

2018

Adolescent Engagement in Home-Based Treatment: An Action Research Study

Krystal Finch
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Walden University

College of Social and Behavioral Sciences

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Krystal Finch

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Walden University
2018

Abstract

Adolescent Engagement in Home-Based Treatment: An Action Research Study

by

Krystal Finch

MS, Southern Connecticut State University, 2010

BS, University of New Haven, 2007

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2018

Abstract

Adolescent engagement in home-based treatment is a challenge within the social work field. Studies have suggested that the foundation of clinical practice relies on the clinician's ability to understand the process of engaging adolescents in treatment, which may also include a period of adaptability, relatability, and connectedness within the treatment setting. The purpose of this study is to explore the clinical practice approaches, roles, and experiences utilized in home-based treatment to adolescents residing in a large city in northeastern United States. This study was grounded in the ecological systems theory which provides social workers with an opportunity to assess the relationships between an individual's behaviors and the environment. A qualitative research design was used in this study. Social work clinicians participated in focus groups to address the clinical roles, characteristics, and skills essential for reducing barriers related to adolescent engagement in home-based treatment and explore the clinical practice approaches and knowledge base related to adolescent engagement in home-based treatment, including the areas of competence, respect, empathy, and passion. Data were analyzed using audiotapes of the focus groups, the transcription process, coding, and a reliability check. Findings from this study suggest that effective social work practice techniques depend upon the clinician's ability to engage the adolescent throughout the entire treatment process. The outcomes for this action research study included both challenging and rewarding opportunities for clinicians to increase understanding of characteristics, skills, values, and experiences in providing home-based treatment to adolescents of a large city in the northeastern United States.

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Table of Contents

List of Tables	iii
Section 1: Foundation of the Study and Literature Review	1
Problem Statement	3
Research Questions	5
Purpose Statement.....	5
Nature of the Doctoral Project	8
Theoretical/Conceptual Framework.....	11
Significance of the Study	13
Values and Ethics.....	14
Review of the Professional and Academic Literature.....	16
Literature Review Related to Key Variables and Concepts.....	18
Competence in Social Work Practice	21
Respect in Social Work Practice.....	23
Empathy in Social Work Practice	24
Passion in Social Work Practice	26
Summary	27
Section 2: Research Design and Data Collection	29
Background and Context.....	30
Methodology	31
Sources of Data/Data Collection.....	32
Ethical Procedures	36

Summary	37
Section 3: Presentation of the Findings	39
Data Analysis Techniques.....	40
Validation and Legitimatization Process	42
Demographics of the Participants	45
Findings.....	46
Consistency in Treatment	47
Competence.....	48
Respect.....	49
Empathy	51
Passion	51
Engagement Techniques	52
Modeling Behaviors in Clinical Practice	53
Validating the Adolescent’s Feelings	54
Summary.....	56
Section 4: Application to Professional Practice and Implications for Social Change	58
Application for Professional Practice	61
Solutions for the Clinical Social Work Setting.....	64
Implications for Social Change.....	66
Summary	68
References.....	69

List of Tables

Table 1. Participant Demographics.....

Section 1: Foundation of the Study and Literature Review

One of the essential components to engagement in therapy is the clinician's ability to establish an interpersonal relationship with clients, which enhances clinical care and improves overall functioning (Ingoldsby, 2010). However, adolescent engagement in home-based treatment is a challenge within the social work field (Thompson et al., 2007). Despite efforts from mental health professionals to address barriers related to adolescent engagement in mental health treatment, challenges remain. To address the issues related to adolescent engagement in treatment, providers have utilized home-based approaches to eliminate barriers to treatment (Liddle, 2010). The factors impacting adolescent engagement in home-based treatment often include barriers related to the family function and adolescents' motivation for change and developmental state (Liddle, 2014).

Research suggests that adolescent engagement in home-based treatment is largely dependent upon the therapeutic alliance, clinical skills, and understanding of the adolescent's individual needs (Thompson et al., 2007). Greenberg and Lippold (2013) found that adolescents between the ages of 12–18 who were involved with mental health services have struggles related to the individual, family, and social functioning. Home-based interventions have provided structure, sense of belonging, and improved family relationships (Danzer, 2014). Consequently, it is important to understand the effectiveness of social work practice for the development of clinical skills, techniques, and strategies to improve engagement in treatment.

Social work researchers have explored techniques that focus on client readiness, a motivation for change, and assessments of strengths and barriers to treatment engagement

(Kim et al., 2012). Exploring techniques as they relate to the clinician's ability to strategize, empower, and motivate the adolescent towards positive change is essential clinical practice (Thompson et al., 2007). The gaps in literature related to engagement in home-based treatment lay in the influences of the family members towards the adolescent's success in treatment (Liddle, 2014). However, the clinician's ability to develop a connection with treatment is the foundation of the therapeutic relationship (Shirk & Brown, 2011). To improve social change throughout the field, clinicians must understand the skills necessary for establishing strong therapeutic relationships that promote and enhance clinical care.

The concepts of competence, respect, empathy, and passion served as the foundation for me in this study exploring clinical practices beneficial for improving clinical care (see Hunte, 2012; Iachini, Hock, Thomas, & Clone, 2015; O'Hagan, 2007; Southerland, Mustillo, Farmer, Stambaugh, & Murray, 2009). For the experienced clinician, a commitment to social work practice focuses on improving skills throughout home-based treatment programs. Furthermore, researchers have found that building strong therapeutic relationships in treatment leads to positive outcomes for the adolescent and family (Kim et al., 2012). In this section, I will provide a foundation for the study that will include an overview of the research questions, problem statement, purpose statement, nature of the project, theoretical framework, significance of the study, value, and ethics. With this action research study, I sought to expand social workers knowledge of clinical skills; improve engagement strategies; and provide insight to inform effective

clinical care for adolescents, parents, and families residing in the local communities of a large city in the northeastern United States.

Problem Statement

Adolescent engagement in home-based treatment is a problem within the social work field (Thompson et al., 2007). Researchers have suggested approaches to improve the therapeutic alliance, reduce access to services, and implement evidence-based interventions to assist with treatment engagement (Kim et al., 2010; Thompson et al., 2007). However, challenges associated with engaging adolescents in home-based treatment impact treatment outcomes, change in behaviors, and the therapeutic alliance (Ingoldsby, 2010). The factors that impact adolescent engagement in treatment include treatment resistance, dysfunction within the home, substance use, criminal involvement, and unmet mental health issues (Liddle, 2014).

Liddle (2014) has also suggested that an individual's motivation for change and developmental state also contribute to the barriers to treatment engagement. Thompson et al. (2007) found problems associated with adolescent engagement in home-based treatment include ineffective clinical social work skills, an inability to form a cohesive therapeutic relationship, and the adolescents' position regarding treatment participation. Similarly, systemic issues, such as community violence, poor academic rates, and socioeconomic barriers, continue to prove problematic for clinicians (Hess, Gunn-Wright, & Williams, 2011).

Kim et al. (2012) suggested that the barriers related to adolescent engagement coincide with the clinician's role in treatment. Therefore, the goals to enhance

commitment to treatment and improve therapeutic relationships may further support the increase in health and development of adolescents served. Enhancing the relationship between the adolescent and the clinician further supports the shift towards overall health and wellness (Ingoldsby, 2010). Ingoldsby (2010) found that the lack of engagement in treatment is associated with poor client outcomes and increased risks factors throughout the family systems.

In research related to adolescent engagement, authors have identified barriers to treatment engagement; however, their research has primarily focused on the family system (Liddle, 2014). Fewer studies have examined the issues related to adolescent engagement in home-based interventions, specifically related to the clinicians' role in treatment. To address this gap in knowledge on home-based treatment, I sought to increase the understanding of social worker roles, skills, and experiences that prove beneficial for effective clinical care in this study.

Throughout this study, the following pseudonym is used to maintain confidentiality of the site and study: Bayville. I primarily focused on adolescent and clinician engagement within Bayville located in a large city in the northeastern United States. Although community-based organizations, such as the one under study in this project, have employed home-based therapeutic interventions to assist with reducing access to treatment, adolescent engagement in treatment remains a challenge (Liddle, 2014).

The current social work practice techniques used to engage adolescents in home-based treatment must be examined to address challenges related to adolescent

engagement in home-based treatment. Researchers have suggested that effective clinical skills may enhance clinical practice by increased attention on the social work skills beneficial for engagement (Kim et al., 2012).

Research Questions

I developed the research questions to focus on the clinical role, techniques, and skills used to improve adolescent engagement in home-based treatment. The research questions were as follows:

1. How do home-based clinicians view their role in the process of engaging adolescents in treatment?
2. How do home-based clinicians integrate the concepts of competency, respect, empathy, and passion in home-based treatment with adolescents?
3. How can home-based clinicians improve the engagement process for adolescents in home-based treatment?

Purpose Statement

The purpose of this action research study was to explore the clinical practice approaches, roles, and experiences to enhance engagement in home-based treatment with adolescents residing in a large city in the northeastern United States. Researchers have suggested the problems associated with adolescent engagement in home-based treatment depend upon the clinicians' clinical skills and understanding of the engagement process (Thompson et al., 2007). Haine-Schlagel (2015) suggested a combination of adaptability, relatability, and connectedness is essential for building rapport in treatment. Likewise, Hunte (2012), Iachini et al. (2015), O'Hagan (2007), and Southerland et al. (2009) shared

common themes relate to the concepts of competence, respect, empathy, and passion in clinical treatment as a foundation for engagement within the mental health field.

Studies have shown that issues related to treatment engagement are significantly reduced when clinicians' shift focus to include family members in the home (Liddle, 2014). However, researchers have not addressed the impact of personal and professional experiences in the social workers' role in engaging adolescents in home-based treatment. To address the gaps in the literature related to the challenges faced by home-based clinicians, in this study I explored the personal and professional experiences of social workers that may enhance clinical care, specifically, the concepts of competence, respect, empathy, and passion. Researchers have that these concepts may increase understanding into the benefits of clinical experiences as a guide for effective clinical care (Hunte, 2012; Iachini et al., 2015; Kim et al., 2012; O'Hagan, 2007; Southerland et al., 2009). While client engagement throughout the social work field is a barrier for mental health professionals, the challenges continue to lend insight into the overall wellness and mental health of adolescents in treatment (Thompson et al., 2007). Through my exploration of current practice techniques and the resulting expansion of the knowledge base related to adolescent engagement in home-based treatment, clinicians may be able to improve their clinical skills.

