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# Challenges in Discharge Planning with Adolescents Receiving Recurring Inpatient Psychiatric Treatment

Chastity Richey  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Chastity Scott-Richey

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2018

Abstract

Challenges in Discharge Planning with Adolescents Receiving Recurring Inpatient

Psychiatric Treatment

by

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MS, University of Southern Mississippi, 2005

BS, University of Southern Mississippi, 1998

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February 2018

## Abstract

Mental health is a growing concern for adolescents. Billions of dollars are spent annually on mental services for youth. Many adolescents experience abuse, suicidal ideations, psychotic disorders, substance abuse, and other challenges. Recurring inpatient psychiatric hospitalizations are increasing among adolescents. The recurring admissions impact adolescents significantly socially, psychologically, and financially. Social workers are a vital part of this treatment process from admission to discharge. The research question asked what were the issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment. The purpose for this doctoral project was to carefully examine the discharge planning process while identifying ways social workers can positively impact the process. Key concepts for this project were adolescent, inpatient hospitalization, recurring hospitalization, and discharge planning. Systems theory was used to inform the project. This action research study allowed social workers to share their experiences and perspectives about the role of social workers in discharge planning. Seven participants were identified using purposive sampling. One focus group provided data for project. Data analysis consisted of in vivo and process coding. Four participant-inspired themes identified related to issues and challenges in discharge planning include (a) adequate resources, (b) insurance restrictions, (c) rapport with adolescents, and (d) parental participation. Social work practice and positive social change implications include establishing follow-up protocol for all adolescent discharges from inpatient settings and increasing the use of encouragement and engagement strategies for rapport building with adolescents.

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## Section 1: Foundation of the Study and Literature Review

Social workers strive to improve the lives of those seeking services daily. The ability to help others often encompasses challenges that require attention to yield positive outcomes. Initially, the idea for this project derived from professional challenges experienced while working with adolescents returning for inpatient psychiatric treatment. The essence of my project comes from witnessing the impact of multiple inpatient psychiatric treatments for a friend's son. The affects were disturbing until multiple systems embraced the family and addressed their needs. This project examines issues and challenges for social workers conducting discharge planning for adolescents receiving recurring inpatient hospitalization. I used action research to understand the issues and challenges social workers encounter. Recurring inpatient psychiatric hospitalizations are rising among adolescents (Barker, Jairam, Rocca, Goddard, & Matthey, 2010). Through collaboration with social workers, a better understanding of the social work problem will contribute to the advancement of clinical social work and promote positive change.

### **Clinical Social Work Practice Problem**

For many, the adolescent years encompass traumatic experiences including sexual abuse, neglect, and child abuse (Kanamüller, Riala, Nivala, Hakko, & Räsänen, 2014). Psychotic disorders, substance abuse issues, suicidal ideations, medication nonadherence, premature discharge from treatment, and the inability to cope with life circumstances are significant factors leading to recurring inpatient hospitalizations (Kanamüller et al., 2014; Noyola, Sorgi, Alday, & Reidler, 2014). The reasons vary for adolescents receiving inpatient psychiatric treatment across a spectrum including combining psychiatric

disorders with aggression, oppositional-defiant behaviors, status offenses, and property violations. These behaviors may derive from running away, truancy, selling drugs, stealing, vandalism, or threats to harm self or others (de Boer, van Oort, Donker, Verheij, & Boon, 2012; Yampolskaya, Mowery, & Dollard, 2013). The number of recurring inpatient hospitalizations for adolescents is increasing significantly (Barker et al., 2010). Many of these adolescents are readmitted for services within 3-6 months often referred to as a “revolving door” (Hajebi et al., 2013, p. 2). These adolescents become part of a repetitious cycle that interferes with their daily living (Hajebi et al., 2013).

The number of adolescents presenting to psychiatric emergency departments for inpatient hospitalizations is drastically increasing (Barker et al., 2010). According to Barker, Jairam, Rocca, Goddard, and Matthey (2010), readmission rates for child and adolescent psychiatric facilities range from 21% within 3 months, 18.9% within 6 months, and 65% within 12 months of discharge. The high readmission rates for inpatient treatment is a concern due to the possible adverse effects on young individuals such as post-traumatic stress disorder, self-harm, poor social interaction with peers, and stigmas (Barker et al., 2010; Noyola et al., 2014). Recurring inpatient hospitalization has significant social, psychological, and financial cost for adolescents and society. The United States spends over 4 billion dollars annually for child and adolescent inpatient psychiatric treatment (Noyola et al., 2014).

Social workers are a part of adolescents’ inpatient psychiatric treatment experiences from admission to discharge (Hajebi et al., 2013; Sharrock, Dollard, Armstrong, & Rohrer, 2013). Social workers are also a vital part of the discharge

planning process. Discharge planning is a continual process that begins early with client involvement (Hajebi et al., 2013). The ability to identify gaps in discharge practices to improve social work while positively affecting youth with recurring admissions is significant. Social workers have an opportunity to impact positively the outcome of discharge planning through social work practice. Through an action research methodology, this project seeks to better understand the issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment.

### **Contribution to the Field of Clinical Social Work**

Facilitating this action research project, I wanted to contribute new scholarship to the social work profession by expanding knowledge as it relates to discharge planning. Through collaboration with social workers, I wanted to discover new ways social workers can effectively and actively participate in discharge planning for adolescents already experiencing or with the potential for multiple inpatient hospitalizations. The ability to participate in the transformation process for adolescents who experience multiple inpatient hospitalizations advances the profession. As the researcher, discovering with other social workers innovative ways to positively influence the lives of adolescents contributes to the advancement of the social work profession and the well-being of others specifically related to discharge planning.

### **Potential Social Change Implications**

This project aimed to promote positive social change through collaborative work with other social workers for the improvement of adolescents' mental health, the

community, and society. The project's mode to drive social change was increasing awareness of others to influence a better life for adolescents. It was my desire to create or discover new opportunities to yield better discharge decisions for adolescents, which had the potential to increase their freedom and success in their communities. This project allowed for in-depth examination of services and resources to ensure all adolescents have access to needed services, opportunities, and participation in decision-making (Jansson, 2014; National Association of Social Workers [NASW], 2008).

### **Research Question**

My research question has been formulated based on the practice experience of myself and other social workers. The research question is what are the issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment? As the project researcher/facilitator, I discovered and generated new scholarship to a question that professionally impacts social work practices. Through personal learning and objective data gathering, I hoped to broaden the understanding of others seeking knowledge in this area. My efforts intentionally attempted to make a difference in the lives of inpatient adolescents, social workers, and society.

### **Methodology Aligning with Social Work**

I used an action research methodology to collect data from social workers at a large pediatric hospital in the Midwestern region. I used focus groups to explore with the social work participants the definition of the problem and later identify possible solutions. This methodology aligns directly with the social work profession by valuing

the importance of relationships and collaboration to explore solutions. By collaborating with other social workers, I was a colearner and partner with the participants throughout the process. Embracing human relationships are essential to the empowerment and advancement of individuals, families, and communities (NASW, 2008). As the facilitator of this action research project, I understood the transformational process relied on social workers sharing their various experiences, challenges, feelings, and emotions. It was my responsibility to create an environment where that can happen.

### **Overall Organization of Paper**

This paper is organized as a blueprint of my action research project. It captured the action research process. This project examined a clinical social work problem from the perspectives of social workers at an inpatient psychiatric treatment facility of a large pediatric hospital. The following sections captured my journey to understand the problem, define the research question and resulting methodology, and provide a thorough literature review and theoretical framework to guide my study. Further, I shared the specific research process, data analysis, findings, and recommendations for application to social work practice.

### **Major Headings and Subheadings**

As stated, this section describes my action research experience. It serves as a guide to document the experience. I outlined my journey by providing background information, identification of a clinical social work problem, my research question, and discuss the purpose of project. The nature of project is explained with details of the rationale for using action research. The methodology used, definitions of specific terms,



limitations and biases of the project are explored. The theoretical framework guiding the project is identified. The significance of the study is established by identifying potential contributions, relevance, and the advancement for social work practice. Also, implications of values and ethics, a thorough literature review focusing on professional publications over the past 5 years, research processes, and future implications for clinical social work practice are discussed. This paper captures the voices, experiences, emotions, practices, relational aspects, and other vital components of the process.

### **Problem Statement**

Nationally, billions of dollars are spent on child and adolescent inpatient treatment mental health treatment (Noyola et al., 2014). Rehospitalization drastically affects the psychological and social well-being of these youth (Noyola et al., 2014). On a national level, social workers have identified recurring inpatient psychiatric treatment as a problem for youth (Fontanella, 2008). Research indicates 21- 65% of adolescents experience recurring inpatient services within the first year of discharge (Barker et al., 2010). Many adolescents leave facilities then return for readmission within less than 6 months, often referred to as a “revolving door,” (Hajebi et al., 2013, p. 2). According to von Wyl, Heim, Rüscher, Rössler, and Andreae (2013), the first 6 weeks after discharge from inpatient psychiatric treatment is a highly stressful transition for patients including adolescents. Suicide risk increases tremendously during this period. Psychiatric hospitalizations are one of the most restrictive environments (Noyola et al., 2014). Adolescents who experience recurring inpatient psychiatric treatment and the accompanying restrictive environment deal with interruptions in their family and social

systems; therefore, presenting challenges for forming support networks within their schools and community (Noyola et al., 2014).

Social workers throughout the United States have expressed concerns about the number of adolescents experiencing recurring inpatient services (von Wyl, Heim, Rüschi, Rössler, & Andreae, 2013). At a local pediatric hospital in the Midwest, many adolescents with mental health needs are experiencing recurring inpatient psychiatric treatment. Professionally, I have provided services to youth who required preauthorization for readmission because of the number of inpatient admissions. Readmission for inpatient psychiatric treatment continues for many adolescents. I have seen the impact of recurring admissions on the families, peers, and communities.

### **Current Evidence of Professional Practitioners**

Social workers express frustrations about increasing numbers of adolescents returning for inpatient readmission (Sharrock et al., 2013). Personal experience and professional interaction indicate that many social workers at an inpatient psychiatric treatment facility within a large pediatric hospital, identify recurring inpatient stays for adolescents as an ongoing issue. During personal conversations with social workers at a pediatric hospital, it has been mentioned on several occasions that recurring inpatient psychiatric treatment is a phenomenon they would like to better understand in hopes of improving practice. Social workers have described their understanding of the impact of recurring inpatient hospitalizations for adolescents. Closely examining issues and challenges social workers encounter when conducting discharge planning with

adolescents receiving recurring inpatient psychiatric treatment, may provide insight and a better understanding of the problem.

### **Framing the Problem**

Discharge planning is a pivotal component of clinical social work with adolescents receiving mental health inpatient treatment (Sharrock et al., 2013). There is a need for specific strategies to improve discharge planning with the aim of reducing recurring inpatient hospitalizations (Chung et al., 2008). Identifying and connecting individuals along with their families to effective outpatient services yields positive outcomes (Hajebi et al., 2013; Sharrock et al., 2013). However, many adolescents do not receive quality aftercare that meets their critical needs (Fontella, 2008). It is imperative to establish guidelines and standards of care to ensure youth are connected to appropriate aftercare services (Fontanella, 2008). Promoting family involvement is an essential component to include when social workers conduct discharge planning (Chung et al., 2008). Framing discharge planning with adolescents receiving recurring inpatient hospitalizations with the above understanding will assist in determining appropriate research strategies and direction for this project.

**Who will Benefit from Project**

From completing this project, I, along with social workers working in inpatient settings and other social workers conducting discharge planning, can benefit professionally. The opportunity to be colearners provides a chance to become better professionals. The project contributes new scholarship to the social work profession by discovering answers to the unknowns regarding adolescents recurring inpatient psychiatric treatment as it relates to discharge planning. As the researcher, I anticipated stakeholders such as adolescents, parents, school officials, inpatient facilities, and social workers would benefit from the project.

**Research Question**

The research question was what are the issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment? In an effort to find answers, identify solutions, and improve lives, examining the discharge planning process closely is essential.

**Concepts, Goal, and Objectives**

Key concepts central to this project are adolescent, inpatient psychiatric hospitalization, recurring hospitalization, and discharge planning. The concepts are defined as the following:

- *Adolescent* youth ages 11-19
- *Inpatient psychiatric treatment/psychiatric hospitalization* admission to a hospital that requires at least one overnight stay for mental health needs.

- *Recurring hospitalizations* two or more admissions within 12 months of inpatient discharge
- *Discharge planning* – A process that begins at the time admission for individuals receiving inpatient psychiatric treatment. It entails the development of a clear, thorough, and comprehensive plan that outlines and coordinates outpatient or aftercare services. The individual and family provide their input for plan development.

The goal of this project was to identify issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment in an effort to improve clinical social work practice. Objectives focus on improving the practice, knowledge, and skills necessary to be effective in discharge planning. These objectives were accomplished by asking social workers to share diverse experiences and using analysis of those experiences to contribute to new scholarship.

### **Purpose Statement**

The mental health of adolescents is a concern. Many adolescents who seek mental health services receive inpatient treatment (Block, Gjesfjeld, & Greeno, 2013). Inpatient psychiatric hospitalization results in separation from family, isolation, school absenteeism, and lack of peer relationships ((Hajebi et al., 2013; Barker et al., 2010). There are a growing number of youth returning to a hospital setting to address mental health needs. Projections range from 30% to 50% of youth experience readmission for

inpatient psychiatric treatment to address mental health needs (Block, Gjesfjeld, & Greeno, 2013; Chung et al., 2008).

This action research project carefully examined the discharge planning process. Social workers' contributions to discharge planning may positively impact the outcome. The understanding of policies and procedures governing the role of social workers could influence professional practice. As the researcher, it was imperative to convey the connection between recurrent inpatient hospitalization for adolescents and clinical social work practice.

### **Project Impact of Problem**

The project discovered ways social workers can positively impact the discharge planning process. Identifying issues and challenges social workers encounter may improve clinical social work practice related to recurrent inpatient hospitalizations at an inpatient psychiatric treatment facility within a large pediatric hospital. Throughout the project, social workers were colearners and collaborated to define the problem clearly and discover solutions. The social work participants shared their experiences, feedback, feelings, and knowledge about working with adolescents discharging from treatment.

The result of collaboration, colearning, and sharing experiences has the potential to positively impact the problem. The voices of social workers can influence change. This project creates new scholarship to advance clinical social work practice. The opportunity to better understand issues and challenges social workers encounter regarding discharge planning for adolescents readmitted to inpatient psychiatric treatment at a local pediatric

hospital has the potential to significantly impact adolescents, their families, the community, and the profession.

### **Gaps in Clinical Social Work Practice**

As it relates to clinical social work practice with discharge planning, there are gaps to consider that may affect recurring inpatient admissions for adolescents. One gap is the knowledge social workers have regarding the essential components involved in discharge planning for adolescents receiving inpatient psychiatric treatment. Although discharge planning is a strength of the social work profession (Chung et al., 2008), many families are connected with aftercare services that do not meet their needs (Hajebi et al., 2013). The ability to successfully connect families with aftercare services and resources to meet their needs is important. Recurring inpatient psychiatric treatment for adolescents often occurs when social workers do not consider key components to ensure successful discharge planning (Fontanella, 2008). Social workers who know which components are essential to ensure successful discharge planning could address this knowledge gap and have the potential to improve practice (Fontanella, 2008).

Another gap is conducting research in clinical social work practice. According to Bogolub (2010), social workers doing research strive to meet the mandate to do good by carrying out quality research to discover and identify gaps in services affecting vulnerable populations or individuals in need. Social workers have an ethical obligation to conduct research to improve services, pursue social change, and challenge any social injustice (NASW, 2008). There is a lack of research on the topic of the social workers'

role in discharge planning as it relates to recurring inpatient psychiatric treatment for adolescents.

Culture, as it relates to discharge planning, is another gap to examine in practice. Social workers work with individuals from diverse backgrounds. It is important to learn about the diverse cultures of individuals to meet their needs. The ability to learn about cultures requires literature that is unbiased. Intentionally learning from the individual and respecting differences are imperative when striving to impact the lives of others (Adams et al., 2013). Adolescents receiving inpatient psychiatric treatment are from diverse backgrounds. As social workers, it is necessary to provide culturally sensitive discharge planning (Cooper & Lesser, 2011). Little information addresses culture's role in discharge planning.

