your current practice and position within your agency.
2. Do you have experience integrating physical activity in your assessment, diagnosis, and treatment?
3. Describe how physical activity is addressed explicitly in your practice.
Is it included in the treatment plan and documented in treatment notes?

4. What are social workers' perceptions in incorporating physical activity in treating chronic mental illnesses at your practice?
5. What is social workers' perception of the pro and cons in incorporating physical activity in the treatment regimen?
6. Will integrating physical activity in treating chronic mental illnesses help social workers in managing mentally ill clients?
7. What evidence is available to social workers to support the notion that integrating physical activity in the treatment process is beneficial to clients?
8. What strategies or approaches can social workers use to integrate physical activity in the treatment process?
9. How can social workers better develop relationships with clients to adjust to the concept of integrating physical activity in their treatment regimen?

Appendix D: Initial Email Correspondence (Invitation Letter)

Dear Prospective Participant:

You are invited to take part in a research study to explore social workers' perceptions of the benefits of physical activity in treating chronic mental illnesses. I am interested in learning through your perspective how and if you integrate physical health in your assessment, diagnosis, and treatment regimen when working with chronic mentally ill patients. Besides, I am hoping this research can enhance social work practice on a micro, meso, exo, and macro-level by deriving a plan of action based on the analysis, interpretations, results, and conclusions of the collected research data.

This research project is being conducted to satisfy the completion of my enrollment at Walden University's Doctor of Social Work Program. I obtained your name/contact information from an online listing of clinical mental health social workers in Cobb County, Georgia.

I am inviting MSW and Ph.D./DSW social workers practicing at the advanced clinical licensure level with a minimum of 1-year experience in the field of mental health.

If you are interested and available to participate in an interview, please contact Carlene Battiste-Downie via email at xxxxxxxxxxxxx. You may also contact me by phone at xxxxxxxxxxxx for any questions, comments, and concerns.

Thank you in advance,

Carlene Battiste-Downie, LCSW
Social Work Doctoral Student
Walden University