Competence in social work practice is the clinician's ability to demonstrate an understanding of the skills beneficial for client engagement (O'Hagan, 2007). Kim et al. (2012) and Adams et al. (2013) suggested that demonstrating competence and respect is a technique used in treatment to validate, empower, and navigate the treatment process in a

manner that yields positive outcomes. The technique of exhibiting empathy and passion support the clinician's efforts to engage the adolescent in treatment by showing increased focus and attention to the individual's needs (Gerdes, 2011; Hunte, 2012).

Although I focused on clinicians providing home-based treatment to adolescents within the communities of a large city in the northeastern United States in this study, social workers throughout the mental health field may be able to use my findings to improve their knowledge and understanding of the clinical roles and experiences that may enhance client engagement. Social work clinicians had an opportunity to provide the me with information into the social worker's role in engaging adolescents, including the social work skills and experiences that prove beneficial for engagement when using home-based treatment interventions.

Furthermore, I sought to explore the clinical role in engaging adolescents in the process of change during home-based interventions in this study. Researchers have suggested that the key components to improved engagement are the clinician's ability to adapt, relate, and connect with the adolescent at the beginning of treatment (Haine-Schlagel, 2015; Thompson et al., 2007). Through my exploration of the clinical practice approaches, roles, and experiences in this study, adolescent engagement may improve within the communities of a large city in the northeastern United States. These concepts may lend insight into the benefits of clinical practice approaches in mental health treatment.

Nature of the Doctoral Project

I used a qualitative research approach in this study. Use of the qualitative method in action research provides a community-based approach to address problems through needs assessment (Ren & Langhout, 2010). In this study, I explored social workers' perceptions and experiences related to the process of engagement for adolescents involved in home-based mental health services within the communities of a large city in the northeastern United States. Action research provides researchers with opportunities to understand the community needs and the social work values that enhance an individual's overall experiences (George, 2014). The clinician participants were able to provide insight into the skills beneficial to enhance the therapeutic relationship with adolescents in clinical practice.

Focusing on the social work skills and experiences that prove beneficial for engagement in home-based treatment may further enhance clinical practice. In this study, I used focus groups to explore the concepts of competence, respect, empathy, and passion. Social work clinician participants had an opportunity to provide me with information on the social worker's role in engaging adolescents, including the social work skills and experiences that prove beneficial for engagement when using home-based treatment interventions. These concepts lent insight into the benefits of clinical practice approaches among home-based clinicians.

The social work field benefits from action research because this type of study addresses problems identified by community members and partnerships with an understanding of the specific issues for initiating change (Ungar et al., 2015). In this

study, I addressed the problems associated with adolescent engagement in home-based treatment by assessing the clinician's ability in understanding the importance of the clinical approaches, role, and experiences that prove beneficial to clinical care. The stakeholders for this study included the adolescents, family members, social work clinicians, and community supports. Within action research, stakeholders promote, support, and identify the fundamental process of gathering different opinions and ideas for a common goal (Lasker & Weiss, 2003).

The foundation of action research highlights the interpersonal and community relationships that impact the problems identified (Ungar et al., 2015). Buettgen et al. (2012) suggested including participant feedback to provide the structure and support for increased participation and positive outcome goals. Participants in this study were able to provide insight into the opportunities for clinicians to identify the strengths, challenges, and barriers related to treatment engagement. Therefore, social work clinicians contribute additional knowledge and skill to the broader scope of the community problems and needs of the community (George, 2014).

Ecological systems theory provided the theoretical foundation for this study. Ecological systems theory acknowledges the connections between an individual's behaviors, functioning, and the environment (Bronfenbrenner, 1986; Neal & Neal, 2013). A significant component of systemic responses throughout the social work field provides social workers with an opportunity to assess the relationships between an individual's behaviors and the environment (Christens & Peterson, 2012). The ecological systems theory also provided an increased understanding of the importance for social work

clinicians to conceptualize the relationships between the adolescent, family, and community counterparts, which may support adolescent engagement in treatment (Darling, 2007).

Researchers have suggested that communities, such as the one under study, that are impacted by crime, poverty, and other socioeconomic factors present with increased risk factors for mental illness (Arthur, Hawkins, Pollart, Catalano, & Baglioni Jr., 2002). Likewise, researchers have found a direct correlation between communities identified as at-risk and involvement with mental health services (French et al., 2003). Assessing the impact of adolescent mental health within the community supports the goal to improve the overall mental health of adolescents. Historically, home-based treatment provided access to services for families to assist with bridging the gaps between mental health and family service needs within the community (Liddle, 2010). In current clinical practice, researchers have focused on the response of clinicians providing therapy to improve engagement amongst the adolescent population (Iachini et al., 2015).

The participants in the study were licensed master's degree holders and licensed clinical social workers (LCSWs) employed at an agency located in a large city in the northeastern United States. This agency employs licensed marriage and family therapists and licensed professional counselors to provide home-based therapy to families. Although the study was limited to clinicians at this specific agency who were licensed to practice social work in the state of, the knowledge gained from this study may benefit social workers in similar settings. I used focus groups to enable participants to provide rich data, including expression of feelings, experiences, and detailed insights, into the

strategies they deemed beneficial for improving engagement in treatment (see Stauffer, Minnich, Morford, Trani, & Tomlinson, 2013).

The study limitations included the participant criteria of licensed social workers, the availability of in-home clinicians, and my relationship with the participants. To address limitations related to the relationships and proximity to participants providing home-based treatment, I clarified my role as researcher, the purpose of the study, my promise of confidentiality, and their ability to withdraw from participation at any time during the study. I also used a LCSW who did not participate in the study to conduct a reliability check of the data gathered.

I compartmentalized the data into four parts, including the analysis of audiotapes, transcription process, coding, and a reliability check. To begin, I analyzed the audiotapes of the focus groups to form an understanding regarding the themes and patterns of participant responses (see Thomas & Harden, 2008). The audio recordings were transcribed verbatim using NVivo qualitative data software. Open coding followed where I identified patterns related to the participants experiences relayed in the focus groups. Lastly, I had a LCSW conduct a reliability check that included a review of the audiotapes, transcribed data, and coded themes from the focus groups. I will describe the methodology and data collection process in greater detail in Section 2.

Theoretical/Conceptual Framework

To conceptualize theory and practice, researchers have explored the foundation of social work practice that guides treatment. This study was grounded in the ecological systems theory to use a systemic approach to clinical care (see Neal & Neal, 2013). The

ecological systems theory was developed in the early 1970s by Bronfenbrenner to help understand the connections between an individual's behaviors, functioning, and the environment (Neal & Neal, 2013). Through the lens of systems theory, Bronfenbrenner assessed the working theories between the micro, macro, and mezzo system levels (Neal & Neal, 2013). Additionally, theorists have supported the fact that the relationships between the environment and the system counterparts impact functioning (Christens & Peterson, 2012).

The ecological systems theory provides social workers with an opportunity to assess the relationships between an individual's behaviors and the environment (Christens & Peterson, 2012). Rosa and Tudge (2013) suggested that an established relationship in a person's natural environment is an essential component of social work practice. The role of ecological systems theory is to identify factors related to dominant settings such as school, home, and community (Rosa & Tudge, 2013).

Agencies have employed techniques to engage adolescents in treatment to help eliminate at-risk behaviors, improve overall functioning, and increase access to services within the community (McKay et al., 2004). The ecological systems theory relates to the purpose of this study by highlighting the importance of relationships and an individual's connection to their environment (see Christens & Peterson, 2012). Therefore, conceptualizing the relationships between the adolescent, family, and community counterparts will support a greater understanding of factors influencing adolescent engagement (Darling, 2007).

Significance of the Study

Social work clinicians utilize various skills and techniques in therapy to assist with improving functioning (Kim et al., 2012). The contributions of this study, which may advance knowledge in the field, included an exploration of social worker roles, skills, and experiences that prove beneficial for engaging adolescents when using home-based interventions. Throughout the social work field, there is a strong emphasis on enhancing clinicians' skills to enhance clinical care (Gladding & Newsome, 2003; Kim et al., 2007).

Researchers have suggested that one of the most important skills and techniques for addressing barriers related to treatment engagement is the establishment of strong therapeutic relationships, which may lead to positive outcomes for adolescents (Kim et al., 2012). Liddle (2010) found that promoting change while instilling hope and motivation for treatment success is the role of the home-based clinician. It is important to understand that as society changes, the individual needs of adolescents change as well (Royse, Thyer & Padgett, 2010).

Through the informed and purposeful findings of this action research study, I explored the experiences of clinicians that may lead to identifying potential ways to improve the therapeutic relationship. Southerland et al. (2009) suggested that the relationship between clinicians and adolescents in treatment supports the positive shift towards healthy development. If clinicians can improve clinical practice approaches to engage adolescents in treatment, the factors impacting the adolescents' functioning in the community may be decreased. A reduction in unmet mental health needs of adolescents

in the community may enhance the overall health and wellness of those in treatment throughout the social work field.

Values and Ethics

The National Association of Social Work's (NASW; 2008) Code of Ethics outlines a set of principles and values for the social work field. Guidelines in social work practice highlight the clinical roles and responsibilities in mental health treatment, and the theory and background of ethics in the field provide a framework for clinical practice (Bilson, 2007). Thus, a shift in practice that focuses on the developmental learning and skills of the social work clinician is essential for initiating change within the treatment setting (Bilso, 2007).

Throughout the years, researchers have developed standards in practice to support the needs of individuals in treatment (Iachini et al., 2015). In this action research study, I explored the NASW (2008) Code of Ethics' guide for clinical social work practice in the areas of service and social justice. Ethical guidelines provide social workers with an understanding of those served by integrating the clinical skills and knowledge to assist with the process of change in therapy (Schneider & Grady, 2015). Social justice outlines the social worker's duty to informed client care by addressing issues related to barriers of vulnerable populations (Osgood, Foster, & Courtney, 2010). An example of social justice in practice relates to power and privilege. Adams et al. (2013) suggested that the relationship of power within the context of cultural competence is the act of influence. Likewise, the individual who holds privilege has entitlement and control over a person or group (Adams et al., 2013).

Ethics and practice are at the forefront of clinical social work (Iachini et al., 2015). First, ethics outline the obligations of clinical care and the work social work clinicians do to eliminate barriers for those adolescents and families served (NASW; 2008). I conducted this action research study to follow through on my calling to empower, advocate, and inspire those within the large communities.

The awareness of mental health in communities evolved for children and families in the late 1900s (Liddle, 2014). As developers sought to enhance home-based treatment for youth and families, health and wellness impacted by mental health issues became a primary focus (Liddle, 2014). Current practice interventions continue to focus on the systemic counterparts within treatment. Liddle (2014) suggested that addressing risk factors such as delinquency, judicial involvement, and unmet mental health issues will improve the adolescent's overall functioning.