### **Project Impact on My Professional Development**

Professionally, I want to improve my daily clinical practice when working with adolescents. After completing this research project, I intend to participate more in discharge planning with more knowledge of factors that yield success, implement effective practice strategies, and be culturally sensitive to the needs of adolescents and their families. Collaborating with other social workers offers diverse perspectives and approaches to better serve adolescents who experience recurring hospitalizations for mental illness. It is significant to examine the findings carefully to help prevent adverse practice outcomes when working with adolescents. Research indicates that the earlier the onset of mental illness the higher risk of depression, anxiety, and other mental challenges in adulthood (Block et al., 2013). After completing the project, I have a broader



knowledge of mental health needs and discharge planning for adolescents which will directly impact my clinical practice.

Personally, I anticipated the findings would help to identify key components to consider and include in discharge planning. There is a need to identify which factors related to discharge planning process do and do not work with adolescents. It is essential to know what works best with adolescents when conducting discharge planning. The new understanding contributes to my professional development.

According to Hajebi et al. (2013), adolescents who participate in routine outpatient therapy after inpatient care face decreased chances of recurrent psychiatric hospitalizations. Adolescents who consistently engage in outpatient services significantly reduce rehospitalizations. Using outpatient aftercare after inpatient psychiatric treatment yields positive outcomes (Hajebi et al., 2013). A goal of this project was to learn how social workers can increase the likelihood of success through careful discharge planning. Also, I sought to discover whether social workers placing priority on discharge planning impacts adolescents' success in the community. Based on the new scholarship from the research, interactions, interventions, and perspectives, my clinical practice in discharge planning positively impacts my daily practice when working with adolescents who experience inpatient hospitalization.

### **Influence on the Learning of Others**

As the facilitator, influencing the learning of others is significant. I hoped that my excitement, involvement, and finding of new discoveries would influence others to create their scholarship to enhance their clinical practice and create positive change for those

they serve. Many social workers have a desire to advance the profession and ensure a brighter future for adolescents. The development of new scholarship promotes empowerment as a social work professional. Broadening my educational horizons demonstrates a commitment to lifetime learning hopefully influencing others to excel professionally and academically.

### **Nature of the Project**

Action research is a participatory and collaborative process (Stringer, 2007).

Action reaction is a systematic approach that gives people a voice and an opportunity to find effective solutions to problems they encounter in their daily lives (Stringer, 2007).

This process requires a reflective practice to yield positive outcomes (Stringer, 2007).

Also, action research is a transformative process (McNiff & Whitehead, 2010).

My action research project relied on other social workers' experiences with discharge planning, specifically with adolescents who enter for inpatient psychiatric treatment. This project met the criterion for action research because it provided an outlet for social workers to share their feelings, frustrations, disappointments, excitement, and other invaluable aspects of the discharge process (McNiff & Whitehead, 2010). Social workers working to identify solutions to improve discharge planning, while embracing their experiences, creates opportunities for transformation. This action research project targeted real practice issues with a purpose to advance social work practice while improving the lives of others.

### **Action Research Aligning with Social Work**

Action research is a participatory, collaborative, transformative, and reflective process (Stringer, 2007). It is a methodology that supports the democratic, unbiased, and life-enhancing qualities of experiences (Stringer, 2007). Through my action research project, I collaborated with social workers and ensured that all participants had a voice while promoting dignity, respect, and embracing differences, which aligns with the NASW Code of Ethics (NASW, 2008). According to the NASW Code of Ethics (2008), encouraging interdisciplinary collaboration for social workers to participate and contribute in decision making that affects adolescents and individuals receiving services is necessary. Action research allows social workers to use their experiences, values, and perspectives to improve practice, which aligns with the Code of Ethics. This project allowed social workers to work together, while advancing clinical social work practice through improved discharge planning. This project examined issues and challenges social workers encounter while conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment.

### **Epistemological Paradigm**

I adopted a constructivist paradigm, which closely aligns with action research. From a constructivist perspective, I assumed that truth and meaning are created and interpreted by individuals (Kingir, Tas, Gok, & Vural, 2013). As the researcher, I demonstrated through the project that truth and meaning do not exist in the external world or independently of the researcher. This project used social workers' interactions and experiences with others to show truth, meaning, and effective solutions to discharge

planning while improving practice. Throughout this project, it was essential to embrace the reality that lies in experiences.

Another part of the understanding of knowledge is examining how much I know or do not know, along with having colleagues do the same. By facilitating this project, I committed to learning and improving professionally. This will be an ongoing process that happens over time. As the researcher, I understood that relational epistemology will allow for the process of learning to develop from insights of participants in the project. I embraced relationships while creating knowledge together through experiences, knowledge, and conversation.

### **Action Research Methodology**

I used a focus group consisting of social workers from an inpatient psychiatric treatment facility within a large pediatric hospital, to identify the problem and discover possible solutions. The use of focus groups allowed for all participants to describe their experiences and share their personal perspective on main issues about the role of social workers and discharge planning (Caillaud & Kalampalikis, 2013). The social workers had opportunities to express themselves without constraints or influence from the facilitator or researcher. Focus groups should have six to eight participants to gather adequate qualitative data (Caillaud & Kalampalikis, 2013; Stringer, 2007).

### **Definitions for Action Research Terms**

Action research terms warranting definition for this project are researcher/facilitator, colearner, and participants. The definitions are the following:

- *Colearner*: The researcher, social workers, stakeholders, and participants have the role of colearner. Colearners are learning together throughout the process. Colearning is an opportunity to share learning and discover new ideas.
- *Researcher/facilitator*: A social worker who serves as a resource, facilitator, catalyst, or consultant, but not an expert for the project.
- *Participants*: Social workers from a community pediatric hospital in the Midwest were the study participants. The social workers work with adolescents receiving inpatient psychiatric treatment and handle discharge planning.

### **Data Collection and Analysis**

Data collection was a crucial part of the project. Social workers from an inpatient psychiatric treatment facility within a large pediatric hospital provided data for the project. Social workers actively participated in focus groups by answering interview questions that identified patterns, trends, and provided direction for future clinical social work practice about discharge planning. The focus group interview was informal to allow for a richer experience and conversations leading to enhanced insights. Social workers had the opportunity to share their impressions of the problem, what is happening, and their responses. As the researcher, tracking the process of focus groups involved manual note taking and digital recording.

Transcription was a key component of data analysis. The information gathered through digital recording from focus groups must be handled with extreme care to ensure authenticity, accuracy, and security (McNiff & Whitehead, 2010). As the facilitator, I

used a third-party vendor to transcribe the focus groups. I reviewed all transcripts to ensure accuracy.

Compiling data about the experiences, discharge planning knowledge, perspectives, and other key components provided me invaluable insight into social work roles. I reviewed the completed transcriptions which allowed time for organizing data for a thorough review. Data analyses included content analysis and interpretation of responses from social workers to capture their perspective and experiences clearly by identifying themes through coding and categorizing (McNiff & Whitehead, 2010; Stringer, 2007). The data was kept on a password-protected computer.

### **Limitations of Project**

Limitations are a part of research. Conducting action research involves collaborative processes. As the researcher, I understood there would be influences, shortcomings, or conditions that could not be controlled. There was some possibility limitations may influence results.

One limitation to consider was the small sample of participants chosen for the project. The social workers represented a particular setting and population; therefore, the findings are not generalized to a larger population. As the researcher, I wanted to hear from a specific group of social workers at a pediatric hospital in the Midwest regarding inpatient discharge planning. Using a focus group, with a small sample, allowed me to capture the target audience in a way that allowed us to collaborate and explore the research question about the population of interest.

Another limitation to consider was the nature of self-reporting in my project. My project provided a voice to social workers. The data collected throughout project came directly from these participants. Gathered through the focus group, the data was compiled in verbatim transcripts. Self-report data is subjective (McNiff & Whitehead, 2010), which can limit my project. I ensured each participant had an opportunity to share their experiences. Action research focuses on real experiences and allowing participants to have a voice (Stringer, 2007). As the researcher, I used member checking to ensure accuracy and authenticity of the self-disclosed responses to interview questions.

The use of a specific conceptual framework as foundation for the project may be a limitation to consider. Using a single conceptual framework for my project allowed for me to examine the data collected from a single perspective. I understand any conceptual framework narrows the opportunity for additional exploration of the data. Also, using a conceptual framework results in categorization based on a particular perspective (Greenfield, 2011). Through discussions with my doctoral committee, I was open to other theoretical frameworks that may prove beneficial in the analysis of data.

### **Biases**

Researchers have to be transparent throughout the process. As the researcher, it is important to identify biases that could influence the project. A bias to consider is not having the role of an expert for the project, but serving as a resource or catalyst to motivate social workers to change. When conducting action research, the research responsibility belongs to the social workers or participants. I had to rely on others for the answers. Although I have knowledge and experience with the problem, it was not my

responsibility to dictate or impose my perspective on to others. I conducted honest self-evaluation and built upon self-awareness specifically about the influences of my perspective on the project (Lietz & Zayas, 2010). Also, my reflective journal was available to my committee to read. This project provided opportunities for collective learning experiences to develop professionally and advance the profession.

Another bias to consider is prior associations with some of the social workers participating in the focus group. As a social worker, there was a possibility of knowing some of the social workers through various associations such as friendships, previous employment, or professional affiliations. It was mandatory to remain professional and fair throughout the project. All participants shared the same rights. When facilitating the focus group, I did not show favoritism with known social workers. The intent was to encourage maximum participation from all members.

The likelihood of making assumptions is another bias to consider. As a facilitator, making assumptions regarding the problem can influence the outcomes of the project. Due to having previous experience with adolescents receiving recurring inpatient psychiatric treatment, it was especially important for me not to make assumptions. Making assumptions could negatively influence the project. It was necessary to allow the social workers to develop their definition of the problem and analyze the situation without influencing their actions with my assumptions (Stringer, 2007).

### **Theoretical Framework**

Systems theory is the main theoretical framework for my action research project. Systems theory originates from general systems theory by Bertalanffy (Greenfield, 2011).



Systems theory is influential in understanding human behavior and the person in the environment (Greenfield, 2011). Researchers using systems theory encourages examination of diverse systems' involvement with individuals that are interconnected with their environment. It is important to note that changes happening in one system an individual is involved in influences the functioning of all parts of the system (Walsh, 2013). This theory allows for individuals to be viewed as separate but connected entities and within the context of their physical and social environments. Using a systems perspective, permits relationships, interactions, transactions, and various influences to be analyzed to identify strengths (Greenfield, 2011).

From a systems theory perspective, there is an explanation for human behavior as it influences various interconnecting systems (Greenfield, 2011). While seeking to understand discharge planning to prevent recurring inpatient psychiatric treatment for adolescents, other involved systems have to be taken into consideration. There is an understanding that all systems whether individual, families, organizations, or society are interrelated parts contributing to the whole. Subsystems exist in the system which influence the whole (Michailakis & Schirmer, 2014). Adolescents who experience multiple inpatient readmissions influence or impact other systems such as school, family, and extracurricular organizations (Block et al., 2013). As the researcher, I understand the idea of wholeness from a systems perspective must be applied to every adolescent receiving recurring inpatient psychiatric treatment. It imperative to examine the entire system involving the adolescent to gain a better understanding (Walsh, 2013).

Systems theory users recognize multiple systems and subsystems interrelate to ensure a healthy whole (Walsh, 2013). The goal is through collaboration and engagement with all parts the adolescent's system, success can be obtainable. Understanding and working with various systems can be complex, but it is imperative to understanding the whole person (Walsh, 2013). Systems theory will support the examination of intertwining systems.

Interaction occurs with different components in an organization (Michailakis & Schirmer, 2014). In the instance of this research, the interaction may be limited to the individual, family, staff, administration, and community resources. Multiple feedback loops cause constant changes in the system (Greenfield, 2011). The input or feedback affects actions with the system. Within organizations, processes are directed by regulations that are interconnected (Michailakis & Schirmer, 2014). The rules and standards implemented guide professional interactions. Through a systems theory lens, changing one aspect can create change throughout a system (Cooper & Wren, 2012; Sanger & Giddings, 2012). As the researcher, it is imperative to look at the entire system, relationships, influences, and communication patterns to gain better understanding of needs of those being served.

### **Rationale for the Theoretical Framework**

Using systems theory framework assisted with generating new knowledge about the effects of social worker roles on discharge planning, recurring adolescent inpatient psychiatric treatment, consequences, and possible solutions. This theory offered a holistic view of youth within their environment. As a social worker, there is an understanding that

individuality or isolation does not improve systems, working with families as a unit yields positive outcomes (Sharrock et al., 2013). Discharge planning is a collaborative process with other systems that are interrelated with adolescents to ensure all needs are being met successfully. System theory promotes communication and interaction with other essential components to yield success (von Wyl et al., 2013).

### **Support for Theoretical Framework**

A systems theory perspective requires working with all systems, due to the influences and connections impacting the individual. As a social worker, there is an appreciation for working with an individual and their family. Discharge planning is an on-going process that requires input from various entities. The roles of social workers influence system behaviors. Collaboration and communication are key factors in systems theory (Block et al., 2013; Cabrera, Cabrera, & Powers, 2015). The ability to compromise and engage is necessary. The exclusion of subsystems or systems can have an adverse impact on youth experiencing recurring inpatient psychiatric treatment (Block et al., 2013). A single change in discharge planning within a complex system can be the factor to impact positively the lives of adolescents experiencing recurring inpatient psychiatric treatment. Regardless of inpatient psychiatric treatment, it is imperative to remember that adolescents are connected to multiple systems outside the hospital which involve relationships. From a systems perspective, creating change that involves making clear distinctions, collaborating with other systems, developing healthy relationships, and embracing diverse perspectives moves a team in the direction of positive change (Cabrera, Cabrera, & Powers, 2015).

### **Significance of the Study**

The project contributed new ways of approaching discharge planning. Social workers have innovative practice approaches to use with discharge planning. The practice strategies aligned with the roles of social workers to promote success with adolescents discharging from inpatient psychiatric treatment. Social workers conveyed how to best meet the needs of adolescents when leaving inpatient psychiatric treatment through clinical practice. Based on the findings, social workers can develop discharge planning guidelines and standards that correlate with the needs of youth to ensure they are connecting with appropriate services.

### **Relevance to Co-learners**

In this project, the colearners were social workers at an inpatient psychiatric treatment facility of a pediatric hospital. The project is relevant to social workers working with adolescents receiving inpatient psychiatric treatment due to the increasing number of recurring readmissions. As the facilitator, it was my hope that after examining their roles as social workers throughout discharge planning, new discoveries would positively influence their clinical practice. Based on findings from the project, colearners can implement new strategies to potentially decrease the number of recurring inpatient hospitalizations with adolescents. Understanding the impact of recurring readmissions on adolescents, is important for social workers to serve as a catalyst to positively influence the lives of youth and the social work profession.

### **Gaps in Clinical Social Work Practice**

This project addressed gaps in clinical social work practice. Gaps this project addresses are knowledge and skill related to discharge planning. Social workers strive to improve clinical practice by implementing best practice when working with adolescents experiencing recurring inpatient hospitalizations. Listening and understanding the experiences of social workers offers opportunities to gain new forms of knowledge. Conducting focus groups will be the gateway to filling the knowledge and skill gaps in clinical social work practice.

Culture is a component that social workers respect, as required by NASW Code of Ethics (NASW, 2008). This project embraced diversity among social workers while seeking better understanding of the cultural needs for the diverse population of inpatient adolescents. It is crucial to evaluate clinical practice to ensure culturally sensitive practices are being implemented with those served. From this project, social workers will share strategies and practices to address cultural needs. Through open discussions with social workers, gaps related to knowledge, skill, and culture will close in clinical service delivery related to discharge planning for inpatient adolescents.