Similarly, French et al. (2003), suggested that adolescents considered "at risk" are more likely to struggle with treatment engagement when precipitating factors such as "homelessness, involvement with the criminal justice systems, and substance use" impair functioning (p. 529). As the adolescent struggles to understand the benefits of engaging in treatment to reduce symptoms and problem behaviors, the desire to gain independence is based upon their view of self (Ryan, Lynch, Vansteenkiste, & Deci, 2010). To address the issues of treatment engagement, French et al. focused on the adolescent's outcome goals instead of the problem behaviors. In other words, utilizing a strengths-based approach to care further enhanced treatment engagement and increased the clinicians' understanding of the importance of the clinical role. Unfortunately, it is not a one size fits

all approach with adolescents in need of mental health treatment. Despite the adolescent's position in treatment, it is essential for the clinician to establish a working relationship which fosters change (Thompson et al., 2007).

Theorists have suggested that improving the therapeutic relationship in treatment with adolescents depends greatly on the clinician's ability to adapt, relate, and connect within the treatment setting (Kim et al., 2012). Thus, the balance of clinical skill to shift treatment efforts and the process of engaging adolescent's in treatment, ultimately drive the process of engagement (Thompson et al., 2007). Home-based interventions have empowered change within the family system (Fees, Nelson, O'Conner, Sheeche, & McIntyre, 2001). Addressing risks factors in treatment highlights the adolescent's needs and the purpose of improving engagement with treatment providers (Baker-Ericzén, Jenkins, & Haine-Schlagel, 2013). With this study, I supported the values and principles of the NASW (2008) Code of Ethics by addressing systemic ways to explore current practice techniques for improved engagement with adolescents in mental health treatment. Further contributions to clinical care from the results of this study may support progressive movements throughout the social work field.

Review of the Professional and Academic Literature

Adolescent engagement in home-based treatment is a problem within the social work field (Thompson et al., 2007). Despite efforts to address barriers related to adolescent engagement throughout mental health treatment, challenges remain. The purpose of this study was to explore the clinical practice approaches, roles, and experiences to enhance engagement in home-based treatment with adolescents residing in

Bayville. An essential component in home-based treatment is the clinicians' ability to engage the adolescent in treatment (Thompson et al., 2007).

The literature review was guided by the topic of engagement in home-based interventions. To ensure a thorough review would provide information to guide this study and help develop the research questions, I reviewed sources published from 2001 to the present day. I then identified the databases to be used for gathering sources through which to conduct a thorough review of the literature. The primary databases used for this action research study included social work, counseling, and psychology databases accessed through the Walden University Library.

Engagement is an important concept throughout the mental health field, so reviewing databases across multiple discipline areas further assisted me in locating relevant and current information to support the topic. Google Scholar also provided access additional resources and knowledge to support the relationships between the ecological systems theory and engagement. I conducted a thorough review of the literature on treatment engagement, benefits, and challenges to broaden the scope of clinical practice. Additional review of the literature also supported the concepts of passion, competence, empathy, and respect to improve the knowledge of clinicians throughout the social work field. For this study, the keyword search terms used included *engagement, adolescents, clinicians, therapeutic alliance, home-based, treatment, and mental health.*

Literature Review Related to Key Variables and Concepts

Empirical research on adolescent engagement in home-based treatment has provided the social work field with a greater understanding of improving client care (Iachini et al., 2015). Trends in research over the years continue to show a correlation between adolescent engagement in treatment and the therapeutic relationship (Thompson et al., 2007). Over the last decade, researchers have outlined the benefits of improved adolescent engagement in treatment for positive treatment outcomes around the reduction in problem behaviors and mental illness (Foster et al., 2009).

In this study, I explored techniques as they relate to clinicians' abilities to strategize, empower, and motivate their adolescent clients towards positive change, which is essential in clinical practice. Due to limited extant research on the clinicians' role in engagement, I examined the areas of the therapeutic relationship, clinical role, and the theoretical framework to further support enhanced clinical care. The concepts of competence, respect, empathy, and passion served as the foundation to explore the clinical practices that are beneficial to improving clinical care (Hunte, 2012; Iachini et al., 2015; O'Hagan, 2007; Southerland et al., 2009).

Researchers have approached the problems related to adolescent engagement in treatment by addressing the issues related to the therapeutic process (Thompson et al., 2007). Thompson et al. (2007) suggested that ineffective therapeutic skills often lead to challenges with engaging adolescents in treatment. To address the barriers around the therapeutic alliance, researchers have focused on the clinical skills and the clinicians' understanding of the adolescent's needs.

For informed clinical care, researchers have also explored the effects of unmet mental illness as it relates to the symptomology of the adolescent in treatment. However, adolescents in treatment with significant presenting problems and unstable family support were less likely to engage in treatment and subsequently dropped out before the treatment concluded (Robbins et al., 2006). The importance of the therapist engaging the family in treatment is to support the adolescent's motivation for change.

French et al. (2003) found that the shift in treatment from the client to the clinician improved clinical understanding of the adolescent's needs and used an inclusiveness throughout the therapy process. Their study found that clinicians who sought to explore, validate, and advocate for the adolescent's role in treatment led to a higher level of treatment satisfaction and engagement for the adolescents (French et al., 2003). Although extensive research has provided insight into the clinical ways to improve treatment engagement throughout the social work field, challenges remain (Ingoldsby, 2010; Thompson et al., 2007). While there is room for growth with training and education standards for social work clinicians, the pathway for success depends on the relationship between the clinician and the adolescent (Southerland et al., 2009).

Despite the barriers with engaging adolescents in home-based treatment, clinicians have found that addressing the family system further supported the process of engagement (Neal & Neal, 2013). Therapeutic relationships are an important component of engagement in treatment. Southerland et al. (2009) suggested that ineffective therapeutic skills impact the therapeutic alliance and can have a negative impact on success with client's individual goals. Kim et al. (2012) suggested that adolescents who

engaged in treatment were more likely to respond positively to interventions which promoted the independence of self. For instance, Robbins, Turner, Alexander, and Perez (2003) analyzed data following a period of therapy sessions for adolescents and families engaged in Functional Family Therapy. Functional Family Therapy is a home-based model that provides therapeutic support for families impacted by drug and behavioral problems for adolescents (Robbins et al., 2003). Findings showed that the therapist's view of self during episodes of care among adolescents disengaged in treatment was markedly reflective upon feeling overwhelmed with treatment efforts (Baker-Ericzen et al., 2013). Programs such as Multidimensional Family Therapy (MDFT) also provide therapy to adolescents and parents in the home. Liddle (2010) suggest that a multidimensional approach may improve family functioning by addressing generational patterns of behavioral issues and mental health barriers that have an impact on the adolescent.

To encourage increased participation in home-based interventions, social workers have adjusted to societal changes that support the ethical principles of meeting the client where they are (NASW, 2008). Therefore, the goals for enhancing commitment to treatment and improved therapeutic relationship in the home further supports the dynamics and positive shift towards the adolescent's development (Ingoldsby, 2010). Historically, treatment engagement throughout the field is problematic at various system levels.

To assess clinical needs, researchers may seek to explore parenting practices, coordination with community providers, adolescent peer relationships, and view of self as

it relates to mental health treatment. Expanding upon the relationships involved with the adolescent's motivation for change may enhance clinical skills and prove essential for improving engagement throughout the social work field (Kim et al., 2012). Through the assessment of clinical practice techniques related to the concepts of competence, respect, empathy, and passion, clinicians' may be able to gain insight which may enhance treatment engagement.

Competence in Social Work Practice

Competence in social work practice is a core value in the NASW (2008) Code of Ethics. O'Hagan (2007) suggested that social workers must understand competence, which is the foundation for clinical practice. Competence in social work is the clinicians' ability to integrate knowledge, skills, and values in the therapeutic work (O'Hagan, 2007). The NASW identified competence as the primary scope of clinical practice which is an ethical principle for social worker practitioners. The NASW also states that social workers must "practice within their areas of competence and develop and enhance their professional expertise (1.04)" (p. 6). Through advanced clinical education, and knowledge in the field, social workers are able "to contribute to the knowledge base of the profession" (Thompson et al., 2007, p. 41).

Completing a graduate degree in social work encompasses various stages of learning, professional experiences, coursework, and internships. Recently, some states determined that a professional licensure in social work, either an Licensed Master Social Worker or Licensed Clinical Social Worker is required to practice (NASW General Statues). Following completion of a state certified Masters in Social Work program,

completion of a 3,000 direct clinical services hours and 100 hours of individual clinical supervision, social workers are eligible to take the LCSW social examination (Council on Social Work Education, 2017). As social workers identify a career path which further supports the growth of the social work field, it is important to understand the social work role as outlined in the Code of Ethics (NASW, 2008).

For example, MDFT clinicians provide intensive family therapy in home and community settings for adolescents with substance abuse, mental health, and behavior problems (Danzer, 2014). Clinicians meet with the adolescent, parents, and family for three intensive therapy sessions to address problem behaviors impacting domain areas in the home, school, and the community (Liddle, 2010). The clinical approach of MDFT focuses on improving family functioning by addressing generational patterns of education, family values, and mental health issues that have affected the adolescent with an unstable home environment (Liddle, 2010).

Home-based interventions provide adolescents with opportunities to improve behaviors and decrease the impact of mental health issues (Kim et al., 2012). To reduce at-risk behaviors, clinicians assist the adolescent in exploring new ways to communicate, cope, and reduce behaviors (Liddle, 2010). Clinicians have also utilized techniques such as active listening, validation, and praise to engage adolescents and families through the treatment process (Kim et al., 2012). A clinician's awareness of effective parenting practice is essential to assisting families with new ways to communicate, cope, and reduce behaviors in the home (Liddle, 2010).

Another important component is the clinicians' understanding of the therapeutic relationship as it relates to the clinician's awareness, reliability, and overall therapeutic alliance during the process of engagement (Thompson et al., 2007). Clinicians may have to learn skills to incorporate techniques of engagement and a level of responsiveness in clinical interventions (Iachini et al., 2015). Home-based interventions continue to pave the way towards expanding the knowledge, skills, and techniques of clinical practice throughout the social work field (O'Hagan, 2007). The emphasis on enhanced clinical skills to support adolescent engagement in treatment focuses on the therapist's ability to promote change while instilling hope and motivation for treatment success (Liddle, 2010). The value of competence in social work as a factor for improving engagement in treatment is through the clinicians' ability to establish a cohesive therapeutic relationship (Iachini et al., 2015).

Respect in Social Work Practice

Another core value within the NASW (2008) Code of Ethics is the principle of respect, also known as "dignity and worth of person" (p. 4). Respect in social work prioritizes client needs and clinical expectations and acts as the catalyst for change in social work practice (Southerland et al., 2009). Adams et al. (2013) suggested that positive outcomes for clients in therapy are found in treatment with providers whose therapeutic goals are established with the client's best interest in mind. Likewise, the adolescents' position to listen, respond, and react to clinical guidance is solely dependent on the adolescents' feelings of respect (Iachini et al., 2015). An adolescent who perceives the clinicians' position as judgmental may withdraw from treatment and refuse to

communicate the identified problems (Iachini et al., 2015). Rather than an increased focus on the adolescents' position in treatment, the clinician may be able to explore strengths as a motivating factor for change in behavior (Liddle, 2014).

Researchers have studied the goals for entering the social work profession and have largely found common themes related to the "helping" profession (Danzer, 2014). Similarly, Mizrahi and Dodd (2014) found that social workers have also identified the values of "social justice and systems change" as a purpose for social work (p. 581). The commonalities that provide the foundation for treatment engagement are found in the process of engaging adolescents' in home-based treatment (Kim et al., 2012).

Similarly, instilling hope when warmth is present can be utilized as a strength in treatment, specifically to identify generational patterns of behaviors to address barriers related to a structure within the home (Tang & Davis-Keane, 2015). Throughout the process of engagement, the clinicians' awareness of the adolescents' needs is at the forefront of treatment and may begin to understand the individual needs which may enhance the therapeutic alliance (Tang & Davis-Keane, 2015). Thompson et al. (2007) suggests the basis for an enhanced therapeutic alliance in home-based treatment supports the adolescent's independence while promoting change. Therefore, the balance of effective therapy skills to shift treatment efforts and the process of engaging adolescents in treatment, ultimately, drives change (Thompson et al., 2007).

Empathy in Social Work Practice

Empathy in social work practice is defined as "the act of perceiving, understanding, experiencing, and responding to the emotional state and ideas of another

person.” (Lacay, p. 8). The primary goal of empathy in treatment is to eliminate barriers, increase clinician vulnerability, and increase client engagement (Lacay, 2013). Validation is also related to the empathy in social work as it begins at the point of contact and is a reminder to accept the here and now (Berg, Parr, Bradley & Berry, 2009).

Liddle (2010) suggests that the relationships between the clinician and adolescent in treatment begin with a period of relatability. To connect and relate to the adolescent in home-based treatment, the clinician should lead with empathy (Iachini et al., 2015). Empathy in social work is viewed as the clinician’s ability to respond to the adolescent’s needs (Iachini et al., 2015). Adolescents’ perception of empathy in social work relies upon the clinicians’ ability to express concern, care, and understanding” (Iachini et al., 2015).

The skills essential for empathy in clinical practice is the clinician’s position of relatability (Iachini et al., 2015). Gerdes (2011) suggests that empathy is one of the most important concepts for engaging clients in treatment. The opportunities for the clinician to relate and connect with the adolescent in a meaningful yet therapeutic way is the art of expressing empathy. The adolescent’s position in treatment is not dependent on whether the clinician agrees or disagrees with the perspective is irrelevant towards empowering change (Gerdes, 2011). Lacay (2013) demonstrates this clinical skill as the binding factor for building rapport with clients and therefore promotes meaningful therapeutic engagement.

Clinicians may be able to engage the adolescent in a discussion around sports, arts, and personal strengths which can assist with the therapeutic relationship (Yoo, Feng,

& Day, 2013). For example, a clinicians' approach in treatment, whose background, personal, and professional experiences prove as a barrier towards treatment engagement may be able to utilize skills of empathy to increase engagement. Similarly, the clinician may be able to redirect the adolescent's view of self and position to one that expresses interest in the adolescent (Kim et al., 2012). Furthermore, empathy for children allows for a lateral relationship of reciprocal change and acceptance (Van Lissa, Hawk, Branje, Koot, Van Lier and Meeus, 2015).

Passion in Social Work Practice

Hunte (2012) suggests that passion in social work practice is the most important concept for establishing and sharing success with clients throughout the field. Passion is built upon the social workers' ability to express a genuine attitude towards the individual needs (Bent-Goodley, 2014). The three components towards implementing passion into the social work field are "vision, mentorship, and professional development" (Hunte, 2012 p. 1). Vision inspires, motivates, and optimizes the clinical role (Bailey, 2016). Vision also allow a oneness and connection to occur within the therapeutic setting (Hunte, 2012). In home-based treatment, the clinician may join with the adolescent to form the therapeutic relationship, which sets the tone for the engagement process (Kim et al., 2012).

Hunte (2012), suggests that mentorship guides passion and the social workers' drive to "help" and "save" others. However, the clinical role in social work is so much more; it is the ideas that what lies within it just as important as what lies ahead (Berendsen, 2011). As home-based clinicians seek to enhance the adolescents' motivation

towards treatment and improve insight into the problem areas impacting functioning, it is essential that the clinicians understand the importance of a shared role in treatment (Thompson et al., 2007). All in all, the professional development of the social worker supports the value system of the NASW Code of Ethics in social work practice (NASW, 2008). That is the purpose of expanding learning, education, and training to enhance knowledge and skills within the field which is essential in social work practice (Bilson, 2007).

To better understand the needs of the adolescent and families involved in home-based treatment, researchers have explored the relationship between social work values and service (Shirk & Brown, 2011). Relating social work and action research is the understanding that our motives and values drive the way in which social work is viewed (Stringer, 2007). The social workers' role in engaging adolescents in treatment will further enhance the knowledge gained from completing this study and will lend insight on improving adolescent engagement in home-based treatment programs. The theoretical framework will explore the relationships between the various system levels which impact individual behaviors, adolescent functioning, and the environment. For this study, an exploration of the ethical responsibilities of social workers in action research will increase clinical understanding of the skills necessary to balance client care and social work ethical standards.

Summary

The existing literature suggests that utilizing a systemic approach to adolescent treatment care centralizes the process of the treatment engagement while improving

overall mental health and wellness of adolescents within the social work field (Neal & Neal, 2013). The goals for enhancing commitment to treatment and improved therapeutic relationship within the home further supports the dynamics and positive shift towards the adolescent's development (Ingoldsby, 2010). However, with these concepts in mind, it is essential for clinicians to understand the process of engaging adolescents in treatment include, a period of adaptability, relatability, and connectedness within the treatment setting (Haine-Schlagel & Walsh, 2015).

This project sought to enhance clinical skills, improve strategies, and provide effective clinical care for adolescents, parents, and families residing in large communities. More specifically, the concepts of competence, respect, empathy, and passion will serve as the foundation to explore the clinical practice which proves beneficial for improving engagement in home-based treatment. This study addressed clinical skills which may improve clinicians' awareness and integration of techniques within the therapy setting. Although, challenging and rewarding opportunities await, broadening the scope of clinical practice involves an increased understanding of characteristics, skills, values, and experiences in the treatment. The following section will include an overview of the background and context, methodology, sources of data and data collection and ethical procedures.

Section 2: Research Design and Data Collection

The purpose of this action research study was to explore the clinical practice approaches, roles, and experiences to enhance engagement in home-based treatment with adolescent's residing in in a large city in northeastern United States. I recruited participants from Bayville. Bayville provides mental health services to children and families. The mission for in-home treatment at Bayville is to improve family relationships and address mental health needs for the children and family to remain in the home. Aligning with the goals for Bayville, the results of this study may enhance clinical practices towards building stronger individuals, families, and communities. An increased understanding of clinical skills may address the adolescent's individual needs as they relate to enhanced health and wellness throughout the mental health field. I developed the following research questions to guide this research study:

1. How do home-based clinicians view their role in the process of engaging adolescents in treatment?
2. How do home-based clinicians integrate the concepts of competency, respect, empathy, and passion in home-based treatment with adolescents?
3. How can home-based clinicians improve the engagement for adolescents in home-based treatment?

Although challenging and rewarding opportunities await, broadening the scope of clinical practice involves an increased understanding of characteristics, skills, values, and experiences in the treatment. The findings of this research study will help to empower clinicians, adolescents, families, school educators, and community providers by

increasing the understanding of the clinicians' role in engaging adolescents in treatment, including the social work skills and experiences that prove beneficial when using home-based interventions. This section will include an overview of the background and context of the study as well as a description of the methodology, data analysis, data collection process, and ethical concerns. Finally, I will conclude the section with a summary.

Background and Context

Adolescent engagement in mental health treatment is a problem throughout the social work field (Ingoldsby, 2010). Clinicians using home-based treatment interventions with adolescents have identified challenges related to the therapeutic alliance process (Kim et al., 2012). Mental health professionals have addressed the barriers related to adolescent engagement in mental health treatment throughout the years (Ingoldsby, 2010). However, challenges remain, and social work professionals can explore, identify, and implement innovative practice techniques to improve the therapeutic relationships (Kim et al., 2007).

Home-based clinicians served as the change agents for this research study. Change agents in the social work field may be able to lead communities by increasing awareness and advocacy efforts and facilitating discussions that may lead to improved clinical practice techniques for home-based clinicians. Social workers who enhance their clinical skills and experiences could improve engagement with adolescent clients. Likewise, through improved clinical practice, both adolescents and family members may be able to engage in home-based therapy to assist with reducing at-risk behaviors and unmet mental health needs and increase overall functioning.

The stakeholders for this action research study included home-based clinical social workers, adolescents, family members, school educators, and community mental health providers. In action research, the stakeholder's role in mental health treatment is to promote, support, and identify the fundamental process of gathering different opinions and ideas for a common goal (Enright & Bourns, 2010). The role of the school educator and community providers was to serve as liaisons to the adolescent, family, and clinical providers by encouraging engagement in mental health services, supporting and mentoring the adolescents, and increasing coordination of care to reduce education and achievement gaps.

Methodology

My use of a qualitative, action research design guided this study and allowed the participants opportunities to express their feelings, experiences, and insights on the strategies for improving engagement in treatment (see Stauffer et al., 2013). Qualitative studies provide an exploratory approach to research by examining feedback and analyzing overall experiences and trends in responses (Stauffer et al., 2013). Participants were LCSW or LMSW and provided home-based therapy to adolescents at the Bayville. I encouraged clinicians of all experience levels to participate in the research study. Participants were recruited from a variety of different backgrounds, ethnicities, and clinical skill level to represent differences in both personal and professional experiences.

In the first steps, I sent an e-mail with the recruitment script (Appendix A) to the clinical director of Bayville and requested access to the employee directory. The recruitment script outlined the purpose of the study and provided information on the

focus group dates, times, location, and informed consent. Once the director approved the study, the recruitment process began. Then, I sent the recruitment script to the clinicians inviting them to participate in the focus groups (see Appendix B).