### **Potential Implications for Social Change**

Social change is a transformational process including culture, behavioral patterns, and norm. Social workers strive to be social change agents to improve the lives of individuals served daily. This project served as a catalyst to social change by focusing on a phenomenon that requires attention in order to make a difference. As the facilitator, using new skills, knowledge, and embracing other perspectives encouraged social change

efforts that will make a difference in the social work efforts that impact the lives of many adolescents and families.

### **Values and Ethics**

A social work value that is evident in this area of practice is dignity and worth of a person (NASW, 2008). Regardless of age and myriad other factors, every person must be treated with dignity and worth. As a social worker, respect is a paramount principle when addressing the needs of others, including youth. It is essential to be caring and respectful while embracing and understanding differences (NASW, 2008).

Another social work value evident is integrity (NASW, 2008). By social workers engaging in discharge planning for adolescents, it is necessary to be trustworthy by ensuring the best possible practices to have positive outcomes for the client. Social workers make certain to act in the best interest of clients while upholding professional and organizational expectations. Social workers may have to challenge corporate policies and procedures to engage in ethical practices (NASW, 2008).

### **NASW Code of Ethics Guidance and Organizational Alignment**

The two values identified by the NASW Code of Ethics relate to the value and mission of the pediatric hospital in my community chosen as the research site. The hospital chooses to collaborate with youth as their primary focus. The team works to assist adolescents with managing and living to their fullest potential. Social workers understand that the individual has to be treated with respect and dignity regardless of their age or mental capacity. Individualized care is a priority at this pediatric hospital (████████████████████ Medical Center, 2016).

Integrity is fundamental for the team. The social workers demonstrate integrity by establishing trusting relationships with adolescents. The ability to build rapport strengthens relationships with adolescents. The team aims to adhere to organizational policies and procedures to provide necessary services for adolescents. Social workers understand the importance of using the NASW Code of Ethics as a guide for professional practice.

### **Project Support of NASW Code of Ethics**

As a social worker, I know ethical dilemmas occur in daily practice. It is necessary to use the NASW Code of Ethics, along with supervision, as a guide to ensure ethical behaviors. I strive to empower adolescents with the needed tools to be proactive about their situations. I am willing to challenge policies and procedures that do not encourage and listen to their voices. It is necessary to advocate for their voices to be heard when treatment plans are being developed to demonstrate dignity and respect for the individual despite their age or mental abilities. By being a social worker of integrity, adolescents and their families know that the professional in whom they share many intimate thoughts has their best interest as the primary focus (NASW, 2008).

As shown in the next section, I understand that before being a catalyst for change it is important to examine the professional and academic literature regarding the social problem. I closely examined the literature to understand better the problem and identify pertinent information regarding the challenges and issues social workers encounter with discharge planning.

## Section 1/ Part 2: Review of the Professional and Academic Literature

### **Problem and Purpose**

Millions of children and adolescents have serious mental health problems that interrupt their lives and many of these youth experience recurring inpatient psychiatric treatment (Chung et al., 2008). Frequent readmission for treatment has an adverse psychological impact on youth and their families (Block et al., 2013). The recurring inpatient admissions are traumatizing for adolescents. Many adolescents experience increased stress, loss of autonomy, restrictive environments, and separation from family and friends (Chung et al., 2008).

According to studies by Curry (2014), Block et al. (2013), and Chung, Edgar-Smith, Palmer, Bartholomew, and Delambo (2008), the number of youth receiving recurring inpatient treatment continues to be an area of concern. The years of adolescence are a time of significant developmental, mental, social, and physical changes. This developmental period can become more challenging when mental illness is an issue (Yampolskaya, et al., 2013). Clinical social workers working with inpatient adolescents strive to empower and allow transformation to occur through therapeutic guidance and support. Communication with various systems yield a better understanding of the impact and influence on the individual (Michailakis & Schirmer, 2014). The goal is for youth to leave treatment facilities and connect with community mental health teams to live healthy, productive lives (Block et al., 2013).



The purpose for this project was to better understand the discharge planning process. The role of social workers is an essential part of this process. Within an organization, there are many systems and subsystems that influence behaviors and outcomes (Walsh, 2013). It is necessary to examine the various components to gain understanding of such a complex system and the whole discharge planning process. This would require communicating, studying, and sharing experiences through collaboration with social workers who know firsthand discharge planning from a micro, mezzo, and macro level. As the researcher, I understand from a systems perspective that a single change in a system or process impacts the entire outcome for those involved and using the system. In this action research project, I wanted to explore the intersection between recurrent inpatient hospitalization for adolescents and clinical social work practice.

### **Focus in Literature Review**

As the researcher, it was critical to examine the relevant literature and identify the various facets related to the social work roles in discharge planning with adolescents experiencing recurring hospitalizations. In this literature review I explored recent research and perspectives to expand knowledge on recurrent inpatient treatment, roles of discharge planning, clinical social work approaches related to discharge planning, and limiting psychological impact.

### **Recurrent Inpatient Treatment**

Adolescent mental health problems are a growing concern across the world. In the United States, several thousands of adolescents receive inpatient treatment to address psychiatric or psychological needs (Block et al., 2013; Chung et al., 2008). Haggerty

(2014) and Noyola, Sorgi, Alday, and Reidler (2014) found that recurring inpatient admissions not only affect adolescents, but society in various ways such as psychological, social, and financial. The United States spends billions annually on adolescent and children services (Noyola et al., 2014; Yampolskaya et al., 2013). It is necessary to examine the significant effects inpatient treatment has on their social and psychological well-being. From a systems perspective, examining various systems the adolescent is interconnected with provides insight of influences and challenges. It is important to closely look at the whole system, because each part impacts the adolescent's behavior (Michailakis & Schirmer, 2014). According to Noyola et al. (2014), the problem of recurring inpatient admission mandates mental health providers, including social workers to understand hospitalization as a severely restrictive environment. It is necessary to examine the problem, due to increasing chances for adolescents to experience rifts in their peer relationships, social lives, and possibly experience an additional traumatic event in the life of the individual and their family. Regardless of inpatient hospitalization, adolescents' interactions with other systems are limited and isolation from family and peers become a concern (Block et al., 2013; Noyola et al., 2014).

Another perspective to consider is the effectiveness of inpatient treatment. Many youth experience minimum improvement (Yampolskaya et al., 2013). According to Yampolskaya et al. (2013), improvement in mental health is low through treatment for depression and dysfunctional behaviors. Youth diagnosed with anxiety and hyperactivity have little change in outcomes (Block et al., 2013; Yampolskaya et al., 2013). Researchers asserted that adolescents who receive inpatient or recurring admissions

experience clinical deterioration for many subjective symptoms and small changes in maladaptive behaviors (Yampolskaya et al., 2013).

Another concern to explore regarding recurring inpatient treatment is the interference of relationships or attachment for youth located in inpatient hospitals. These youth experience separation from family, friends, social organizations, and community relationships. Adverse outcomes increase drastically with each readmission due to separation anxiety or other trauma associated with separation (Haynes, et al., 2011; Yampolskaya et al., 2013). There is an understanding that youth with psychological needs respond better in the least restrictive environment with the primary focus being on the adolescent (Chung et al., 2005; Moses, 2011). Working with the family unit throughout the inpatient stay yields more positive outcomes as well (Yampolskaya et al., 2013).

**Reasons for recurring hospitalizations.** Adolescents experience a high number of recurring inpatient admissions (von Wyl et al., 2013). Researchers have identified multiple reasons that contribute to this revolving door phenomena. According to Noyola et al. (2014), early discharge resulting in a shorter length of stay for treatment is a reason to examine. A correlating factor contributing to early release from treatment is hospitals having high demands for psychiatric beds designated for adolescents (Yampolskaya et al., 2013). Many hospitals or psychiatric facilities have limited beds for adolescent care, although the need is significant (Botha et al., 2010; Yampolskaya et al., 2013). Another factor to examine is hospitals have limited resources, such as staff and beds. Also, hospitals receive pressure from medical insurance companies and managed care plans

with demands to decrease the length of hospital stay (Duffy & Skeldon, 2013; Noyola et al., 2014). Due to shorter inpatient hospital stays, clinical social workers participating in structured discharge planning is necessary (von Wyl et al., 2013).

**The client's voice and right.** Empirical studies indicate the need for the client's voice to be a part of the discussion about aftercare plans. The adolescent's voice is essential to discharge planning (Block et al., 2013). Haynes et al. (2011) and Block, Gjesfjeld, and Greeno (2013) identified discharge planning as the platform for the client's voice. Adolescents' voices impact decision-making and influence other systems (Block et al., 2013; Haynes et al., 2011). The views, experiences, and perspectives of adolescents are often ignored and not taken into consideration in the discharge planning process involving treatment recommendations and ways to improve systems (Block et al., 2013; Haynes et al., 2011). Likewise, Henriksen (2014) reported the importance of the client's voice, but also noted that adolescents' reflections on successful outpatient treatment could inform clinical practice.

According to Henriksen (2014) and Block et al. (2013), treatment programs are an important component to recovery or success for adolescents; however, it is not the key factor according to youth sharing their perspectives in these studies. Henriksen (2014) found that adolescents disclosed their right to choose and have a voice about the help would be useful on their journey to recovery or mental health wellness. Also, the ability to share and express themselves is critical to their success (Henriksen, 2014). These studies suggest the voice of youth is paramount to their future mental health. The reshaping of clinical social work practice as it relates to recurring inpatient treatment

includes the voice of the client (Henriksen, 2014). Similarly, Block et al. (2013) found that adolescents want to be active in treatment planning and need to share but also noted the significance of understanding the differences among adolescent development. Most importantly, adolescents are unique in their stage of development; therefore, generalizations related to child or adult treatment needs should not occur during needs assessment and discharge planning. Henriksen (2014) and Block et al. (2013) noted regardless of the client's age, treatment teams should include client's voice in treatment recommendations.

Another component of the client's voice is to consider how to make youth feel comfortable to share. Empirical evidence derived from Henriksen (2014) and Moses (2011) suggest engagement and empowerment strategies are required to maximize outcomes with young people and address disclosure and trust issues. Block et al. (2013) reported results consistent with Henriksen's (2014) and Moses' (2011) studies but also noted that engaging and making the youth feel comfortable to share is rooted in understanding adolescent development issues. Some suggested themes were autonomy, significance of peer reactions, necessity of privacy, and the respect for self-determination. The helping process is beneficial when youth are being engaged throughout the discharge planning process (Block et al., 2013). Henriksen (2014), Block et al. (2013), and Moses (2011) all noted the importance of having an active discussion with adolescents regarding treatment expectations yield positive outcomes related to discharge and recurring admission.

**Non-adherence.** Noyola et al. (2014) and Timlin, Riala, and Kynga's (2013) identified medication non-adherence as a contributing factor for adolescents returning for treatment after discharge. Adolescents who are non-adherent impact other interconnected systems such as school, afterschool programs, social activities with peers, and other entities. Noyola et al. (2014) and Timlin et al. (2012) indicated that youth with medication non-adherence experience challenges attempting to function in social settings such as school. Likewise, Moses (2011) found medication non-adherence as a concern for adolescents who discharge and return for inpatient treatment but also noted adherence rates could be changeable when examining the class of medicines, diagnosis, the evaluation tool used to measure adherence, and the outliers defining adherence (Moses, 2011). Noyola et al. (2014) and Timlin et al. (2012) noted that adolescents with medication non-adherence might exhibit violent, suicidal ideations, depression, or other behaviors that warrant readmission necessary. Youth have to agree to take medications or the potential for readmission for treatment increases (Noyola et al., 2014; Timlin, Riala, & Kynga's, 2012).

**Diagnosis.** Yampolskaya et al. (2013) and Barker et al. (2010) identified the diagnosis of adolescents as a factor contributing to readmission. The findings noted that adolescents tend to receive early mental health diagnosis, multiple diagnoses, or may experience misdiagnosis due to multiple readmissions (Barker et al., 2010; Yampolskaya et al., 2013). Youth with multiple diagnoses are more likely to experience readmission (Barker et al., 2010; Yampolskaya et al., 2013). The severity of mental health diagnoses increases adolescents' chances for readmission (Yampolskaya et al., 2013). Mental health

providers have to evaluate all pertinent information, including involvement with child welfare system and history of previous treatment before assigning a diagnosis to prevent misdiagnosis (Barker et al., 2010; Yampolskaya et al., 2013).

### **Roles of Discharge Planning**

Memarzia, St Clair, Owens, Goodyer, and Dunn (2015) reported that discharge planning is a process that involves numerous systems coordinating, organizing, collaborating, and networking to assist with transitioning adolescents from inpatient facilities back to their least restrictive environment or community. Social workers providing services to adolescents who receive inpatient treatment have to engage and communicate with other systems to address the whole person. Although communication is necessary, boundaries within complex systems must be respected. While others agree, Carlisle, Mamdani, Schachar, and To (2012) also noted that discharge planning supports and promotes successful outcomes by offering psychosocial counseling, examining psychological factors pertaining to mental illness, and maintaining or improving medication adherence.

Memarzia et al. (2015) reported results consistent with Haynes, Eivors, and Crossley (2011) and Carlisle et al. (2012) who indicated that discharge planning or the transfer of care process is instrumental in the transition process. James et al. (2010) and Carlisle et al. (2012) identify discharge planning as the inclusion of various systems making collaborative plans among multidisciplinary teams consisting of inpatient and outpatient specialists. Discharge planning requires time; therefore, the process has to begin upon admission (Carlisle, Mamdani, Schachar, & To, 2012; James et al., 2010).

Von Wyl et al. (2013) and Schechter, Goldblatt, Ronningstam, Herbstman, and Maltzberger (2016) reported due to shorter hospital stays, increased stress the first six weeks after discharge, and the need for organized aftercare; the discharge planning process has significance in transitioning care and yielding positive outcomes. Von Wyl et al. (2013) and Schechter et al. (2016) noted that suicide risk increases within the first six weeks of discharge. These studies also noted that comprehensive discharge planning is required to focus on needs and stressors that accompany being newly discharged. Von Wyl et al. (2013) and Schechter et al. (2016) indicated that individuals who are not linked with outpatient services have a higher risk of readmission. Studies consistently demonstrate that structured discharge planning is not an option it is a necessity for individuals to experience productive lives following hospitalization.

### **Clinical Social Work Approaches Related to Discharge Planning**

Discharge planning is a process. The process requires collaboration and integrative approaches. Social workers use various clinical approaches to address needs related to discharge planning. Some approaches to consider are conducting clinical assessments, active aftercare services, adherence, family involvement or family-centered practice, and limiting psychological impact. Where appropriate, strengths and weaknesses are considered.

**Clinical assessments.** According to researchers, clinical social workers are focusing on clinical assessment as an approach to address recurring inpatient treatment (Chung et al., 2008). Multifaceted assessments provide invaluable information to the treatment team. Assessments are a vital component of social work. The ability for social



workers to make a thorough assessment will provide the foundation for implementing services. Assessments are on-going through the client-worker relationship (Duffy & Skeldon, 2013).

***Strengths.*** A strength of conducting comprehensive clinical assessments is that the assessment serves as a tool to gather supporting evidence to understand better the presenting problems. The treatment history, previous diagnosis, and successful or unsuccessful interventions provide insight for patient care. Another strength of thorough clinical assessments is that knowledge of effectiveness among previous programs and interventions can be used to guide treatment recommendations. Conducting on-going clinical assessments to evaluate progress and outcomes offer insight to discharge planning strategies (Noyola et al., 2014).

***Weaknesses.*** Clinical social workers conducting thorough, on-going assessments yield positive outcomes, but there are weaknesses to consider when ensuring best practice. Based on a study carried out by Noyola et al. (2014), social workers may tend to make generalizations when conducting assessments with individuals. The social worker may fail to acknowledge differences among clinical and personal aspects in clinical assessments which interfere with developing individualized treatment and discharge plans. It is imperative to gain an understanding of the individual instead of grouping adolescents due to similarities in symptoms or behaviors. Social workers should not make assumptions about adolescents, but engage in conversations with youth to gather information. The unique risk factors of adolescents have to be assessed jointly by

clinicians and others to ensure effective individualized treatment plans are developing to meet the needs of youth (Noyola et al., 2014).