Upon agreement to participate, I sent a confirmation e-mail with information on the focus group dates, times, location, and informed consent to each participant. Participants were asked to sign up for the focus groups beforehand to demonstrate their availability. The informed consent form (see Appendix C) included information about the purpose of the study, risks and benefits of participation, consideration for confidentiality, and permission to collect and process for stored data. One month before the start of the first focus group, participants received a reminder e-mail from me identifying a focus group date and time. Subsequently, a reminder e-mail was sent 1 week prior to the start of the focus group and on the day of the focus group. Participants were asked to return the signed informed consent form; however, additional copies of the informed consent form were available at each focus group session. The form also detailed the voluntary right to participate and withdraw participation at any point during the focus groups. To address limitations related to the relationships with and proximity to participants providing home-based treatment, I clarified my role as researcher, the purpose of the study, issues of confidentiality, and the participants' ability to withdraw participation at any time during the study.

Sources of Data/Data Collection

In this study, I used focus groups to explore the clinical practice approaches and knowledge base related to adolescent engagement in home-based treatment. Santilli et al.

(2016) suggested that the foundation of focus groups is built upon opportunities for individuals in the group to identify personal views of the problems within the community. To form each focus group, I recruited both LMSW and LCSW clinicians from Bayville. I held two focus groups offered on different dates and times to reach a wider audience and planned for 15–25 participants per focus group. The minimum number of participants needed for each focus group was six. If the minimum number of participants needed for each group was not reached, I planned to combine the focus groups. While no incentives were provided, refreshments were made available to the participants; this was indicated in the recruitment materials.

Social workers participated in focus groups to address the clinical roles, characteristics, and skills essential for reducing barriers related to adolescent engagement in home-based treatment. The focus groups were held for 90 minutes. I used the research questions to guide the focus group discussions to increase insight into the clinical role, characteristics, and skills essential for improving adolescent engagement in mental health treatment.

Participants met in the conference room at Bayville for the focus groups. At the start of each focus group, I placed a Group in Progress sign on the door. Additional information was provided to participants to outline group rules, guide the conversation, and maintain engagement throughout. To ensure confidentiality, I asked participants to use their first and last initials for identification. At the end of each focus group, I concluded the participant discussion, stopped recordings, and provided each participant

with a hand-written thank you note for their time. Refreshments and snacks were provided to participants at each focus group.

I began data analysis after the focus groups concluded. Data were compartmentalized into four parts, including the analysis of audiotapes, transcription process, coding, and a reliability check. I analyzed the audiotapes to form an understanding of the themes and patterns throughout the focus groups (see Thomas & Harden, 2008). This process is called thematic synthesis, which is used in qualitative research to analyze preliminary data (Thomas & Harden, 2008). Audio recordings were transcribed verbatim using NVivo qualitative data software. To align and assist with synthesizing the information gathered through the focus groups, I compared the data to the literature.

Through open coding, I identified patterns related to the participants' experiences provided in the focus groups. Open coding is the process of the researcher's ability to respond to questions in a way which yields a greater understanding of the categories assessed in the focus groups (Holton, 2010). In the first steps of coding, I identified common themes related to the participant's characteristics, skills, values and experiences beneficial for improving effective therapy with home-based interventions.

I examined participant feedback as it related to the challenges, strengths, and strategies for engaging adolescents in home-based treatment they shared in the focus groups. Likewise, the comparison of characteristics identified throughout the literature related to competence, respect, empathy, and passion was analyzed and compared to the participant responses during the focus groups. The goal of this process was to highlight

patterns for the enhancement of clinical practice and lend insight into improving adolescent engagement in home-based treatment programs.

The reliability check concluded the data analysis process. Before the start of the focus groups, I identified a LCSW at the Bayville through the employee directory to perform the reliability check. This clinician did not participate in the focus group for this study. The reliability check included a review of the audiotapes, transcribed data, and coded themes in the focus groups. I informed this LCSW of the research questions, key themes, and experiences abstracted from the coded data and instructed them to ensure that the recordings, transcripts, and coding were accurate.

The LCSW performing the reliability check also identified common themes in the participant responses from the focus groups. This collaboration between the LCSW and I increased the reliability of the results and reduced biases in the data. According to Linhorst (2002), limitations in focus groups can vary and have included concerns regarding the structure, format, and quality of the group. To address potential limitations within this study, I served as the moderator for each group to ensure participants stayed on track. I also provided clear, concise, and consistent reminders during the focus groups to ensure confidentiality and respect for all participants' experience, knowledge, and feedback during the group.

The themes associated with this study included factors related to adolescent engagement in home-based treatment. The results of this study also included clinical practice techniques and experiences as they relate to the concepts of competence, respect, empathy, and passion. I asked questions approved by the Walden International Review

Board Review Board for each focus group. The questions were open ended and allowed participants the opportunity to share meaningful experiences related to treatment engagement. With this study, I hoped to expand upon the participants' clinical style, characteristics, and knowledge used to engage adolescents in treatment.

Ethical Procedures

In the informed consent form, I described the purpose of the study, risks and benefits of participation, consideration for confidentiality, permission to collect data, the focus group structure, and rules for each participant. Participants were able to withdraw their participation at any point during the focus groups. Once the participant agreed to the study, I provided them with the date, time, and location of the identified focus group and asked them to choose a randomly assigned number so that there is no connection between their identity and the statements made in the focus groups. At the beginning of each focus group, I introduced the study, which included a statement of the purpose of the focus groups, issues of confidentiality, and the process for gathered and stored data.

Identifying information was not stored, gathered, or used for this study to maintain confidentiality. I used a locked and secured drawer located in my office to store data while completing the analysis and research study. Using a password-protected computer program to store data received from each focus group, I transcribed the audio tapes. At the completion of the study, I will destroy all information, documentation, and audio related to the study. In compliance with the American Psychological Association, I practiced due diligence in this study by maintaining an awareness of the participants'

views, opinions, and ideas to their contributions in survey research. My Walden IRB approval # is 04-12-18-0489814.

Summary

The purpose of this study was to explore the clinical practice approaches, roles, and experiences used to enhance engagement in home-based treatment with adolescents residing in a large city in northeastern United States. Through the results of this study, clinicians may be able to improve adolescent engagement by implementing strategies, techniques, and knowledge gained from the focus groups. I hoped that clinical social workers could expand upon their current practice techniques and clinical experiences using the findings of this study. This expansion may increase the knowledge base related to adolescent engagement in home-based treatment. With this study, I also sought to enhance clinical social practice by providing an increased understanding of the individual and family needs as they relate to enhanced health and wellness throughout social work field.

The focus groups provided participants with opportunities to express their feelings and experiences related to reducing barriers to treatment and enhancing clinical care for adolescents in mental health treatment. The analysis of data in this study provided me with an opportunity to organize the participant responses from the focus groups. My hope was that the experiences expressed by clinicians during the focus groups could increase clinical understanding of self of clinicians around the concepts of competence, respect, empathy, and passion in social work practice that are essential for clinical practice. The findings of this action research study can be used to enhance clinical skills, improve

strategies, and provide effective clinical care for adolescents, parents, and families residing in a large city in northeastern United States. The following section will outline the presentation of the findings. This included an overview of data analysis techniques, validation and legitimization process, and demographics of the participants.

Section 3: Presentation of the Findings

The purpose of this action research study was to explore the clinical practice approaches, roles, and experiences to enhance engagement in home-based treatment with adolescents residing in a large city in northeastern United States. The concepts of competence, respect, empathy, and passion served as the foundation from which to explore the clinical practice approaches that are beneficial for improving clinical care. The potential implications of this study were to assist with positive social change through facilitating improved clinical techniques and increasing the understanding that as society changes, the individual needs of adolescents change as well. In this study, I employed a qualitative approach and sought to address the barriers related to adolescent engagement in home-based treatment and to gain additional insight into the clinical role, characteristics, and skills essential for improving adolescent engagement in mental health treatment. I developed the following research questions to guide the study:

1. How do home-based clinicians view their role in the process of engaging adolescents in treatment?
2. How do home-based clinicians integrate the concepts of competency, respect, empathy, and passion in home-based treatment with adolescents?
3. How can home-based clinicians improve the engagement process for adolescents in home-based treatment?

This section will include an overview of the data analysis techniques, findings, and summary of this action research study.

Data Analysis Techniques

To gather information, I recruited both LMSW and LCSW clinicians from Bayville to participate in focus groups. Through the focus groups, I explored the clinical practice approaches and knowledge base related to adolescent engagement in home-based treatment. Upon approval to conduct the focus groups, the recruitment process began with an e-mail that I sent to all LCSW and LMSW at Bayville. I received three e-mail responses immediately and collected informed consent forms from the participants to engage in the focus group. The following day, I received two more requests and informed consent forms from clinicians to participate in the focus groups. One week later, I sent another e-mail reminder for the focus groups and received an e-mail from a participant to withdraw from the focus group due to a scheduling conflict. To recruit additional participants, I sent two more weekly e-mails for the focus group.

Two days before the focus groups, I sent a reminder e-mail to participants who responded via e-mail and confirmed attendance. However, I only received one more e-mail response from a clinician to participate in the focus group. On the scheduled day, four LCSWs and one LMSW in-home clinician arrived to participate in the focus group. At the beginning of the focus group, I clarified my role as researcher, the purpose of the study, the steps taken to ensure participant confidentiality, an outline to the group rules, and their ability to withdraw from participation in the study at any time. The focus group was held for 90 minutes and clinicians engaged in a discussion to address the clinical role, techniques, and skills used to improve adolescent engagement in home-based treatment.

Data analysis began after the focus group concluded. I compartmentalized the data into four parts, including the analysis of audiotapes, transcription process, coding, and a reliability check. During the analysis of the audiotapes, I began to formulate an understanding of the themes and patterns from the focus group (see Thomas & Harden, 2008). The audio recordings were transcribed verbatim using NVivo qualitative data software.

Through open coding, I identified patterns related to the participants' experiences relayed in the focus group. In the first steps of coding, I identified common themes related to the participants' characteristics, skills, values, and experiences beneficial for improving therapy with home-based interventions. I also examined participant responses as it related to the challenges, strengths, and strategies for engaging adolescents in home-based treatment. Likewise, I took the characteristics identified in the literature related to competence, respect, empathy, and passion and analyzed and compared them to the participant responses during the focus group.

The reliability check concluded the data analysis process. I discussed the findings with a LCSW who did not participate in the study to ensure the accuracy of the audio recordings, transcribed data, and coded themes. I informed the LCSW of the research questions, key themes, and experiences abstracted from the coded data.