Clinical assessments have to address cultural diversity needs. Social workers who omit cultural diversity needs from assessments may overlook areas of strength or needs when developing plans for discharge. Assessment tools have to ensure questions are culturally sensitive and respect the needs of families. Social workers inability to address cultural needs of families may cause harm (Noyola et al., 2014).

**Active aftercare services.** Active aftercare services focus on family psychoeducation, treatment follow-up including a monitoring system through home care or telephone prompts, and social skill training (Hajebi et al., 2013; Yampolskaya et al., 2013). The revolving door phenomena with adolescents receiving inpatient treatment has been approached in various ways by researchers in clinical social work. There is an understanding that diverse approaches are necessary to address the needs of adolescents. Hajebi et al. (2013) asserted that decreases in relapse of inpatient treatment for adolescents correlate with discharge planning strategies focusing on aftercare and follow-up. Discharge planning which includes aftercare services delivered to patients in outpatient mental health agencies and home-based services with community care team approaches yields benefits (Yampolskaya et al., 2013).

Another perspective of active aftercare services presented by Duffy and Skeldon (2013) is responsive planned care. This view offers similar approaches to active aftercare services to address the problem of recurring inpatient treatment for adolescents by significant collaboration with community networks. Aftercare services that have strong

community connections decrease difficulties with transferring services and the risk of dependency on an inpatient environment. Successful discharge planning builds on and supplements existing services, rather than maintaining independent caseloads and preventing youth from transitioning back to their least restrictive environment (Duffy & Skeldon, 2013).

**Strengths.** Hajebi et al. (2013) and Duffy and Skeldon (2013) conducted studies that identified the strengths of providing active aftercare services with follow-up after discharge. The studies indicated that active aftercare services have a positive impact on decreasing readmission or relapses and improving overall health. A strength for active aftercare services is adolescents can receive services at home. Adolescents receiving home care services improve in social and occupational functioning, have shorter inpatient stay, and decrease the cost to the family for services (Duffy & Skeldon, 2013; Hajebi et al., 2013). Providing services in the home ensures the family can have needs met in the comfort of their home. The opportunity to provide services in their least restrictive environment yield increases in chances for fewer readmission (Duffy & Skeldon, 2013; Hajebi et al., 2013).

Another strength of active aftercare services is ensuring accountability for individuals. Hajebi et al. (2013) found that the usage of telephone prompts, text messages, financial incentives, or mailing letters to improve non-attendance among adolescents for aftercare services can improve accountability. Hajebi et al. (2013) and Duffy and Skeldon (2013) reported consistent findings that adolescents are more likely to participate in recommended services when aftercare is organized and accountability

issues are addressed. The goal is for youth to comply with appointments while building relationships with the mental health community team (Duffy & Skelton, 2013; Hajebi et al., 2013).

Another strength of active aftercare is adolescents and their families make a connection through psychoeducation and gaining support. Feenstra, Laurensen, Hutsebaut, Verheul, and Busschbach (2014) found that family learning and making connections impact treatment. Hajebi et al. (2013) and Duffy and Skelton (2013) identified the family's ability to learn and make connections are essential parts of discharge planning, but noted the family learning coping skills, gaining knowledge, and a better understanding of treatment and diagnosis has impact treatment outcome. Social skill training as a component of active aftercare services is a strength for adolescents. Adolescents participating in social skill training will become more independent in daily living activities (Duffy & Skelton, 2013; Hajebi et al., 2013). Also, adolescents involved in skill training and aftercare services experienced an improvement in daily functioning and quality of relationships, including better understanding of dysfunctional behaviors (Feenstra, Laurensen, Hutsebaut, Verheul, & Busschbach, 2014; Duffy & Skelton, 2013; Hajebi et al., 2013).

***Weaknesses.*** The ability to implement an active aftercare service to meet the needs of adolescents being discharged yield several strengths, but weaknesses of services were identified by a study completed by Hajebi et al. (2013). A weakness for a multi-component aftercare service is the lack of quality services offered in the community. Active aftercare services require participation and engagement from a competent mental

health community team. Another weakness is the lack of structure in a program when resources are not available. The inability for professionals to develop rapport with adolescents and their family creates a barrier to treatment (Hajebi et al., 2013).

**Adherence.** Clinical social workers focusing on adherence is an approach to address the problem of chronic inpatient treatment for adolescents. Adherence is complying with psychotherapy treatment recommendations and taking medications as prescribed consistently. Timlin et al. (2013) assert that inpatient adolescents response to treatment, medication, and interaction with treatment team can influence the client-worker relationship, overall adherence, and discharge outcome. Adherence to treatment recommendations including medication and psychotherapeutic services is a major component to influence inpatient relapse. Poor medication adherence increases risks of relapse or inpatient hospitalizations. Medication adherence levels affect the outcome of treatment. As well, the success with outpatient services are influenced by adherence level for adolescents receiving inpatient treatment (Timlin et al., 2013).

**Strengths.** According to Timlin et al. (2013), adolescents committed to a structured treatment plan including adhering to the medication regimen and individualized therapy or intervention increase their success with treatment. Inpatient adolescents discharged from inpatient treatment who are participating in structured activities, actively engaging in psychotherapy, displaying readiness to begin a medication regimen, and the willingness to deal with side effects yield positive outcomes. A strength identified in the study conducted by Timlin et al. (2013), was that adolescents who were adherent displayed pleasant and positive attitudes towards staff. Another strength for

adherence is the adolescents' concentration level increased while inpatient and continued after discharge. The research team identified relationship building among peers and staff as a strength of adherence (Timlin et al., 2013). The desire to participate in discharge planning regarding treatment and making a commitment to comply with recommendations after discharging was exhibited by adherent adolescents (Timlin et al., 2013).

*Weaknesses.* Adherence with treatment decreases relapse or readmission for adolescents. There is an understanding that compliance with treatment yields positive outcomes, but there are challenges or weaknesses to consider. A weakness to address is that medications may interfere with adolescents' abilities to function. Timlin et al. (2013) reported consistent results with Clemens, Welfare, and Williams (2011) that the side effects of medication can present challenges to adherence, including difficult reentry to schools. Clemens et al. (2011) noted that inpatient treatment teams do not address or focus on school reentry, which can be overwhelming for youth. Timlin et al. (2013) and Clemens et al. (2011) noted that treatment teams have to monitor medication adherence and possible side effects, due to the fact that adolescents may not follow regimens which can cause relapse or readmission. Adolescents not taking prescribed medications often experience problems with relationships and attending school. Another weakness is social sensitivity causes irritability and the inability to develop friendships or interact with others without confrontation. Timlin et al. (2013) and Clemens et al. (2011) noted adolescents in outpatient services and school settings are challenged when the individual

is irritable, frustrated, angry, or displays other negative behaviors. Medication adherence is critical to outpatient success.

**Family involvement or family centered practice.** Haynes et al. (2011) found family participation or family centered-practice yields positive outcomes. Likewise, Sharrock, Dollard, Armstrong, and Rohrer (2013) and Affronti and Levison-Johnson (2009) found that family-centered practice is an essential component of inpatient treatment for adolescents but also noted that the effects of family centered-practice differed from those suggested by Haynes et al. (2011). Sharrock et al. (2013) identified reliable indicators such family visitation, parental involvement in goal development and other aspects of team plan, improved family functioning, and family dynamics contribute to positive outcomes. In contrast, Sharrock et al. (2013) also noted that family involvement might depend on the family's burnout level or feelings of being overwhelmed which could negatively impact the outcome. According to Sharrock et al. (2013) conducting thorough assessments, providing family therapy, and listening to parents can offer support while improving involvement.

### **Limiting Psychological Impact**

The role of social workers in discharge planning has to be examined and understood to yield best practice. Discharge planning begins at the time of admission. Haynes et al. (2011) suggest that social workers have to be active in their roles to limit the psychological impact of psychiatric hospitalization for adolescents. Social workers providing detailed, accurate information to adolescents before admission may decrease anxiety and traumatic experiences due to separation from family or peers. The ability to

coordinate and maintain connections with family and friends may yield positive outcomes. Also, adolescents' involvement in setting goals ensures ownership in the treatment planning process.

### **Unanswered Questions**

The literature encompasses numerous studies about discharge planning for adolescents receiving inpatient treatment. Although the majority of the articles were from the perspective of mental health providers, the literature lacked information pertaining particularly to social workers. Several articles identified social workers as the primary service provider for mental health services, but did not specifically identify social workers in the research. As a social worker, I wanted to understand how to be a more effective change agent in the process, how to increase various systems' and stakeholders' involvement in successful discharge planning, and how to increase adolescents' levels of success and satisfaction with the process. The goal was to identify the needs of adolescents transitioning back to their community to ensure success and maximize potential in all areas such as home, school, peer relationships, and aftercare.

Research studies have examined discharge-planning processes to identify gaps in the literature relating to the clinical social work practice. Social workers are unable to identify which psychosocial factors will predict successful transitioning when adolescents leave facilities. Memarzia et al. (2015) reported results consistent with findings in Curry (2014) that psychosocial factors have to be examined and explored to gain a better understanding of the need. Discharge planning requires that social workers address psychosocial issues before discharge to improve chances of success. Memariza et al.



(2015) and Curry (2014) confirm the need to advocate for the services whether psychotherapy or other treatment options to ensure needs are addressed to prevent readmission.

Based the research experiences of Haynes et al. (2011) and Henrisken (2014) it was noted that minimal research had been conducted from the perspective of adolescents who receive inpatient care. Haynes et al. (2011) and Henriksen (2014) provided adolescents with a voice to share personal experiences regarding inpatient and outpatient psychiatric care. The voices of clients provide authentic input regarding actual services. Both studies indicated that research typically involves participants being evaluated or service providers' perspectives, but lack in the area of understanding and hearing the reality of the individuals' experiences of inpatient psychiatric care. Haynes et al. (2011) and Henriksen (2014) used a semi-structured interview to capture inpatient experiences from adolescents. The results of Haynes et al. (2011) noted the experiences of violence, fear, abuse, and other traumatic events of adolescents while inpatient highlights the need to evaluate these systems to address the safety and well-being of youth. Likewise, Henriksen (2014) captured experiences but noted therapeutic alliance is a component to consider in successful discharge planning. While this study focuses on the social work perspective, future research could include focus groups of adolescents to confirm or reframe the findings.

The literature identified a gap in practice related to lumping together child treatment needs and adolescent treatment needs. Block et al. (2013) and Moses (2011) clearly identified adolescents as a group with unique characteristics and developmental

markers. These studies found the need to focus on the developmental issues of adolescents such as peer acceptance, autonomy, identity formation, and abstract thinking. Findings of Block et al. (2013) and Moses (2011) argues that stages of adolescent development affect the treatment process; therefore, recommending that social workers and therapists be familiar with stages and needs of adolescents to meet their unique treatment requirements. Due to the issues faced by adolescents such as the need for peer acceptance and stigmatization among peers, developmental challenges for adolescents require further evaluation. According to Block et al. (2013) and Moses (2011), adolescents tend to underutilize treatment or discharge early for reasons that need examination. Understanding the effect of stigmatization and developmental issues on treatment require attention from social workers and others to improve practice. Likewise, Zhao et al. (2015) found that adolescents tend to underutilize treatment and face stigmatization from peers and the community in which they live, but noted the need for exploration of self-stigma among adolescents with mental illness. Zhao et al. (2015) indicated the need for healthy parental and peer relationships. There is a need for more information addressing stigmas among adolescents with mental health needs and its potential impact of hospital readmission.

Another gap identified in the literature is the lack of culturally sensitive services in discharge planning. Diversity among adolescents' backgrounds play a significant role in treatment and discharge planning. Haynes et al. (2011) and Chung et al. (2008) identified the exploration of cultural needs as an area that requires attention of social workers and other professionals when developing plans for discharge. It is necessary to

learn about other cultures while using unbiased literature, proactively learning from adolescents and respecting differences. The inability to provide culturally sensitive services may impact the outcome (Chung et al., (2008); Haynes et al., (2011)). There is little information addressing culture needs in effective discharge planning, suggesting yet another area for future research.

### **Conclusion**

This exhaustive review highlights the need to understand better, examine, and continue to conduct research on the roles of social workers in the discharge planning process, specifically with adolescents living with mental health issues. As a social worker, I want to understand how to help social workers in my community, stakeholders, and other systems understand the essential components of discharge planning. Also, I want to help understand how to provide an environment that encourages communication among all participants while empowering adolescents to become more knowledgeable of their needs and promote ownership of care. According to the literature, the participation of adolescents is vital to the process of discharge. Adolescents living with mental health have to be at the center of the discharge process. It is significant to note that parents, guardians, or caretakers have a major responsibility for ensuring continuity of care at home. The ability for interdisciplinary systems to collaborate, coordinate, network, and facilitate individualized services in conjunction with the input of adolescents has the potential to yield the most positive outcomes of inpatient hospitalization.

In the next section, I present the research design and data collection strategies for this research project. The design and strategies were specially chosen to answer the

question about the social worker role in discharge planning with adolescents experiencing recurring hospitalizations.

## Section 2: Research Design and Data Collection

The purpose of this project was to address the issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment. This project encouraged maximum participation from those who have a stake in the lives of adolescents who experience recurring inpatient hospitalizations. As an action research project, it was imperative to create new knowledge and inform new approaches to social work practice (McNiff & Whitehead, 2010). The roles of social workers in discharge planning must be better understood to find effective solutions. As a social worker, it is crucial to be effective in daily practice with those receiving services. This project allowed for personal learning, improvement, and development. It was my hope that completion of this project would advance clinical social work practice at, a division of Child and Adolescent Psychiatry, at a pediatric hospital.

The research question is what are the issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment? A collaborative approach with other social workers to resolve or reduce the recurrences by better understanding the role of social workers was necessary. In efforts to answer this question, it was imperative to explore experiences, seek clarification, and gain understanding to identify solutions to address the problem. This action research provided an opportunity for social workers to confront the problems with discharge planning and recurring inpatient psychiatric treatment for adolescents. Examining this research question creates, expands, and broadens the knowledge base of

social workers to influence clinical social work practice. As the researcher conducting an action research project, my intent was to inform and promote social action to reduce recurrences with adolescents in psychiatric hospitalizations.

Action research is intentional. This systematic approach involves the study of a specific population, situation, and collective solutions. The focus is to intentionally increase the effectiveness of daily work. The specific population purposefully aims to make their work more meaningful (McNiff & Whitehead, 2010). This project is a chance to identify ways to improve my clinical practice. I intended to create new knowledge and influence the learning of others. The knowledge creation in this project was about social work practice. I hoped through exploration and gaining a better understanding of the answers to the research question, new knowledge claims would be made to improve daily practice. I achieved this through collaboration and colearning with participants. The participants had specific attributes and could affect the problem outcome. Participants had opportunities to share their rich, diverse experiences and perspectives. I wanted to fulfill the purpose of action research by learning and discovering something new that could positively impact social work clinical practice.

Action research is systemic (Stringer, 2007). Action research requires a plan before the actual research begins. In action research, it is important to know the types of data to collect, when, how, and the frequency for collection. The data analysis and interpretation allowed conclusions and new claims to be established. The testing of transferability and trustworthiness supports and increases the credibility of new knowledge claims (Stringer, 2007). Although action research outcomes apply to a

specific group and location, it was my hope that elements of this project can apply to other entities. While striving to create knowledge that can be shared with others, I planned to examine the emerging data from the project to ensure trustworthiness.

### **Preview of Major Subsections**

I begin this section by establishing the alignment of action research design to discovering answers to the identified research question. This project took place within a pediatric psychiatric unit, a division of Child and Adolescent Psychiatry, at a pediatric hospital. Information is provided to describe the institutional context of the research. The roles of stakeholder, participants, and facilitator are described to provide more insight about the project. The action research methodology is explained to contribute to the understanding of others and the ability for others to replicate the work of this researcher. A description of the data collection activities from social workers participating in focus groups documents the plan. Finally, a presentation of the plan for data analysis is provided.

### **Background and Context**

The purpose of action research design is to ensure a participatory process involving all participants that have a stake in the issue. Action research seeks to improve practice and create knowledge (McNiff & Whitehead, 2010). The recommendations from this action research project will broaden, expand, and create new knowledge for social workers in my community. The results from this project will influence practice policies at an inpatient psychiatric unit, a division of Child and Adolescent Psychiatry, at a pediatric hospital as they relate to clinical social work practice specifically discharge planning.

Based on the findings, it will allow the experiences and voices of social workers working with adolescents and other service providers to ensure best practices are being implemented at all times. The findings will promote change in the culture within a specific setting, with the goal of improving the lives of adolescents by reducing recurrences of inpatient hospitalization. As a social worker, the recommendations will impact my professional growth and development in clinical practice. My professional practice will improve through the new knowledge being created from this project.

### **Clinical Social Work Problem**

Nationally, social workers have identified recurring inpatient psychiatric treatment as an issue for youth and billions of dollars are spent on inpatient psychiatric treatment for youth (Fontanella, 2008; Noyola et al., 2014). Within the first 6 months following discharge, many adolescents return for readmission (Barker et al., 2010; Noyola et al., 2014). Practitioners often refer to this occurrence as a “revolving door” (Chung, Edgar-Smith, Palmer, Bartholomew, & Delambo, 2008, p. 484) and express concerns about the effects to adolescents’ psychological and social well-being (Barker et al., 2010; Noyola et al., 2014). According to von Wyl et al. (2013), the first 6 weeks after discharge from inpatient psychiatric treatment is extremely stressful for adolescents, including an increased risk of suicide. Adolescents who experience the revolving door phenomena, or recurring inpatient psychiatric treatment, have to deal with interruptions in everyday life including family and social systems. Adolescents struggle with forming peer relationships, participating in social activities, and making connections in their communities.



Over the past 15 years, I have worked with adolescents in various settings who were a product of the revolving door phenomena. It was difficult for these youths to bond or connect with others. They had trouble trusting and building rapport in relationships with staff, family, and peers. Many of the youth would return for inpatient psychiatric treatment only to be discharged prematurely or wait for lengthy preauthorization for readmission because of the number of previous admissions.

The cost of quality inpatient psychiatric treatment is expensive (Noyola et al., 2014), but adolescents deserve quality services. Due to systematic issues such as high caseloads and turnover in staff, many social workers become frustrated (Sharrock, Dollard, Armstrong, & Rohrer, 2013). Regardless of the frustrations, it is necessary to identify the least restrictive environment as the goal for adolescents while meeting their needs. This requires collaboration and thorough assessments from the interdisciplinary team and effective discharge planning.

### **Institutional Context**

The Division of Child and Adolescent Psychiatry at the pediatric hospital offers various mental and behavioral health services to youth who are ages 2-18. These are youth experiencing a mental health crisis. The inpatient program is divided into three locations to ensure families have access to services. This action research project focuses on inpatient services offered at a psychiatric unit within a pediatric hospital to adolescents. The specific program goal is to stabilize and care for youth in acute crisis situations. The average length of an inpatient stay is 3-5 days. The adolescents may participate in therapy groups, music therapy, occupational therapy, speech-language

pathology services, child life, dual diagnosis, and chemical dependency education while inpatient ([REDACTED] Psychiatry, 2016c).

The psychiatric inpatient program at within the pediatric hospital consists of an interdisciplinary approach including psychiatrists, psychologists, advanced practice registered nurses, social workers, and school-based therapists. Social workers are actively involved in services. The use of evidence-based approaches helps to meet the diverse needs of youth. Social workers, along with others, use cognitive-based therapies as the primary intervention for treating illnesses such as depression, anxiety, and trauma-related disorders. Social workers and the team provide services for other diagnoses using interpersonal therapy, behavioral interventions, and child-focused therapy. Overall, all services support family-centered care in efforts to address the needs of the patient and family ([REDACTED] Psychiatry, 2016b). The vision and mission statement for the pediatric hospital is as follows:

Will be the leader in improving child health. We will improve child health and transform delivery of care through fully integrated, globally recognized research, education, and innovation. For patients from our community, the nation, and the world, the care we provide will achieve the best: medical and quality-of-life outcomes, patient and family experience, value today and in the future.

([REDACTED] Medical Center, 2016a)

### **Stakeholders and their Role as Co-Learners**

For this project, the stakeholders were individuals who invest, experience, feel, support, and desire change for the project. The stakeholders were hospital administrators,

school personnel, local afterschool organization administrators, and social workers who are directly involved with discharge planning for adolescents receiving inpatient psychiatric treatment. The stakeholders had an interest in adolescents' well-being. These individuals understood the importance of adolescents receiving quality mental health services. The stakeholders invested in the project by sharing resources, sharing the desire for adolescents to succeed, and expressing genuine concern for the livelihood for adolescents who struggle with mental health disorders.

Action research creates an environment for colearning opportunities. As the facilitator, it was my hope that through improving my learning this would influence the stakeholders' learning. The stakeholders would learn how to become change agents as it relates to improving the lives of adolescents. The change may be through policy and procedures revisions or changing the style of interaction with adolescents. Through collaborative efforts and communication, the stakeholders would gain new perspectives and support change. As the researcher, I understood that the stakeholders' learning will vary.

### **Empowering Stakeholder and Participants**

This action research project was an opportunity to motivate and empower others. The stakeholders and participants felt empowered to improve clinical practice for adolescents being served daily. As the facilitator, providing social workers, the participants, with a platform to share their rich experiences allowed them to have a voice. Stakeholders were empowered through colearning. Empowerment was evident through developing new knowledge or perspectives relating to discharge planning, influencing the

new policies regarding clinical social work practice, and evaluating their work while making connections to improve daily practice. I empowered stakeholders and participants by engaging them in decision-making, encouraging them to share their rich experiences, and providing them support to become change agents in their settings.

### **Roles of Facilitator/Student**

As the project facilitator, I acknowledge a key connection with the pediatric hospital. I am an employee of this agency. I do not work within the pediatric psychiatric unit. The social workers within this unit are not coworkers, but are professional associates due to having the same employer. The roles of facilitator and student are separate from my current job duties and descriptions.

As a student and facilitator, I provided an environment that fostered learning for participants. I ensured this by having a legitimate and non-threatening perception from participants. I understood my role was not as the expert. Contributing to the professional lives of the social workers is necessary. It is imperative to take on the role as a student with the desire to improve practice and learn new perspectives (Stringer, 2007).

My reflexive journal was an on-going process of taking notes of what, when, how, why, and moments of making the connections. In my reflexive journal, I recorded events that occurred in the project, my feelings and thoughts about events, changes in thought processes, capturing my own learning, and other pivotal information. My journal writing occurred often, but not daily. This reflexive writing requires critical critique and observation of my approach to the research (McNiff & Whitehead, 2010). This process

involved systematic writing capturing data about personal learning. The journal was an invaluable component of professional growth.

Action research is richly rooted in positive relationships (McNiff & Whitehead, 2010). While serving as the facilitator, it is essential to establish positive relationships through collaboration with participants. I established rapport, develop an empathetic understanding of participants' experiences, and encouraged participants to be critical thinkers about their practice. I maintained harmony, was sensitive to others' feelings, and accepted participants where they were. The relationship affects the outcome (Stringer, 2007).

The role of data collection encompassed developing an interview guide, capturing the conversation, and transcribing data accurately. It was imperative that the feelings and emotions of the participants are being captured in data; this was part of my field notes. Action research is driven by experiences; therefore, data collection was handled carefully. It is beneficial to collect and evaluate data from different methods (McNiff & Whitehead, 2010; Stringer, 2007).

Once the Institutional Review Board (IRB) approval for the project was received from Walden University's IRB for Ethical Standards in Research, I worked closely with the Office of Compliance and Regulatory Affairs with my organization. In addition to Walden University, this project was under the hospital's Human Research Program, which provided regulatory and ethical oversight of all human subjects' research to ensure compliance. The protection of participants was essential. This institution had a research compliance officer who monitors the process. I completed training modules through

Collaborative Institutional Training Initiative (CITI) and worked in close collaboration with hospital's IRB. The institution had an automated process for submission, review, approval, and continual oversight of the research project through an electronic web-based system called ePAS-Electronic Proposal Administration System ( [REDACTED] Office of Compliance and Regulatory Affairs, 2016).

## **Methodology**

### **Participants**

The participants are vital to this project. I used purposive sampling to identify participants for the project from the psychiatric unit. Purposive sampling is deliberately selecting participants with certain attributes, including being affected by or influences the problem (Stringer, 2007). Action research is intentional; therefore, I consciously selected participants with particular attributes. The main quality for participants was the extent individuals were affected, had an effect or influence on the problem, and had an interest in the problem. I targeted licensed social workers within the pediatric psychiatric unit, with 2-8 years of experience, actively involved in discharge planning process for adolescents who receive inpatient psychiatric treatment. The variation of experience provided rich, diverse perspectives that offer authentic input to expand knowledge for others. These social workers represent a variety of cultures; I recruited participants to ensure capturing diversity and promoting cultural sensitivity. The IRB number for this study is 04-18-17-0480321.

### **Size**

The size of participant population was six to eight social workers. In efforts to have a successful focus group, size is important (McNiff & Whitehead, 2010; Stringer, 2007). The goal was to provide safeguards for participants to ensure a sense of confidence when sharing experiences and perspectives regarding their roles in discharge planning. The rationale for size was to offer opportunities for each participant to express their opinions and views without concern. It was imperative that members did not feel pressure when sharing experiences due to time restraints or a larger group size (McNiff & Whitehead, 2010; Stringer, 2007).

### **Recruitment Strategies**

As the facilitator, recruiting social workers consisted of posting flyers and sending emails, specifically to social workers working with inpatient adolescents (See Appendix A and Appendix B). The goal for recruitment was to identify social workers that shared a similar interest in wanting to reduce the number of recurring inpatient psychiatric treatment for adolescents. I posted flyers throughout the social work department advertising the project. Also, I met with the social work supervisor to brainstorm additional ways to reach out to the social workers.

### **Sources of Data and Data Collection**

Data collection requires a plan before proceeding to ensure the type and frequency of collecting data in the focus group context. The focus group consisted of social workers. A focus group provides the means to acquire information. The participants describe their experiences and perspectives about the project topic. The focus group offered a platform for participants to express themselves in their unique way with the

freedom to share and learn from each other. As the facilitator, I asked members of the focus group 10 open-ended questions in a semi-structured conversation (See Appendix E) for a list of interview questions.

My focus group took place onsite at a psychiatric inpatient unit in a conference room. All participants were social workers with discharge planning experience with adolescents receiving recurring inpatient psychiatric treatment. They were asked to share their rich experiences and perspectives that were rooted in theory to inform clinical practice. The focus group met two different days. During this time, the group met one day for approximately 90 minutes to gather information. The group met another day to allow an opportunity for member checking to ensure accuracy and clarify information. This meeting lasted approximately 60-90 minutes. I captured responses in each meeting and ensured accuracy by using a digital voice recorder. Members were aware of the recordings including storage and the discard date. The recordings will be stored on a password protected computer and discarded after five years, according the provisions set forth in Walden University's Institutional Review Board.

### **Analyzing Data**

Verbatim transcription of the focus groups was conducted using a third-party vendor. The overall process of analyzing data consisted of reviewing the transcript, evaluating categories of data, and identifying any evolving patterns. It was important to provide descriptions that tell what is going on. Through sorting and searching, I described situations, identified components that influence others, and offered potential explanations of why challenges occur for social workers (McNiff & Whitehead, 2010). This involved



categorizing and coding to cluster experiences and perceptions of participants (Stringer, 2007). I interpreted the data collected by hand-coding to find meaning in the data. As a researcher conducting qualitative research, it was necessary when coding and categorizing data to handle information with safeguards for the authenticity of data. The field notes and transcription will be maintained on a thumb drive or paper in a locked box for a minimum of five years, according to University standards. All electronic or digital files will be kept on password protected computer.

### **Concepts, Constructs, and Outcomes**

The qualitative data analysis process is non-linear. This process occurs concurrently while collecting and analyzing data, coding, identifying themes, using writing to emerge new ideas and concepts related to discharge planning, and making connections with outcomes to the systems theory and literature (Rawitch & Carl, 2016). The processes of data reduction, reorganization, and representation allowed for the rich experiences of participants to begin influencing change in discharge planning. It was my hope that the categories and themes identified provide a better understanding and overview of the role of social workers in discharge planning. As the researcher, I wanted the invaluable input from social workers to be heard and help to identify better approaches for addressing discharge planning. Based on outcomes from project, I wanted to be able to make recommendations for social workers and others to positively impact clinical social work practice and decrease recurring inpatient hospitalizations for adolescents.

## **Instrument**

I used a self-created focus group interview guide as an instrument to collect data. Before reading the interview question guide, I read a transcript to participants to provide an introduction about the project, interview process, and ground rules (See Appendix C). Participants completed a demographic questionnaire to gather descriptive information (Appendix D). The tool consisted of 10 questions, with additional probes, to ask social workers about their role and perspective in discharge planning for inpatient psychiatric treatment (See Appendix E). The questions were formulated based on findings from my literature review. Also, my professional experiences prompted some questions which were confirmed in the literature such as challenges with finding appropriate aftercare services for adolescents discharging from inpatient psychiatric treatment to meet their needs and establishing appropriate timing to begin discharge planning.

Social work colleagues informally reviewed questions to ensure the use of precise wording, appropriate sequential order, and the ease of understanding what is being asked in questions. My colleagues confirmed the relevance, understanding of questions, and offered suggestions to improve the instrument. Questions were also discussed with chair and co-chair of the project to confirm appropriateness. It was my hope that the questions developed from the literature review, discussion with colleagues, and project committee provided participants an opportunity to vividly describe and share their experiences. The instrument consisted of questions that would prompt exploration of experiences and perspectives relevant to the phenomena such as the following: defining discharge planning, processes involved in determination of aftercare services, adolescent

involvement in planning, challenges encountered, and the impact of discharge planning for adolescents returning for inpatient psychiatric treatment. The questions allowed for embracing diverse experiences and perspectives. This instrument allowed participants to use their words and not the words of others (Stringer, 2007). The interview instrument encouraged participation through conversation by answering open-ended questions.

### **Data Analysis**

The data analysis is a process which requires time and patience. This data was transcribed verbatim to capture the content and diverse perspectives about the problem. I used a digital recorder to capture responses from participants. Rev.com handled the transcription process. Rev.com is an online transcription provider that strives for accuracy and maximum security to protect data. After the transcription process was complete, a report of data was read by participants to ensure authentic information. Also, a peer validation group consisting of my chairperson and co-chairperson gave critical feedback. The peer validation group evaluated my knowledge claims and supported or offered suggestions to improve the project (McNiff & Whitehead, 2010). The validation was imperative to being a trustworthy researcher and influencing others learning.

Once validation and legitimation were complete, data analysis involved careful and objective content analysis for coding and to identify themes. Using a constant comparative method (Krueger and Casey, 2015), I coded all of the data in a systematic and sequential process. Discovering patterns woven through the data, categorizing and grouping common themes, and seeking a rich understanding of the content allowed me to answer the research question and be responsive to the purpose of the study.

## **Ethical Procedures**

Ethical procedures are a significant part of action research. As the researcher, it is imperative to ensure participants are not harmed due to participating in this action research project. To safeguard ethical protection for participants, I explicitly informed each participant of the purpose, goals, the intent for results, and possible consequences of the project. I provided participants with an informed consent explaining and outlining the project. The certificate of consent was signed by participants acknowledging their willingness to participate; completed consents will be maintained securely in a locked box. Participants had the rights to safety, to refuse or withdraw, and to know that data will be stored safely to prevent others from viewing. Confidentiality including information, identity, and data will be upheld to the highest standard.

The entire discussion was captured through digital recording. Participants were not identified by name on the recording, but numbers were assigned. The digital recording will be kept on a password protected computer. Transcription and field notes will be kept in a locked box. The information recorded is confidential and no one else except members of the research team and transcription specialist will have access to digital recording. The digital recording will be maintained on a password protected computer for a period of five years, in accord with Walden University requirements and destroyed after the period ends. I was professional and demonstrated ethical academic conduct. It was vital to be trustworthy, which promotes a positive working relationship (McNiff & Whitehead, 2010; Stringer, 2007). I complied and adhered to standards

advanced by the Walden University Institutional Review Board and outlined in the informed consent document.