Following these preliminary steps to review the gathered data, I began to formulate a plan to analyze and transcribe the data promptly. To begin, I made a note of the participants' initials used in the focus group for confidentiality and identification purposes. Through thematic synthesis, I began to form an understanding of the themes

and patterns that emerged from the focus groups (see Thomas & Harden, 2008). Lastly, I transcribed the written data from the notebook verbatim into NVivo qualitative data software program. NVivo is a qualitative software program that provides researchers with a simple way to analyze, code, and identify themes in data (QSR International, n.d.)

Once the data were transcribed in NVivo, I used the process of open coding to respond to questions in a way which yielded a greater understanding of the categories assessed in the focus group (see Holton, 2010). When coded, the responses to the focus group questions provided me with an opportunity to link themes to the transcript (see Holton, 2010). Specifically, with a focus on the common themes related to participants' characteristics, skills, values, and experiences beneficial for improving therapy with home-based interventions.

Validation and Legitimatization Process

To address the limitations to trustworthiness and rigor of the study, I recruited both LMSW and LCSW who had experience providing home-based treatment to adolescents in a large city in northeastern United States. I clarified my role as researcher, the purpose of the study, the steps taken to ensure participant confidentiality, and their ability to withdraw from participation at any time during the study. I also used a LCSW who did not participate in the study to conduct a reliability check.

Another limitation in this study was the availability of clinicians to participate in the focus group. Initially, during the recruitment process, I planned for at least two different dates and times to accommodate the clinicians' schedules. As the recruitment process began, I received several e-mails from clinicians who were interested in

participating in the focus group but could not because of the time selected for each group. Initially, focus groups were to be held outside of normal business hours which was after 5:00 p.m.

The feedback I received was the time impacted the clinical work with families and adolescents in the community. After careful consideration, I communicated via e-mail to the director of in-home programs who allowed my request to provide morning availability for clinicians to participate in the focus group. Expanding the time provided me with an opportunity for additional recruitment identifying the change in the focus group time.

To account for biases and to build rapport and trust within the focus group, I shared a brief outline of the study and its purpose and goals. The purpose of this was to remain on task as the moderator and encourage participants to share both personal and professional experiences in the focus group. I used reflectivity during the focus group to reflect upon my experiences and journaled my thoughts. During this process, I recalled various moments in the focus group which moved the flow of the discussion to a personal journey and self-reflection of participants in the group. The opportunity to listen to participants share experiences, which helped shape their views on engaging with adolescents in home-based treatment, supported my purpose for this action research study. Hearing the stories, moments in time, and career changing paths that allowed clinicians the chance to embark upon a clinical journey with the adolescents and families in the home further provided insight into the concepts of empathy, respect, passion, and competency which grounded this study.

I found that I immediately focused on the personal stories that participants shared regarding their experiences thus far as a social worker and how they related to working with adolescents in the community. One part of the focus group stood out to me during this self-reflection process. A participant shared an experience related to a period as an adolescent when feeling “lost” ultimately helped them find their way. I observed the focus group participants nod in agreement to the participant’s response to “I wish when I was an adolescent, someone, somewhere listened to me.” I felt that this opportunity allowed for other participants to begin to share personal stories of their childhood experiences and how it has shaped them as social workers today.

Throughout the focus group session, I validated the participants with both verbal and nonverbal cues. At the beginning of the focus group, the participants appeared unsure by looking around the room and waiting for others to begin speaking. At one point, I stated the question, repeated the question, and then gave a cue for anyone to respond to the question. For example, one participant stated that her perspective on engaging adolescents in treatment had “changed a lot” from when she first came into the field. It seemed as if she began to open the door for other participants to share personal experiences without fear of judgment. Other participants then joined her by agreeing with this statement.

As the focus group progressed, the participants required less guidance from me as the moderator. They began to share the differences between each in-home program with each other. One participant shared that her program allowed for a balance between using the model and a clinician’s own therapeutic skill set to guide the adolescent and family in

the home. Another participant shared that she feels her program is more rigid and therefore feels more led to follow the model precisely. During this dialogue, I used this opportunity to observe participants' verbal and nonverbal cues in response to the discussion and content shared in the focus group. My verbal statements throughout the group were, "okay, thank you very much for sharing, and that is a good way of looking at that." My nonverbal cues were nodding, direct eye contact, and facial expressions.

Once I completed the reflective process, I spent 1-day rereading the focus group transcript, themes, and participant responses. For me, this process was closure for the journey I have traveled. It felt like a relief to complete the focus group and have participant feedback to support the purpose for my action research study which was to empower clinicians, adolescents, families, school educators, and community providers by increasing their understanding of the clinicians' role in engaging adolescents in treatment.

Demographics of the Participants

To ensure confidentiality, I asked participants to use first and last initials for identification and at the beginning of the focus group, to introduce themselves by stating their initials and clinical experience with adolescents in the mental health field. The following pseudonyms and codes were used throughout the study to maintain confidentiality for group participants: Patty (P01), Samantha (P02), Camryn (P03), Ashtyn (P04), and Nahla (P05). The participants in the group came from various in-home programs at Bayville. Of the five participants, one was new to the agency, and the others had all worked at Bayville for more than 3 years. They all shared their professional

experiences working with adolescents in the home within in a large city in northeastern United States. The participants were all licensed; three were LCSW and two LMSW. In addition to their experience with in-home clinical services, the group shared their experiences in outpatient, residential, and school settings. Table 1 indicates the participant demographics for this action research study.

Table 1

Participant Demographics

Participant	Gender	Ethnicity	Experience/Years Worked	Licensure
Patty (01)	F	W	4yrs	LMSW
Samantha (02)	F	EA	6yrs	LMSW
Camryn (03)	F	EA	7yrs	LCSW
Ashton (04)	F	EA	5yrs	LCSW
Nahla (05)	F	W	3yrs	LCSW

Note. F= Female, EA= European American, W= White, yr=Year

Findings

The research questions focused on the clinical role, characteristics, and skills essential for improving adolescent engagement in mental health treatment. The findings of this action research study aligned with research questions and themes identified. Overall, four themes emerged from the focus groups: (a) consistency in treatment, (b) engagement techniques, (c) modeling behaviors in clinical practice, and (d) validating the adolescent's feelings.

Consistency in Treatment

The first research question asked during the focus group relates to the clinician's view of their role in home-based treatment. Participants discussed their views and feelings related to validating and supporting the adolescent's role in treatment. Camryn said,

I think my approach has definitely changed over the years. Now I've kind of been in the learning position, where I don't feel like because I'm the clinician coming here with the referral and that I'm somehow this expert. I put myself in a position to learn and let the adolescent feel like the experts in their lives and feelings.

Other's stated that their role is to let the adolescent lead in some ways. Samantha said,

One thing that I do is let them talk, and I try not to come across like 'I know what I'm talking about.' You know, asking them where do you want to go from here?

I'll also say, I'm "here to work for you, and I'm hearing what you have to say.

An important area for the clinical role identified in the group was the "relationship & validating their feelings."

Both Ashtyn and Nahla shared similar feelings to the group. Ashtyn began saying she, "just likes helping them feel comfortable and feel safe to talk to me. Even if they say, 'I don't know if I want to keep working with you,' they have begun to think about a chance of participating in treatment. Nahla followed by saying,

I think that I kind of want to mirror what was already said. I see myself as being their support as a reaffirming presence for the teenager. Usually, I found with a lot

of the kids that I meet; they feel that their parents and schools are not listening to them and it seems that just having someone listening has been really helpful for them.

The group dialogue also shared insight into the ways into how clinician's view their role as one that requires listening skills. To begin, Samantha said that coming from a school background I'm always like trying to figure out what is the "in thing, " like what are they listening to, umm and then I try to use their language. So, it's like connecting and finding something we have in common that will draw them to ask questions. Of course, you have to set boundaries, but also that kinds of helps them feel comfortable and be able to talk.

The second research question explored the concepts of empathy, respect, competence, and passion lend insight into the benefits of clinical practice approaches among home-based clinicians. This section will outline each concept as the focus group discussions provided insight into the need for social workers to use a variety of clinical skills to engage adolescents in home-based treatment.

Competence

As it relates to this study, competence in social work practice is the clinician's ability to demonstrate an understanding of the skills beneficial for client engagement (O'Hagan, 2007). The participants voiced feelings related to the use of competence in the social work field and the impact it has on the clinical skills and practice approaches. Camry shared, "I think competency because people want to know that you know what you are talking about.

When I feel competent in the approach that we are going to use we will not be tied in or locked into it, but we can be flexible, and you know we can try to do different things, but the model can work if we work it.

While other participants in the group validated the importance of competence in social work practice many reported feeling this concept did not solidify the work with the adolescent in the home. Many shared that the creativity and personality of the social worker would be able to accommodate for both the experienced and inexperienced clinician.

Respect

Respect in social work prioritizes client needs and clinical expectations. Ashtyn discussed with the group her view on the meaning of respect in treatment. She said, “when I think about respect I try to be punctual because it is really big to me. “I try to think about basic things because overtime you establish a therapeutic relationship with the adolescent.

I’ll even ask to be let in the door or ask to sit. I know it sounds small stuff but, sometimes especially in the engagement process. I won’t really come in until they let me in. I try to think about basic things because over time you establish a therapeutic relationship with the adolescent.

Patty said she agreed and added, “I think respect goes back to what an adolescent thinks respect is. “I feel that it’s about meeting them where they are at, so that’s like using your personality and trusting they can keep their confidentiality. Camryn also shared her feelings related to the use of respect in home-based treatment with adolescents. She said,

“with respect, I often not always ask, how do you feel respected?” “Then I say, respect for me is going to look different for me and you. So, there is a certain way for me to speak to you and try to understand what makes you feel respected.

Nahla also said that she

thinks a lot about respect and with the adolescent that I work with especially those that I’m helping to develop an identity and understand their identity separate from their family and friends. I put respect into practice with them and I work to help them understand who they are. I help them find what their strengths are. How they use them, and I’ve had time to listen to them talk and share experiences. I think I was an adolescent who didn’t have an identity at all. So being able to go back and talk to these kids and feel confident in the things that bother them is my kind of way of respecting them.

As an experienced clinician, I find it interesting the clinical approaches participants shared during the focus group centered around the use of “respect” to engage at-risk adolescents in treatment. As group participants discussed the use of “respect” in treatment, the consensus around the adolescent’s position to lead and have a say in the treatment work stood out to me. Participants also shared how they assist parents with understanding what respect looks like to an adolescent. Samantha said,

I have kids who say, “I wish you were my parents.” I will say, it’s not like I’m being your parent, I’m just modeling for your parent the best way to communicate with you and how they can make you feel comfortable. So, you can feel respected

and so you can respect them as well. It is not judging them and you just like helping them have a conversation and that's when they let you in more.