### **Summary**

This action research project provided an opportunity for social workers to participate in a focus group designed to elicit information about the role of social workers in discharge planning for adolescents experiencing recurring hospitalizations. The focus group allowed for maximum participation from participants. The voice of participants was the substance of the project. The data collection process was time-limited. The recording and transcribing of data captured verbatim the comments and discussion of participants. Using constant comparative analysis for coding themes, patterns were identified during the data analysis process. Throughout this process, it was imperative to have validation processes to address any challenges with the accuracy of the qualitative data. I used peer validation and transcription review by participants (member checking) to ensure the accuracy of the data. The following section will describe the analysis in detail and discuss the findings.

### Section 3: Analysis of the Finding

The purpose of this action research project was to identify issues and challenges social workers encountered in their clinical social work practice while conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment. This project provided an opportunity for social workers to share their experiences, feelings, challenges, issues, ideas for improvement, and other components related to discharge planning to improve their practice. Social workers demonstrated transparency and genuineness that aligned with inspiring them to participate in the project. They were essential to the exploration and explanation of challenges and issues they have experienced while impacting the lives of adolescents in an inpatient psychiatric setting.

The research question for this project was as follows: What are the issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment? Through collaboration with social workers at an inpatient psychiatric unit, a Division of Child and Adolescent Psychiatry, at a pediatric hospital the issues and challenges they experience sought to answer this question. This action research project aimed to explore experiences, clarify, and to identify solutions to address the problem strategically. These social workers extended an opportunity to confront a problem they encountered when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment. As the researcher, clearly examining this research question generates, develops, and increases the knowledge of social workers to improve clinical social work practice.

Data collection for this project consisted of a focus group of seven licensed social workers from the inpatient psychiatric treatment. The social workers shared their experiences, feelings, challenges, issues, and other perspectives about the research question. Participants answered 10 open-ended questions in a semistructured conversation. I recorded the entire interview with participants' permission.

I begin this section with explicitly identifying and defining outcomes or variables in the project. The data analysis techniques used will be described and explained focusing on the methods used for tracking, organizing, and analyzing data. I describe the coding process. I will discuss steps taken to ensure validation and legitimation of the data. The use of my journal is described including the impact on the data collection method. The limitations of trustworthiness and rigor throughout the project will be clarified. I will share the findings and elaborate on important learning points derived from the project. Specific results from the project are discussed considering their impact on clinical social work practice. Finally, I describe unexpected findings.

### **Data Analysis Techniques**

#### **Concepts and Outcomes**

Throughout this project, concepts have been identified and outcomes discovered. The concepts are consistent and defined. The following concepts establish a shared knowledge base among readers:

- *Adolescent*- youth ages 11-19
- *Inpatient psychiatric treatment/psychiatric hospitalization*- admission to a hospital that requires at least one overnight stay for mental health needs

- *Recurring hospitalizations*- two or more admissions within 12 months of inpatient discharge
- *Discharge planning* – A process that begins at the time admission for individuals receiving inpatient psychiatric treatment. It entails the development of a clear, thorough, and comprehensive plan that outlines and coordinates outpatient or aftercare services.

The outcomes were themes derived from social work participants' responses to questions during a semistructured focus group. The following themes were identified:

- *Adequate resources*- social work participants struggle with obtaining, accessing, and securing resources within their organization and community
- *Insurance restrictions*- social work participants encounter challenges with mandates from insurance carriers about covered services, length of stay, payments, and other restrictions
- *Rapport with adolescents*- participants struggle with establishing rapport with adolescents
- *Parental Participation*- participants experience challenges with recruiting parental participation

### **Tracking, organizing, and analyzing data**

The recruitment of social workers from a psychiatric unit, a Division of Child and Adolescent Psychiatry, within a large pediatric hospital began the process of data collection. A meeting with the supervisor provided insight to ensure successful



recruitment of participants. Flyers and emails were a part of the recruiting efforts for the social workers. For this project, seven licensed social workers from the inpatient psychiatric unit volunteered to be participants in the focus group. This focus group provided the means to acquire information or data to be analyzed.

The focus group meeting convened for 90 minutes in July 2017. The social workers shared their experiences and perspectives by answering ten questions from my self-created interview tool. The discussion was captured using a digital recorder. The conversation was transcribed verbatim by a third-party vendor. The company compiled a complete online transcript within 24 hours. This third-party vendor was used to increase accuracy and provide maximum security for the protection of data. I verified the transcription by reviewing the transcript multiple times while listening to the recording of participants' comments to ensure accuracy.

The study participants met for 60 minutes for a second meeting to review the completed transcript. Each participant was provided a copy of the completed transcript to make any modifications to their comments. Numbers were used to identify participants. Participants were able to modify their comments by adding or deleting information to ensure accuracy.

The transcript was approved by participants with their modifications. Then the transcript content was entered into a Microsoft Excel workbook to assist with tracking and organizing data. The workbook layout was comprised of questions from the interview tool. Each page consisted of verbatim responses to a single question.

As the researcher, my rigorous review of the data allowed codes, concepts, and themes to emerge. The data was reviewed extensively over 2 months to identify the emerging answer to the research question while fulfilling the processes of data reduction, reorganization, and representation to ensure I maintained the rich experiences of the participants. I also remained open to unexpected discoveries in the data.

### **Data Analysis Procedures**

The data analysis procedures used in this project involved coding. Coding involves a revealing or informational process (Saldana, 2016). Code can be described as a word or short phrase that is evocative, spirit-capturing, and a summation of the participant's language from an interview transcript from the focus group. The use of verbatim language is essential. Coding adds depth to qualitative research. Coding is an interim process with data collection and extensive data analysis (Saldana, 2016).

The qualitative data analysis methods implemented for this project included process and in-vivo coding. I used these coding techniques over 7 days. In vivo coding was selected because it honors and emphasizes the importance of the participants' voices by choosing codes that capture the actual language of the participants (Saldana, 2016). As the researcher, I understood that capturing terms and words from my participants was the essence of this action research project. The goal with this method was to develop codes that were participant inspired instead of researcher inspired. Process coding involves depicting action in the data (Saldana, 2016). Capturing apparent activity and abstract action is meaning in the data. Processes appreciate that human behavior is unpredictable and indicates how actions intertwined with the variation of time (Saldana, 2016). Process

coding was selected because it identified routines, activities, and changes, repetition, and frustrations that happen when participants interact or act when attempting to solve a problem (Saldana, 2016).

After reviewing the verbatim language from the member checked transcript multiple times, I began using in vivo coding incorporating the splitter technique which assigned a code to each sentence. The in vivo codes were placed in quotation marks using words and concepts from the participants. I understood the richness and meaning in their experiences and words. Each sentence was assigned an in vivo/verbatim code then, a process code/action “ing” word assigned.

Through reflection, I used systematic writing along with the second cycle of coding repeating the process but decreasing the number of identified codes. The codes determined from the second cycle of coding formulated concepts which developed into themes. As the researcher, I compared this process to a funnel due to initially starting with 364 in vivo and process codes and 72 concepts then in the second round there were 115 in vivo and process codes and 46 concepts. The first and second rounds yielded 56 themes. I continuously examining closely to condense the data to develop emerging participants-inspired themes. The participants-inspired themes were developed by copying all concepts to another page in the Excel workbook. After carefully reviewing the concepts, I color coded them to identify similarities and commonalities. Grasping concepts or ideas significant to participants was imperative. This process was concise and precise to ensure themes were not researcher driven. The four participant-inspired are (a)

adequate resources, (b) insurance restrictions, (c) rapport with adolescents, and (d) parental participation.

### **Validation and Legitimation Process**

#### **Use of Reflexivity in Data Collection**

Using a reflexive journal, I have accounted for significant external and internal processing throughout the project. Reflexivity has involved a continuous process of reflecting and examining myself as the researcher and the research relationship (McNiff & Whitehead, 2010). My emotions have varied depending on what was happening and why it occurred. The variation in emotions has supported objectivity when examining data. Reflexivity has encouraged honest self-evaluation involving looking closely at any preconceptions or assumptions I brought to this action research project. It was imperative to consider the effect of my assumptions or preconceptions on the wording of questions being asked to participants. Examining my relationship to the participants and how those relationships potentially impacted their responses to the questions was also important to the process. Observing processes were necessary to finding meaning, gaining understanding, and making connections. The commonalities among participants were obvious. Their passion was evident through nonverbal body language, tone, and evocative language. Passion was shared among all of us.

As the researcher, improving my understanding of facilitation and social work clinical practice were instrumental for participants and self-learning. When examining my personal development, I have broadened my professional knowledge. My learning was evident through my facilitation and communication with participants. I learned that

while seeking to gain meaning from individuals' experiences, the power is derived from being interactive through conversations, experiences, and culture. A better understanding of group dynamics and interaction in systems were invaluable learning experiences. The recruitment of social work participants was an interesting process. It was time consuming but worthwhile because all participants were eager to share their experiences. I learned that rushing does not improve the recruitment processes; the processes cannot be rushed. The essence of action research was in the experiences and voices of participants.

### **Validation Procedures**

Member checking is a validation procedure used in this project. Member checking involved each participant reviewing and modifying the transcript for accuracy and authenticity of self-disclosed responses to interview questions. Member checking strengthens the trustworthiness of the data (Stringer, 2007). Member checking occurred in the second meeting with participants within 2 weeks of the focus group. This process was completed in over 60 minutes. Participants were able to modify their comments by adding or deleting information to ensure accuracy.

Another validation procedure implemented was peer validation group. Peer validation is having people to provide insightful critical feedback about the research project (McNiff & Whitehead, 2010). These individuals expect justification of all knowledge claims about the project. Peer validation ensures valid, authentic, and supportive claims while I am simultaneously learning throughout the process (McNiff & Whitehead, 2010). My peer-validation group consisted of my chairperson and cochairperson. I discussed and shared my new knowledge claims obtained from the

participant-inspired responses. My peers evaluated my knowledge claims. I received invaluable support and constructive feedback including suggestions to improve the project.

### **Limitations**

There were limitations considered when conducting this project. A limitation considered was the small focus group that consisted of seven social workers who represented a psychiatric inpatient unit, a Division of Child and Adolescent Psychiatry, at a pediatric hospital. This small sample size allowed for productive dialogue and exploration of the research questions. The sample size was consistent with acceptable standards for focus groups in qualitative research (Dilshad & Latif, 2013; Stringer, 2007). The meeting convened in an interference-free room located at the end of the hallway. The room was a familiar meeting area within their workplace. Due to the sample size and the specific setting, the findings are not generalizable. However, the small sample fostered maximum participation and readers can make their determination about the data's transferability to other settings.

Another limitation considered was self-reporting data. Qualitative research is subjective. The quality and meaning of what people do is captured through self-reporting while embracing feelings and emotions (Bagdonienė & Zemblytė, 2005). The social work participants' responses accumulated data for my project. Each participant shared their experiences. The recorded responses were transcribed by a third-party vendor to generate verbatim transcripts. To address the subjective nature of self-reporting data participants completed member checking done in the second meeting for 60 minutes. Through

member checking participants checked to ensure accuracy and authenticity of self-disclosed responses to interview questions. I thought abstractly, concretely, and used inductive logic when analyzing data as recommended by Bagdonienė and Zemblytė (2005). I used peer debriefing to assist with the subjective nature. Peer validation occurred with my chairperson in order to critically review implementation of the study and examine the subjective knowledge, values, skills, and beliefs I brought to the project (McNiff & Whitehead, 2010).

Using a single conceptual framework was another limitation considered. Examining the research question from systems theory offered a single perspective. Exploration of the data may have limited the framework by a narrowed perspective. I wanted to focus on the participants' experiences and ensure meaning without depending on a particular perspective. I discussed with my chair other theoretical frameworks that may be beneficial in data analysis. I used my reflexive journal to process my concerns and conscientiously strived to reduce the potential limitations of a single framework.

Knowledge of the researcher or prior association with social work participants in the focus group was a limitation considered. Due to the researcher and participants being a part of the same organization, it was imperative to remain professional and fair throughout the project. The researcher and participants worked in different divisions and buildings. Several miles separated the researcher and participants during daily responsibilities. The participants and researcher did not know each other. The participants knew each other and shared some job duties. Participants being familiar and comfortable with each other may have encouraged their transparency and honesty throughout the

group discussion. As the researcher, it was mandatory for all participants to be treated equally. When facilitating the focus group, my goal was to encourage maximum participation to ensure every participant's voice was heard.

## **Findings**

### **Research Question**

The research question for this project guided this project to examine issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment. Seven social work participants' voices have depicted answers to the research question. Due to the small participant sample, no personal demographics such as race, gender, and age were reported for the project. Since the participants were all from the same organization, disclosing personal demographics would make it possible to identify participants. Information collected to verify the credibility of the participants included (a) all participants were licensed social workers in psychiatric inpatient unit, (b) participants had between two to eight years of social work practice experience, and (c) all participants were actively involved in discharge planning process for adolescents who receive inpatient psychiatric treatment. The participants' evocative language captured their experiences, passion, challenges, and issues when conducting discharge planning. The voices of participants have further described and been highlighted with participants' quotes. In this section, four participant-inspired themes are described under the following headings: (a) adequate resources (b) insurance restrictions (c) rapport with adolescents (d) parental participation.



### **Adequate Resources**

Adequate resources in various areas was a challenge reported by participants. Due to the multiple systems involved with discharge planning and addressing challenges, it was imperative to gain a better understanding from participants. The participants disclosed relying on resources daily to perform their job. The lack of resources described by participants was in the areas of inadequate time to provide services, lack of qualified staff, high caseloads, and insufficient quality aftercare services. Participant # 4 described the impact of adequate funding as “more funding available for mental health services and smaller caseloads would make a difference.” Participant #5 continued by saying,

Um, you know, if, if we had more money to train professionals, if we had more money to give therapists, if we had more money to get case managers, um, if we had more money to keep kids in the hospital longer, if we had more money to give our parents so that they could function and, um, not have to worry about putting food on the table, um, worry more about their child who's really sick. We would see positive changes.

Financial resources was another issue recognized by participants as impacting discharge planning with adolescents. Shortage of mental health funding is a challenge that participants have encountered. Financial resources are necessary for hiring additional qualified social workers and retaining them. Participant #3 shared, “more MSW instead of BSW are necessary.” Funding influences the development of new, innovative, and effective interventions or resources. Participant #1 shared an idea of non-traditional interventions,

We might think a little bit more creatively if a kid's been here multiple times, you know. Horse therapy or, you know, getting a mentor or, you know, just trying to approach, you know, whatever problems are going on just differently.

Participants do not have enough time allotted to meet the needs of adolescents due to high caseloads. Participant #3 gave an example saying,

If there were smaller caseloads, I would love to have three or four kids. I think that would afford me the ability to work more individually with a family.

High caseloads were a shared issue in the group. The ability to meet complex needs requires adequate time. Participants have identified the need for additional staff to provide clinical social work as a necessity. Participant #3 described many families as “entrenched family systems and psychosocial issues that cannot be dealt with five to seven days doing brief crisis intervention.” Participants acknowledged that time, an invaluable resource, is scarce. Lack of time to adequately address needs was an issue for participants.

### **Insurance Restrictions**

To influence and create positive change, participants identified insurance restrictions as challenging. “Insurance is one of the biggest challenges,” declared Participant #4. Participants have encountered issues frequently with insurance restrictions. Participant #7 shared,

You can find an awesome private therapist, but if they don't take the insurance you got to go to a community agency which may or may not be as, um, thorough.

Participants articulated the need to address the restrictions when striving to provide quality services to adolescents receiving recurring inpatient psychiatric care. Whether or not the adolescent would receive essential treatment at a facility is determined by insurance. Participant #2 feeling frustrated shared,

Community and aftercare services have expectations about what we are going to do? They want a diagnosis. That does not mean anything. It is label so we can bill insurance. It is not about how we are going to provide services. The label determines if the adolescent will be accepted for care.

Participants voiced frustration with the demands for a diagnosis without enough time to complete a thorough assessment. Participant #4 agreed that the demands for a diagnosis is significantly high “while not having the appropriate clinical time to get a diagnosis.”