Empathy

The primary goal of empathy in treatment is to eliminate barriers, increase clinician vulnerability, and increase client engagement (Lacay, 2013). The focus group shared a few feelings related to the integration of empathy in home-based treatment with adolescents. Camryn provided her insight into the use of empathy in treatment. She said, "adolescents challenge me to be creative. Sometimes it's talking about their relationships in a way that is appropriate. It helps them feel comfortable. So, this is the use of empathy. Camryn said that she feels "empathy and respect" go hand in hand. She said,

something I think about with respect is overall engagement. I don't know if your research covers this, but engagement begins in the referral process. Because there are so many times where I've shown up and I'll say, "did you know I was coming?" They're like "no." Then I'll say, "did you know you were referred for services." Again, it's like "no." So, then I say what bigger way to feel disrespected. Like no one even considered talking to you about this.

Passion

According to Hunte (2012), passion in social work practice is the most important concept for establishing and sharing success with clients throughout the field. Samantha stated the discussion and said,

for me, my passion came about differently. I knew I didn't want to be standing in from of the classroom. I didn't have a relationship with my mom and so when she

passed away, I was like I really missed out on a lot. I really let my ego and my feelings get in the way of working on that relationship. Now that she is gone and so all the things that I want I can't have. I try to help the youth understand what they have. I think this is where my passion came from.

Then Nahla shared,

I knew I wanted to work with kids when I was in high school. I decided to go with mental health because a cousin close to my age, committed suicide and I saw what it did to my family. Knowing that I had some of this experience. I wanted to give them what I didn't have". This is passion for me.

Engagement Techniques

The clinician's ability to explore ways to engage the adolescent in treatment may include various methods to strategize, empower, and motivate the adolescent towards positive change in clinical practice (Thompson et al., 2007). Ashtyn said, "one of my big things is being honest with them, authentic I guess you can say".

Like I tell them exactly what kind oversteps boundaries and what I can keep to myself. Just making sure that I communicate with them and not just going back and telling their parents what was said. I may say, "would you like to work on telling your parents this" you know, instead of just telling them. I may also say" this is something I need to tell your parents, or this is something I may need to consult with my supervisor." Just trying to make sure that we respect them because I think that they are overlooked a lot because they are adolescents and

young. It's like they don't really know things, but they need to know what's going on in their lives.

Samantha agreed and added, "I can relate to all the concepts for ways to engage the adolescent in treatment.

so, they know they comfortable and opening up to talk to them about it and just getting the parents to be okay. I know inside your heart is tearing up, but you must deal with the uncomfortable to get to where you need to be. Because that's where the work is. Its what's challenging and what's uncomfortable for the adolescent. So, it's just being able to be there and just listen. You know be a role model for them. Let's say they don't get the same results all the time, but I say, let's look at it through different lenses.

Modeling Behaviors in Clinical Practice

The last research question focused on the ways home-based clinicians can improve the engagement process for adolescents in home-based treatment. Improving the engagement process for adolescents in home-based treatment include the clinical role, characteristics, and skills put forth by the clinician (Thompson et al., 2007). Expanding upon the relationships involved with the adolescent's motivation for change may enhance clinical skills and prove essential for improving engagement throughout the social work field.

The focus group shared similar sentiments. Samantha began the discussion by saying,

it's ok if you don't know it all and its ok if you don't have all the knowledge." "I may say, I'm not an expert in this area but we are going to figure it out together." "I'm just modeling for your parent the best way to communicate with you and how they can make you feel comfortable.

Camryn followed and said,

I'd say don't lose the humanity. I think we all have our stories that brought us into this field and our clients have their own. Sometimes I will allow myself to be moved to tears, not bawling crying, but you know its touching and its hard. I think being able to relate to people and they can see that their experiences move you.

Ashtyn also shared her feelings and said,

I'm still working on that balance, but you're working with real people and it doesn't mean that I'm not competent. Also, I want to educate myself and try new things. This work can be fun, and you can be creative or authentic. Make yourselves vulnerable.

The focus group concluded ended the group discussion with words of encouragement and laughter shared among group participants.

Validating the Adolescent's Feelings

Camryn laughed and shared, "I think it's out personality too. Sometimes we feel that we have to be serious. I just kind of crack some jokes and I'll even make a reference to something silly you know to break the ice. Additionally, participants found that the engagement process occurs at various stages throughout treatment. Samantha strongly verbalized her view on home-based treatment models for adolescents. She said,

I'm sorry but I know that with in-home models, I follow it, but at some point, you have to connect with the youth and you can't just sit there and talk to them. You have to imagine what they are feeling and use a lot of tools. I think about how I can use the model and integrate the concepts into the work. I'm just trying to use something that I know you're connected to realize that I'm still doing therapy but in a different way.

The important learning points in this study were the challenges related to the evidence-based model approaches. Throughout the focus group, participants shared concerns with rigidity in home-based interventions. Participants voiced feelings related to model specific paperwork and deadlines which can impact the engagement process. One participant shared feelings related to model fidelity which was unexpected to me. Additionally, I felt that the raw emotions shared spoke directly to my thoughts around the use of empathy, respect, competence, and passion in clinical practice with adolescents in home-based treatment.

The statement was,

we are all human, and sometimes we can be such slaves to the "model". There is this pressure to be done with deadlines, but we are forced to rush engagement and its unfortunate. "I'd like to say, don't be slaves to the process so much, that you lose patience with the work. I'm not ever going to exchange such a meaningful experience and be so obsessed with documents. This has been my biggest lesson.

This was a very powerful and moving moment in the focus group. I expected clinicians to engage in a meaningful discussion, without shame, and with honesty around the various

ways to engage adolescents in home-based treatment. Following this moment during the focus group, I felt that participants could understand the benefits of conducting research which further enhances and explores innovative ways clinicians use their personalities, stories, and experiences to engage adolescents in home-based treatment.

Throughout the focus group, I appreciated the honesty from each participant, specifically around the desires to change clinical techniques and approaches used in the field with adolescents from case to case. The approach to adolescents in home-based treatment is not a one size fits all. Exploring ways to integrate concepts such as empathy, respect, competence, and passion in home-based treatment with adolescents may enhance the adolescent's autonomy, decrease risk factors, and reduce the revolving door of treatment programs. As society changes, the needs of the adolescents dealing with mental health illness change as well. Therefore, social work clinicians will need to enhance learning to meet the needs of the adolescents served. The emphasis on enhanced clinical skills to support adolescent engagement in treatment focuses on the therapist ability to promote change while instilling hope and motivation for treatment success (Liddle, 2010).

Summary

The social work clinicians who participated in the focus groups provided insight into the importance of the clinical role, integration of the concepts, empathy, respect, passion, and competence, and the use of a clinicians authentic self to enhance engagement with adolescents in home-based treatment. The research questions were answered in a clear, concise, and concrete way throughout the focus group. The

discussions elaborated on the challenges related to model rigidity and the pressures around documentation and deadlines. However, clinicians could identify ways to overcome such barriers by utilizing at least one clinical skill related to the concepts of empathy, respect, competence, and passion. Balancing the model needs with the clinical skills, tools, and ability to engage the adolescent by aligning with and advocating for their individual needs proved beneficial towards clinical practice approaches.

The outcomes for this action research study included both challenging and rewarding opportunities for clinicians to increase understanding of characteristics, skills, values, and experiences in providing home-based treatment to adolescents within a large city in northeastern United States. This research study focused on the goals to empower clinicians, adolescents, families, school educators, and community providers by increasing understanding of the clinicians' role in engaging adolescents in treatment, specifically, the concepts of competence, respect, empathy, and passion. The next section will outline the research study recommendations, application for professional practice, solutions for the clinical social work setting, and the implications for the social change.

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

The purpose of this study was to explore the clinical practice approaches, roles, and experiences used in home-based treatment to adolescents residing in a large city in northeastern United States. I used the qualitative method to engage five clinical social workers in a focus group setting. In this study, I sought to address the barriers related to adolescent engagement in home-based treatment and to gain additional insight into the clinical role, characteristics, and skills essential for improving adolescent engagement in mental health treatment.

Five social workers participated in a focus group to address the clinical roles, characteristics, and skills essential for reducing barriers related to adolescent engagement in home-based treatment. The themes that emerged from the focus group discussion were: (a) consistency in treatment, (b) engagement techniques, (c) modeling behaviors in clinical practice, and (d) validating the adolescent's feelings. The key findings in the focus group included the importance of clinical skills and techniques to engage adolescents in home-based treatment. The participants responded that the engagement process seemingly moved in treatment if the adolescent's feelings and desires for treatment outcomes had been developed with the individual's needs in mind.

Some social workers also reported that of the four concepts assessed throughout the focus group, respect was the motivating factor for positive change and engagement in home-based treatment. Other group members found the barriers related to the rigidity of the evidence-based model and that the engagement process was often impacted by focusing on model approaches rather than a paced treatment for the adolescent and family

members involved. Clinical social workers play an important role in the home because they are the first responder and advocate for the adolescent's individual needs and the process of change.

One participant shared moving words to the focus group. She said,

We are all human, and sometimes we can be such slaves to the 'model.' There is this pressure to be done with deadlines, but we are forced to rush engagement and it's unfortunate. I'd like to say, don't be slaves to the process so much, that you lose patience with the work. I'm not ever going to exchange such a meaningful experience and be so obsessed with documents.

Likewise, the approach should use the various systemic counterparts to adolescent treatment care which may centralize the process for the adolescents, while improving overall mental health (Neal & Neal, 2013). Therefore, it is essential for clinicians to understand the process of engaging adolescents in treatment, which may include a period of adaptability, relatability, and connectedness (Haine-Schlagel & Walsh, 2015).

The responses of the participants in this study helped me identify potential solutions to the challenges impacting adolescent engagement in home-based treatment. My first recommendation is for clinical social workers to maintain consistency with the adolescent throughout treatment. In other words, social workers should include the adolescent in every step and process during treatment. This means that the adolescent can take a leading role in treatment, and this process allows for a sense of independence around decisions made. The clinical social worker can advocate to community providers around the importance of ensuring the adolescent is a part of the decisions to refer for

treatment. Additionally, the clinician could meet one-on-one with the adolescent before the case opening to discuss the benefits of engaging in treatment. Aligning with the adolescent in treatment may further lead to enhanced engagement and successful completion of treatment.