Participants encountered issues accessing necessary treatment due to restrictions outlined by insurance providers. Participant #4 continued to discuss limitations and accessing treatment by sharing,

Insurance and availability of providers even if they have some identified, its how long until they see them, what does that consistency of treatment look like?

Lastly, insurance restrictions dictate the length of stay for adolescents.

Participants agreed there is not enough time to address the complex needs. Participant #4 shared “Many kids are discharged to early which brings them back to the hospital.”

Participant #3 continued saying “they leave to quick, they don’t have that sense of hope, change, or accountability.” Participants have requested for approval from insurance providers for additional days of stay to address needs of adolescents adequately.

Participants have been denied extra days; therefore, resulting in early discharge and a contributing factor to recurring inpatient treatment. Participants' experienced early discharge among adolescents.

### **Rapport with Adolescents**

The development of rapport with adolescents was another challenge reported by participants. Participants indicated the importance of building rapport with adolescents. Participants' declared the inability to build a relationship affects the outcome of treatment. Participant #6 stated, "Getting adolescents to share require time." Not having a relationship with the adolescent challenges participants to get them involved in discharge planning. Participants agreed past relationships affect future relationships. Participant #3 acknowledged,

Understandably they've maybe had some negative experiences in the past, uh, but getting them to the place where they're receptive to new relationships that is an uphill battle.

Adolescents forming trusting relationships have been identified as challenging by participants. Participant #2 clarified this by sharing, "Many kids before coming here have not been heard." Due to the layers of distrust within their family, associates, and previous professional relationships the ability to accept new healthy relationships was noted as challenging for adolescents. Participant #3 illustrated this by saying,

These are really entrenched family systems and issues, and an-any outpatient provider is only going to be as effective as a, a patient and family's willingness to change in that.

Participants have declared the power of an adolescent's voice in planning discharge.

Participant continued by saying,

Um, and so part of that discharge planning is really, you know, goes back to that fostering a sense of hope and change, um, getting, getting people prepared to take that first step in change before they walk out the door there, because that's setting up the outpatient provider, um, you know, for, for success.

### **Parental Participation**

Lastly, the lack of parental participation is a challenge reported by participants. Participants acknowledged parents expect children to be "fixed" then returned to them. Participant #5 has clarified this about parents by saying "They come in expecting, like, okay, like, I can't have this kid home until their attitude changes." Parental involvement in care is limited. Parents choose to disconnect and place responsibility on practitioners instead of gaining a better understanding how to interact with their child. Participant #6 shared,

And my biggest challenge is while we're addressing all these things, I wonder if families and providers, insurance companies are just wanting to fix this issue that's going on right now so they can move on and go back to their life instead of focusing on how do I help this child become healthy, and, you know, and change their perspective and change, not everything about them, but really focusing on how to improve that child themselves?

Participants have been experiencing parents who do not comply with discharge plans.

Transporting adolescents to aftercare services require parents, but the lack of involvement

often has prevented access to care reported by participants. Participants declared not having parental support and involvement impacts discharge planning drastically.

### **Important Learning Points**

As the facilitator, I strived to create opportunities for shared learning to occur with participants throughout this project. Participants were presented opportunities to further expound and contribute deeper meaning to conversations by answering additional probing questions. The input from focus group participants, rigorous data analysis, and literature review have contributed to the learning points to improve clinical social work practice while examining the issues and challenges social workers have encountered during discharge planning with adolescents with recurring inpatient psychiatric admissions.

A learning point was that multiple systems influenced the issues and challenges participants experience conducting discharge planning. The multifocal perspective of challenges included adequate resources, insurance restrictions, rapport with adolescents, and parental involvement have provided insight into the phenomena. Each component has input and feedback loops that impact each challenge. The ability to communicate the needs to improve the outcome of discharge planning would be necessary. Using advocacy, networking, and collaboration have been a learning point identified to address challenges.

Another learning point was the significance of the sample size. The focus group used taught that power is not in the number instead in having shared experiences and building relationships. It is not mandatory to have the maximum number of participants.

This focus groups' richness was rooted in seven participants' passion, experiences, and diverse perspectives. I learned that differences within a group create strength and power.

Another point I learned in this project is the significance of follow-up with families upon discharge. Participants described the importance of families demonstrating independence and self-sufficiency. Some form of routine follow-up is necessary to ensure adolescents are connected with aftercare providers. According to Fontella, follow-up is vital to establish guidelines and standards of care to ensure youth are connected to appropriate aftercare services through follow-up (Fontanella, 2008).

A thorough examination of aftercare services for adolescents was a learning point captured. Examining aftercare services to ensure families connect with appropriate and effective aftercare services is necessary. As the facilitator, I know discharge planning is a strength of the social work profession (Chung et al., 2008). Many families are connected with aftercare services that do not meet their needs (Hajebi et al., 2013). Participants shared concerns regarding the lack of quality aftercare services. Quality aftercare services are necessary, but examining services to ensure appropriateness and effective is imperative.

### **Findings Impacting Clinical Practice**

Impacting clinical social work practice for inpatient psychiatric adolescents was an objective of this action research project. Before positive changes happen, issues or challenges have to be addressed. Funding has the potential to impact effective discharge planning. The lack of resources discussed by participants directly impacts clinical practice by not having enough qualified staff to provide care. Due to large caseloads,

workers do not have an opportunity to focus on quality individualized care. Without adequate funding, the access to effective community resources is limited. Increases in funding might allow for more qualified staff to work and for resources to be developed within the community to address better the needs of adolescents once discharged.

Insurance restrictions have the potential to negatively affect this clinical practice when approval is not granted for additional psychiatric inpatient days of stay. Insurance providers determine the length of stay. Participants spoke of making recommendations regarding treatment and aftercare while relying on the insurance to cover services. Prematurely discharging adolescents contributes to increased recurring inpatient admission. Without revisions to insurance restrictions, many needs and services may not be addressed. Changes to insurance could create opportunities for adolescents to receive longer and more specialized treatment.

The inability to develop a rapport with adolescents' impact clinical practice. Participants were aware that adolescence is a culture worth learning more about. Participants acknowledged the power of adolescents' voices. Participants struggle with not having enough time to build relationships with adolescents due to time restraints. Participants understand building a relationship requires time. Not enough time to build a relationship impacts treatment and clinical practice. When a relationship is established between the adolescent and social worker, trust, commitment, participation, and advocacy are evident. Relationships influence the change process.

The lack of parental involvement will continue to impact clinical practice. Providing services to adolescents receiving inpatient psychiatric treatment without



parental involvement negatively affects the family unit. Parental involvement is necessary. Participants have been striving to work as a team with families to establish a discharge plan. Parents gaining a realistic expectation of interacting with their child is essential.

### **Unexpected Findings**

As the researcher, I had an open mind throughout the process. It was imperative not to allow my expectations and thoughts to influence the process. Action research belongs to the participants. My role was to facilitate the process and not serve as an expert. Unexpected findings from the project were mixed. One unexpected finding was the level of passion demonstrated by each participant. The participants genuinely wanted to positively impact the lives of adolescents, including their families and improve their clinical social work practice. The emotions were heartfelt and intentional to change the outcomes positively. Although differences of perspectives were evident, I was surprised that from the participants' interactions their variations in complex attitudes and beliefs emerged strength and power. Among the seven participants, there was a richness in sharing their feelings and attitudes. I have experienced the appreciation of the phenomena from the participants' perspectives.

Another unexpected finding in the project was that the participants reported they do not follow-up with families after being discharged. Participants do not follow-up to ensure families connect with aftercare services. Contact with social workers only occur when the family reaches out for assistance to prevent dependency and promote independence. I thought some level of follow-up was necessary to monitor the family's

ability to collaborate and connect with aftercare services. I consider planned follow-up to be a proactive step to address potential concerns and decrease recurring admissions.

### **Summary**

There were four themes identified by participants as challenges and issues they have encountered when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment. The themes were (a) adequate resources, (b) insurance restrictions, (c) rapport with adolescents, and (d) parental participation.

Celebrating the rich experiences while embracing the challenges and issues of these findings, I will proceed to the fourth and last section of this action research project and concentrate on recommended solutions. This section examines and offers suggestions using the headings: application for professional practice, solutions for the clinical social work setting, and implications for positive social change.

#### Section 4: Recommended Solutions

The purpose of this study was to closely examine the discharge planning process focusing on the issues and challenges social workers encounter when working with adolescents receiving recurring inpatient psychiatric treatment. I hoped to advance social work practice while improving the lives of others. Using action research as a participatory and collaborative process, participants' voices were heard along with opportunities to find effective solutions to problems they encountered daily with discharge planning (Stringer, 2007). The project was intended to create a transformative process for participants.

The findings were four participant-inspired themes that lead to insightful explanations of the issues and challenges participants experienced daily with discharge planning. The themes identified were (a) adequate resources, (b) insurance restrictions, (c) rapport with adolescents, and (d) parental participation. Participants shared their experiences, frustrations, feelings, and other invaluable aspects. The findings will guide future clinical social work practice.

In this section, I will recommend solutions based on the findings. I will discuss lessons that participants, stakeholders, and I learned from the findings. The findings will be classified through a comparison with the exhaustive literature review completed as part of Section 2. I will present and explain two clinical social work practice areas where findings can be implemented. A description will be provided of the findings impact on clinical social work practice as it relates to discharge planning. Based on the findings, I will recommend two solutions related to issues and challenges social work participants

encounter with discharge planning that the organization can apply. I will describe the connection between recommended solutions and what was learned in the findings. Empowerment of participants will be discussed using recommended solutions. I will share how the recommended solutions improve my future clinical social work practice. I will provide a method the organization could use to evaluate the effectiveness of suggested solutions. The implications for positive social change will be described and the impact on the individual, family, and organization.

### **Application for Professional Practice**

#### **Lessons Learned**

This project provided opportunities for shared learning to occur. Stakeholders learned various issues and challenges encountered by social workers with discharge planning. Stakeholders learned the significance of having adequate resources to provide quality care and successful discharge planning. The lack of adequate staff, financial resources, and quality aftercare services were areas identified to improve discharge planning.

Another lesson learned was the need for more advocacy or political activism to address insurance restrictions. Insurance restrictions are discussed more in following sections. Stakeholders may now have a better understanding of how insurance influences discharge planning. Stakeholders have learned that early discharge, due to insurance restrictions, may increase readmission.

Another lesson was how the lack of parental participation impacts the treatment outcome. Parental participation yields positive outcomes and successful discharge

planning (Haynes et al., 2011). Soliciting parental participation may require creative measures to capture their attention and support throughout the process. Gaining parental support may require additional time and listening to parents to increase involvement with discharge planning. Stakeholders and I learned that parental participation is essential to positive outcomes for adolescents after being discharged. Parental participation is discussed further in following sections.

As a student, I have learned the importance of group dynamics, including the power in shared experiences instead of focusing on the number of participants. Serving as the facilitator for this project has reinforced the importance of ensuring every voice has been heard. The observation of body language has been instrumental in the learning process. Learning the value of unspoken words throughout the focus group facilitation has been an invaluable learning aspect. Observing participants' body language or unspoken words such as quenching fist, rolling eyes, placing hand on forehead, fluctuations in tone, and others indicated their passion, disappointments, and frustrations. Positive or happy experiences were captured through their smiles, nodding, clapping hands, and other positive gestures. These unspoken feelings and gestures depict the humanistic side of professionals that adds richness and value to their language.

### **Classifying Findings through Comparison of Literature Review**

Four participant-inspired themes emerged: (a) adequate resources, (b) insurance restrictions, (c) rapport with adolescents, and (d) parental involvement. In comparison with the peer-reviewed literature, the participant-inspired themes were confirmed previous understanding from literature. Adequate resources were identified as a challenge

by participants. From participants, the need for additional staff to assist with high caseloads is necessary to address challenges they have encountered. Participants identified the lack of quality aftercare services in the community as a resource needed to address challenges. Also, the lack of financial resources has created challenges for participants conducting discharge planning. This finding was confirmed in comparison with the peer-reviewed literature. Inpatient psychiatric hospitals have limited resources including staff (Duffy & Skeldon, 2013; Noyola et al., 2014). A study completed by Hajebi et al. (2013) confirms the lack of quality services offered in communities. Due to the lack of resources, the program development and structure of services are impacted. When active follow-up services do not exist due to the lack of resources, discontinuation of treatment, repeated reoccurrences, and rehospitalization were common with patients. The success of discharge planning and aftercare services were limited. Maintaining competent workers with limited funding resources was challenging (Hajebi et al., 2013).

Insurance restrictions were identified by participants as a challenge encountered with discharge planning. Insurance restrictions regulate the length of stay and influence early discharge. Participants have experienced adolescents who discharge early then return for recurring inpatient admissions. Also, participants experience pressure from insurance providers regarding decreasing the length of stay for adolescents. This finding was confirmed through literature review in several articles. According to Noyola et al. (2014), early discharge resulting in a shorter length of stay for treatment is a reason to examine with recurring inpatient admission. Hospitals have high demands for psychiatric beds allocated for adolescents. Many facilities have limited beds for adolescent care

regardless of the need (Botha et al., 2010; Yampolskaya et al., 2013). Hospitals receive pressure from medical insurance companies including managed care plans with demands to decrease the length of hospital stay (Duffy & Skeldon, 2013; Noyola et al., 2014).

Rapport with adolescents was identified as another challenge by participants. Due to time restraints, participants often struggle with establishing rapport with adolescents. Participants expressed the importance of adolescents' voices in discharge planning but understood the power in the patient-worker relationship in clinical practice. Participants identified the lack of trust and separation from family and friends impact relationships with professionals. This finding was confirmed through the literature review. Adolescents experience separation from family, friends, social organizations, and community relationships which impacts establishing relationships with helping professionals (Haynes, et al., 2011; Yampolskaya et al., 2013). The inability for professionals to establish rapport with adolescents and their family creates a barrier to treatment (Hajebi et al., 2013).

Parental participation was identified as a challenge by participants. Participants experienced limited involvement from parents in the discharge planning process. Parents expected practitioners to "fix" their children without contributing to the process. The lack of parental involvement negatively impacted the outcome. Participants voiced understanding that parents may not be involved due to feeling overwhelmed or discouraged because of behaviors of the adolescent.

The finding was confirmed in the literature suggesting that parental participation is often limited in discharge planning. The literature suggests that working with the

family unit throughout the inpatient stay yields positive outcomes (Yampolskaya et al., 2013). The use of a family-centered practice or parental participation yield positive outcomes (Haynes et al., 2011). Also, the literature confirmed the lack of family involvement might depend on the family's burnout level or feelings of being overwhelmed which could negatively impact the outcome (Sharrock et al., 2011).

### **Application for Clinical Social Work**

The findings from this project could be applied in clinical social work practice areas providing services to adolescents receiving inpatient treatment, including mental health and medical settings. Social workers provide therapeutic services to adolescents in various treatment areas. Discharge planning for these adolescents require structured follow-up (Hajebi et al., 2013; Yampolskaya et al., 2013). A structured follow-up protocol offers additional support to families during the stressful time of transitioning back to their routine.

To improve discharge planning in mental health and medical inpatient services, adequate resources have to be available to maintain competent social workers to address heavy caseloads and provide quality services. Inpatient services rely heavily on insurance approval for length of stay, requested services, and aftercare services (von Wyl et al., 2013). Actively advocating for improvements in insurance coverage offers benefits to effective discharge planning. It is imperative to have adolescents participate in discharge planning. Rapport with adolescents is necessary to the helping relationship and the outcome of care (Block et al., 2013). Using engagement and empowerment strategies, relationships with adolescents could be strengthened and hearing their voices would be



paramount to the future of discharge planning and clinical social work practice. Parental involvement is vital to the success of youth after being discharged (Sharrock et al., 2013). Social workers listening and encouraging parental involvement while offering them support may improve their understanding in their child's care. The findings from this project may improve other practice areas.