The second recommendation is for the clinical social worker to ensure that treatment is centered on the concepts of empathy, respect, competence, and passion. These four concepts were found to initiate a dialogue in treatment with the adolescent around their view of the problem and assist with their ability to identify treatment goals and a plan for treatment. Although not one concept is greater than another, participants found that respect is essential for engaging the adolescent in home-based treatment. Home-based clinicians should attend training at least four times a year to assist with education around engaging techniques and to learn ways to incorporate the concepts of empathy, respect, passion, and competence in treatment.

The third recommendation is for social workers to model behaviors for the adolescent in treatment because this may improve overall functioning and reduce barriers within the home. In addition to the training for integrating the four concepts listed in the preceding paragraph, the clinical social worker will learn skills on modeling behavior techniques for adolescents in home-based treatment.

The last recommendation is for the clinical social worker to validate the adolescent's feelings despite the problems identified in treatment. Participants found that adolescents responded positively in treatment when the clinician was transparent; authentic; and supportive of progress, whether big or small, in home-based treatment.

Through following my recommendations, clinical social workers will learn various skills for engaging adolescents in treatment in a systemic way which may include a period of adolescent development training.

Application for Professional Practice

One of the benefits of action research in social work is that it addresses the systemic problems identified by community members and partnerships with an understanding of the specific issues for initiating change (Ungar et al., 2015). For the experienced clinician, the commitment to social work practice necessitates a focus on improving their skills for working in home-based treatment programs. To promote positive social change throughout the field, clinicians must understand the emphasis on enhanced clinical skills to support adolescent engagement in treatment. Therefore, it is important to understand the goals to enhance commitment in treatment and improve therapeutic relationships that may further support an increase in the health and development of adolescents served.

In this study, I sought to address the problems associated with adolescent engagement in home-based treatment by assessing clinicians' ability to understand the importance of the clinical approaches, role, and experiences that prove beneficial to clinical care. The stakeholders identified for this study included the adolescents, family members, social work clinicians, and community supports.

Through this study, I learned that adolescents feel most valued when they are included in the clinical process, respected, and validated during home-based treatment interventions. This approach proved beneficial for the participants overall success in

treatment. Clinicians shared the strategies they used to engage adolescents in treatment which included building a strong therapeutic alliance and maintaining communication throughout each stage of the home-based interventions. Likewise, the family members feel supported when the clinical social worker can remain consistent in treatment efforts, both ensuring that the adolescent and parent understand the process of change towards positive behaviors.

I also learned during this study the importance of integrating the concepts of respect, empathy, passion, and competence as clinical skills and techniques to assist adolescents in home-based treatment. Establishing a strong foundation in clinical practice to include increased knowledge of the positive impact of integrating the concepts of respect, empathy, passion, and competence into treatment enables the development of clinical skills, techniques, and strategies to improve engagement in treatment. Lastly, community supports will learn from this study that the roles of both adolescents and the clinician have to stay active in their roles to be engaged throughout treatment.

An adolescent may need additional guidance and support to understand the benefits of engaging in treatment for improved functioning, and the clinical social worker is an ally for the adolescent. Clinicians responded that validating, supporting, and advocating for an adolescent's individual needs in treatment relied upon the clinician's ability to integrate the concepts of empathy, respect, passion, and competence. Although the approach to adolescents in home-based treatment is not a one size fits all, clinicians verbalized feeling connected to the process of engagement, which may include the various use of techniques throughout the treatment duration.

The literature supported the findings and recommendations in this study by suggesting the essential components needed in home-based treatment. As I discussed in Section 1, adolescent engagement in home-based treatment is largely dependent upon the therapeutic alliance, clinical skills, and understanding of the adolescent's individual needs (Thompson et al., 2007). It is ultimately the clinician's ability to develop a connection with the adolescent in treatment that builds the foundation of the therapeutic relationship (Shirk & Brown, 2011). Therefore, clinicians must understand the skills necessary for establishing strong therapeutic relationships that promote and enhance clinical care.

The two areas of clinical social work practice to apply the findings in this study are community-based mental health agencies and juvenile justice services. Community-based mental health programs and juvenile justice programs assist with coordinating care for adolescents in need of mental health treatment and services related to the criminal justice system, delinquency, and family issues. Implementing these findings in these specific areas may reduce barriers to mental health treatment and adolescent involvement in the juvenile justice systems. Clinical social workers may have an increased understanding of the importance of the clinical role to further support enhanced care for adolescents involved in home-based treatment programs.

These findings will impact the clinical social work practice of addressing the problem in the social work field related to adolescent engagement in home-based treatment. Various clinical practice approaches implemented in treatment have shown an impact on treatment outcomes, change in behaviors, and the therapeutic alliance

(Ingoldsby, 2010). The need for additional training and support for clinical social workers providing home-based treatment to adolescents has a direct effect on improving their commitment to social work practice with a focus on improving the skills needed in home-based treatment programs.

Solutions for the Clinical Social Work Setting

The clinical social work problem I addressed in this study was identifying the clinical roles, characteristics, and skills necessary to reduce the barriers related to adolescent engagement in home-based treatment. The findings from this study suggest that effective social work practice techniques depend on the clinician's ability to engage the adolescent throughout the entire treatment process. According to Kim et al. (2012), an adolescent's inner motivation for change is enhanced or diminished throughout treatment based on their view of self in regard to treatment goals, outcomes, and overall success.

In this action research study, I reviewed the NASW (2008) Code of Ethics' (2008) guide for clinical social work practice in the areas of service and social justice. Service provides social workers with an understanding of those served by integrating the clinical skills and knowledge to assist with the process of change in therapy (Schneider & Grady, 2015). Social justice outlines the social worker's duty to informed client care by addressing issues related to barriers of vulnerable populations (Osgood et al., 2010).

Guidelines in social work practice highlight the clinical roles and responsibilities in mental health treatment. As a social work clinician, ethics and practice are at the forefront of clinical social work (Iachini et al., 2015). The results of this study support the values and principles of the NASW (2008) Code of Ethics by addressing systemic ways

to explore current practice techniques for improved engagement with adolescents' in mental health treatment. Further contributions to clinical care from the results of this study may support the progressive movements throughout the social work field.

Participants recognized the value in bringing their best “authentic” self to each visit with the adolescent in the home. They suggested that the evidenced-based model interventions take into consideration the differences in adolescent behaviors and mental health needs. Therefore, an improved understanding around the ways to implement practice approaches that focus on providing respect, empathy, passion, and competence for each adolescent served is essential in clinical practice.

Based upon the findings and my awareness of the solutions needed to initiate change within the social work field, I would recommend implementing a process for referrals that include an adolescent's agreement to participate in the home-based program before the clinician arrives at the home. I will also seek to develop a training curriculum for undergraduate, graduate, and social work professionals throughout the mental health field in which I identify concrete ways to engage not only adolescents in home-based treatment but to establish a training curriculum for social workers on engagement techniques with the adolescent population. These two solutions align with the findings from my focus group with the clinical social work participants to ensure that adolescents' voices are heard, and respect is given during the referral process.

As a community-based clinical social worker, the insight gained from this study allowed me to develop recommendations and solutions for social work practice and has improved my understanding of the needs of adolescents in home-based treatment. The

results of this study also increased my knowledge and honed the techniques and clinical skills I use to engage adolescents in home-based treatment by addressing how I could integrate respect, empathy, passion, and competence in the home and mental health field. I now recognize the importance of implementing practice approaches to enhance clinical care as a way to reduce barriers to mental health treatment and improve positive change amongst the adolescent population on all system levels.

Implications for Social Change

Throughout the social work field, there is a strong emphasis on enhancing clinicians' skills to enhance clinical care (Gladding & Newsome, 2003; Kim et al., 2007). Researchers suggest that the most important skills and techniques beneficial for addressing barriers related to treatment engagement include strong therapeutic relationships, which may lead to positive outcomes for adolescents (Kim et al., 2012). Efforts to assist with increased engagement among the adolescent populations have explored ways to address barriers related to the therapeutic alliance process, clinical skills, and practice techniques (Thompson et al., 2007). This study explored techniques as they relate to the clinician's ability to strategize, empower, and motivate the adolescent towards positive change.

To improve social change throughout the field, the clinician's must understand the skills necessary for establishing strong therapeutic relationships which promote and enhance clinical care. The goals for enhancing the adolescents' ability to engage in treatment supports the dynamics and positive shift towards the adolescent's overall health and wellness (Ingoldsby, 2010). The findings in this study profoundly supported the

importance of clinical skills and techniques to engage adolescents in home-based treatment. Clinical social workers found that the engagement process moved seemingly in treatment if the adolescent's feelings and desires for treatment outcomes were developed with the individual's needs in mind.

Addressing engagement techniques, skills, and knowledge needed for social workers to engage adolescents in home-based treatment resonates on all system levels. On the micro level, adolescents and family members may be able to engage in home-based therapy to assist with reducing at-risk behaviors, unmet mental health needs, and increase overall functioning. The mezzo and macro system levels both service the adolescent and the community at large. The community providers will serve as liaisons to the adolescent, family, and clinical providers by encouraging engagement in mental health services, support, mentor, and increased coordination of care. Aligning the relationship between clinicians and adolescents in treatment support the positive shift towards healthy development.

Findings from this study have implications for widespread social change not only in home-based settings but throughout the mental health field. Social workers from all backgrounds may be able to improve knowledge and understanding of the clinical roles and experiences which may enhance client engagement. One of the essential components to engagement in therapy is the clinician's ability to establish an interpersonal relationship with clients which enhances clinical care and improves overall functioning (Ingoldsby, 2010). Exploring techniques as they relate to the clinician's ability to strategize, empower, and motivate the adolescent towards positive change is essential

clinical practice (Thompson et al., 2007). Although, challenging and rewarding opportunities await, broadening the scope of clinical practice involves an increased understanding of characteristics, skills, values, and experiences in the treatment.

Summary

To combat the issues impacting adolescent engagement in home-based treatment, social workers must understand the importance of effective clinical practice skills, techniques, and approaches. This study focused on the goals to empower clinicians, adolescents, families, school educators, and community providers by increasing understanding of the clinicians' role in engaging adolescents in treatment, specifically, the concepts of competence, respect, empathy, and passion. Findings from this study suggest that effective social work practice techniques depend upon the clinician's ability to engage the adolescent throughout the entire treatment process. To set adolescents on the path of success clinicians should increase the urgency around the adolescent and family's needs in hopes of improving communication and assisting the adolescent with eliminating at-risk behaviors. The outcomes for this action research study included both challenging and rewarding opportunities for clinicians to increase understanding of characteristics, skills, values, and experiences in providing home-based treatment to adolescents within in a large city in northeastern United States. Upon the completion of the research study, I plan to disseminate the results. I will also make the results of the study available to the participants by providing a summary of the results via e-mail and offer to present the findings at in-home staff meetings at Bayville.

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