### **Findings Impact on Clinical Social Work Practice**

The findings from this project were four participant-inspired themes that lead to insightful explanations of the issues and challenges participants experienced daily with discharge planning. The themes identified were (a) adequate resources, (b) insurance restrictions, (c) rapport with adolescents, and (d) parental participation. The mental health of adolescents is a growing concern across the nation. Annually, billions of dollars are spent on addressing mental health needs for adolescents (Noyola et al., 2014). Rehospitalization drastically affects the psychological and social well-being of these youth (Fontanella, 2008; Noyola et al., 2014). Clinical social work practice with adolescents receiving inpatient psychiatric may be impacted from project findings. By addressing the identified themes, social workers may be able to provide adolescents with quality aftercare services. Adolescents receiving structured follow-up may not experience multiple recurring inpatient admissions. Due to adolescents being involved in quality aftercare services and relationships with practitioners may yield positive outcomes. Adolescents would have an opportunity to socialize with peers, attend social events, obtain an education without excessive absences, and engage with their families. Many adolescents do not have opportunity to experience life as their peers due to experiencing

recurring psychiatric readmissions. The findings from this project being addressed may provide opportunities for youth to experience brighter future.

### **Solutions for the Clinical Social Work Setting**

#### **Solutions to Apply to Problem**

A solution to improve discharge planning for adolescents receiving recurring inpatient psychiatric admissions is to establish a follow-up protocol for the organization. Currently, the organization in this study does not have a protocol established for structured follow-up. The organization implementing routine follow-up within specific timeframes such as within 30 days, 60 days, 90 days, and a year may yield positive outcomes. A follow-up protocol ensures accountability for adolescents and their families. The use of various methods including telephone calls, mailing letters, using incentives, and other ways improve attendance with aftercare services (Hajebi et al., 2013). Research indicates 21 - 65% of adolescents experience recurring inpatient services within the first year of discharge (Barker et al., 2010). Many adolescents leave facilities then return for readmission within less than 6 months, often referred to as a “revolving door,” (Hajebi et al., 2013, p. 2). According to von Wyl, et al. (2013), the first 6 weeks after discharge from inpatient psychiatric treatment is a highly stressful transition for patients including adolescents. As previously noted, the first 6 weeks were stressful for adolescents after discharging; therefore, by the organization establishing a structured follow up within the first 6 weeks of discharge creates a safety net for families that offers additional support. The ability to offer families additional support during stressful times increases opportunities for success.

Another solution is to incorporate engagement and empowerment strategies to establish rapport with adolescents. Using these strategies promotes maximizing outcomes that address disclosure and trust issues. Rapport building makes youth feel comfortable to participate in treatment and share (Henriksen, 2014; Moses, 2011). Adolescents being comfortable enough to share and engage is rooted in understanding adolescent development issues (Block et al., 2013). Some suggested themes to assist with gaining a better understanding of developmental issues with adolescents include autonomy, significance of peer reactions, necessity of privacy, and the respect for self-determination (Henriksen, 2014). The voice of an adolescent is necessary for effective discharge planning. Adolescents' voices impact decision making and influence other systems (Block et al., 2013; Haynes et al., 2011). The views, experiences, and perspectives of adolescents are often ignored and not taken into consideration in the discharge planning process involving treatment recommendations and ways to improve systems (Block et al., 2013; Haynes et al., 2011). The ability for adolescents to share and express themselves is critical to their success (Henriksen, 2014). These studies suggest the voice of youth is paramount to their future mental health. The process may be improved by the organization providing opportunities for youth to share their experiences and offer suggestions about discharge planning. The development of an adolescent advisory council with previously discharged adolescents is an option to consider ensuring their voices are being heard by executive administration.

**Next Steps**

The next steps to consider for implementation of solutions would be the development of a task force with the hospital. The task force would consist of licensed social workers with discharge planning experience. The responsibilities would consist of brainstorming and drafting a protocol establishing guidelines for follow-up requirements. They would identify timeframes, define roles, and responsibilities to ensure an effective and efficient follow-up process. The goal would be to encourage and promote accountability with follow-up efforts. After completion of the draft, the task force would present information to administrative personnel for approval and date for implementation.

Additionally, steps to consider for incorporating engagement and empowerment strategies in daily clinical practice is professional curriculum development focusing on skill building. Another task force could be created consisting of social workers and a supervisor to develop material for curriculum. Some suggested themes to consider in curriculum development to gain a better understanding of developmental issues with adolescents include autonomy, significance of peer reactions, necessity of privacy, and the respect for self-determination. The curriculum would be presented to administrative personnel for revisions and approval. Once approval has been granted, the team would present material to social work staff to ensure strategies are implemented correctly. Based on the organization's needs, the in-service may be incorporated as a part of annual training. Also, establishing an adolescent advisory council of previously discharged adolescents would provide youth a platform for their voices to be heard and ensure a

sense of empowerment. The goal would be to improve rapport with adolescents while encouraging maximum participation throughout the discharge planning process.

### **Relevance of Solutions to Findings**

The solutions being recommended were derived from the four participants-inspired themes: (a) adequate resources (b) insurance restrictions (c) rapport with adolescents and (d) parental participation. Based on the solutions recommended, I anticipate discharge planning could improve at the organization. A follow-up protocol is relevant to addressing the high number of recurring inpatient admissions for adolescent receiving psychiatric services. Currently, the organization does not have a structured follow-up protocol with specific time frames. The findings revealed adolescents often do not connect with aftercare services. Whether or not insurance will cover services the adolescent needs could be addressed by following up with families. Incentives to follow-up could include stronger community relationships, positive impact on improving accountability and overall health for adolescents, and decreasing readmissions for inpatient services resulting in smaller caseloads for social workers (Duffy & Skeldon, 2013; Hajebi et al., 2013). The literature review confirms the significance of follow-up after being discharged and regarding connecting with aftercare services (Hajebi et al., 2013).

Using engagement and empowerment strategies in daily clinical practice, directly relates to the challenges of rapport building with adolescents and soliciting parental participation. The findings showed that adolescents are reluctant to trust and build new relationships, due to previous experiences. Social workers completing in-service on

incorporating strategies in clinical practice ensure competency before implementing with adolescents would be imperative. These strategies encourage adolescents and parents to feel comfortable while prompting participation (Henriksen, 2014; Moses, 2011). The ability to build rapport with adolescents requires time and patience. It was learned from the findings that parents want their children “fixed.” Positive outcomes could be further enhanced when parental participation is involved throughout discharge process.

### **Empowering Others**

I hope the solutions recommended empower adolescents, parents, social workers, and other stakeholders involved in discharged planning specifically working with recurring inpatient psychiatric admissions. Social workers’ establishing a follow-up protocol to encourage and promote accountability with aftercare services may improve the discharge planning process. By having a structured follow-up protocol, adolescents and their families can proactively address barriers preventing them from connecting with aftercare services. Also, the use of engagement and empowerment strategies empower adolescents and parents. These strategies encourage adolescents and parents to use their voice while participating in the discharge planning processes. The use of strategies with parents may encourage participation and opportunities for learning on how to interact with their child appropriately.

Overall, implementing the recommended solutions could make the hospital better by improving discharge planning process. The structured follow-up protocol may decrease recurring adolescent inpatient psychiatric treatment. Due to adolescents being connected with aftercare services and establishing rapport with professionals, more

adolescent beds could be available for use. This hospital would have an opportunity to meet the needs of more adolescents seeking inpatient psychiatric care. Also, more funding allocated to the hospital would be evident by the need and demand.

### **Improve Professional Social Work Practice**

My clinical social work practice would benefit from the solutions recommended. In my daily clinical practice, I provide care to chronically ill children. This population struggles with follow-up and building relationships. I will suggest to the treatment team that we revise current follow-up protocol to add variety to the attempts and specific timeframes. The protocol presents an opportunity to be creative and innovative with strategies including making a telephone call, sending text messages, hand-written cards, and age-appropriate incentives. The goal would be to improve follow-up and adherence for patient and families.

Rapport building is essential to the helping relationship (Cooper & Lesser, 2011). The use of empowerment and engagement strategies with families will build rapport while encouraging participation. I understand the importance of making sure the patient and family feel comfortable. Using strategies with patient and parents may help them to discover their voices. As a social worker, it is important to empower individuals to participate in treatment discussions and make their request known to the team. I will ensure my personal clinical practice incorporates effective empowerment and engagement strategies.

### **Evaluation of Recommended Solutions**

The organization could use a survey to evaluate the effectiveness of recommended solutions. A survey is a quick, inexpensive evaluation tool (Groves et al., 2009). Based on the population, using an electronic or paper survey would encourage maximum participation. The task force could create the survey tool. Adolescents and their families would have a chance to provide feedback and input about their experiences with the recommended solutions. It is significant to have their voices heard during the evaluation process.

### **Implications for Social Change**

#### **Potential Social Change**

Social change is a transformational process. This project examined culture, behavioral patterns, and norms at a mezzo level with a group of social workers. The focus of better understanding the needs and challenges of adolescents and their families within larger social issues was the priority. Through improvements to discharge planning, adolescents would embrace opportunities of socialization with peers, obtaining a quality education, living as productive citizens, and maintaining healthy relationships with helping professionals while participating in aftercare services. I have recommended solutions to improve social work clinical practice to yield positive outcomes and ensure all adolescents have access to needed services and participate in decision-making.

#### **Contribution of Knowledge**

Discharge planning is a process used in various settings. The findings from this project contribute to the knowledge of other professionals. Using a structured follow-up



protocol, to improve adherence, promote accountability, and encourage active participation in care may be used with other settings to contribute knowledge in a broader perspective. The goal is for individuals to connect and access services while improving the discharge planning process. Relationships are a vital part of human behavior. The findings from this project focus on rapport with adolescents. By implementing empowerment and engagement strategies with any relationship, trust and acceptance are conveyed which contributes to rapport building. Working with individuals from diverse backgrounds, making them feel comfortable to share and trust the process is imperative to the working relationship. Broadening the knowledge across multiple professional settings, promotes co-learning experiences and implementing new components within professional practice while improving lives. The findings in this project are not generalizable. It is my hope that readers may find various elements in this project that could be transferred to other settings where discharge planning is an essential process.

### **Summary**

The mental health of adolescents is a growing problem in the United States. Many youth are victims of the “revolving door” phenomena. Discharge planning is an essential process to improving the lives of individuals and families. Social workers play an active role in the process. Through an action research design, social work participants proactively identified issues and challenges involved in discharge planning with adolescents receiving recurring psychiatric inpatient admission. Four participant-inspired themes were identified: (a) adequate resources, (b) insurance restrictions, (c) rapport with adolescents, and (d) parental participation. These themes provide ideas necessary for

improving discharge planning process while positively impacting the lives of adolescents and their families.

The development and implementation of a structured follow-up protocol, including timeframes and innovative methods could yield positive outcomes. Follow-up with adolescents and their families may promote encouragement and accountability. The process provides an opportunity to be proactive and address issues that prevent adherence or connecting with aftercare services. Follow-up is vital component to discharge planning.

Relationships are important to the helping process. Rapport with adolescents requires time. The incorporation of empowerment and engagement strategies can help build relationships. When youth and their families are feeling comfortable to share information, relationships are strengthened. It is imperative to understand the development and culture of adolescents better. This understanding will support rapport building.

Successful discharge planning encompasses multiple systems. Discharge planning requires for collaboration with various systems. Adolescents are a part of many systems and each is significant to their success. Having open communication and respecting differences is important. Discharge planning is a continuous process that requires contributions from all involved.

### **Information Dissemination**

The dissemination of research findings can contribute to advancement in clinical social work practice, improve the well-being of individuals in the community, and

develop prevention measures. The findings can be in publications. Publications is a fast and efficient way to reach many people. I would explore submitting the study for publication in peer-reviewed journals such as *Journal of Adolescent Health* and *Journal of Adolescence Research*. I would consider presenting findings at a National Association of Social Worker (NASW) state conference to inform other social workers. I want to share my findings for the advancement of clinical social work practice.

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## Appendix A: Email to Participants

Subject: Understanding the roles and challenges social workers encounter with discharge planning

Hello,

My name is Chastity Richey. I am an eager doctoral student conducting an action research study with Walden University in Social Work. This study closely examines the role of social workers in discharge planning. You may know my role as social worker in the pediatric hospital. This research study is completely separate from that role. I am conducting an action research study on the social worker role and the challenges encountered in discharge planning with recurring inpatient hospitalization in adolescents. I am inviting you to participate because of your expertise in this area.

Participation in this research includes participating in a focus group by answering questions from an interview guide. The questions are about your experiences, clinical practice, and expertise about discharge planning. The focus group will meet 2 different days. During this time, one day we will meet for approximately 90 minutes to gather information. Another day the meeting will allow an opportunity to ensure accuracy and authenticity of data. This meeting will last approximately 60-90 minutes. Some possible benefits for participating in this project are the ability to make a difference, to influence clinical social work practice, and a unique experience by participating in research.

***You will not be asked to answer questions that are sensitive in nature and you do not have to share any knowledge that you are not comfortable sharing.***

If you have any questions or would like to participate in the research, I can be reached at 513-371-2200 or [chastity.richey@waldenu.edu](mailto:chastity.richey@waldenu.edu).

Best regards,

Chastity Richey, MSW, LSW

## Appendix B: Recruitment Flyer

Roles of Social Workers and the Challenges Encountered in Discharge Planning with Adolescents Receiving Recurring Inpatient Psychiatric Treatment: An Action Research Study

Researcher: Chastity Richey

# Your Voice Matters!!!!!!



The purpose of this research study is to identify issues and challenges social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment.

Participation in this study involves:

Social workers who conduct discharge planning with inpatient adolescents.

Participation in a focus group (2 meetings of no more than 90 minutes each)

**Contact information:**

To find out more about this study, please contact:

Chastity Richey  
Chastity.richey@waldenu.edu

## Appendix C: Transcript for Focus Group Interview

Good morning!

My name is Chastity Richey. I am an eager doctoral student conducting this action research study with Walden University in Social Work. Professionally, I work as a social worker at the pediatric hospital. This research study is completely separate from that role. As the researcher, I would like to welcome you to the focus group. Thank you for taking time to join me and share your experiences. Again, I would like to welcome you!

As a doctoral student, the purpose of this research study is to identify challenges and issues social workers encounter when conducting discharge planning with adolescents receiving recurring inpatient psychiatric treatment. The results will be used to improve clinical social work practice in our community. You were selected because I believe that you can help by sharing your experiences, roles, knowledge, challenges about discharge planning and social work practice in general. I want to learn what social workers at your facility know about discharge planning, problems contributing to recurrences, and why adolescents return for inpatient psychiatric treatment. Also, I want to know more about daily clinical social work practices.

I would like to share the ground rules....

- There are no right or wrong answers, but positive, negative, and diverse response are welcome.
- The session will be audio- recorded.
- One person speaking at a time.
- You will be assigned a number which will serve as your identifier.
- You do not have to agree, but you should be respectful as others share their perspectives.
- Cellular phones and pagers should be silenced. If you must respond, please leave the room quietly and return quickly to rejoin the group.
- My role as facilitator will be to guide the discussion.
- Talk to each other, embrace experiences, and celebrate differences

## Appendix D: Demographic Questionnaire

Age:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or more

Race (Select all races/ethnicities that apply):

- Caucasian
- African American
- Native American
- Hispanic
- Pacific Islander

How many years have you worked as a social worker? \_\_\_\_\_

What is your social work background?  
\_\_\_\_\_  
\_\_\_\_\_

How long have you worked in your current position? \_\_\_\_\_



## Appendix E: Questions for Interview Guide

1. How do you define discharge planning?
2. When do you begin discharge planning with inpatient psychiatric adolescents?
3. Who do you involve in the discharge planning process?
  - Probe 1: How are adolescents involved in discharge planning?
  - Probe 2: How are families involved in discharge planning?
4. What challenges do you encounter with discharge planning?
  - Probe 1: How does culture influence discharge planning?
  - Probe 2: How do peer relationships influence discharge planning?
  - Probe 3: How does mental health diagnosis influence discharge planning?
5. What factors influence the aftercare services you include in discharge plans for adolescents?
  - Probe 1: How do local community resources come into play in your discharge plans?
  - Probe 2: How do family resources come into play in your discharge plans?
6. How can discharge planning impact adolescents returning for inpatient psychiatric treatment?
7. What would you like to see differently in discharge planning?
8. What else would you like to share?