Building, Maintaining, and Assessing Trusted Influence: A Grounded Theory of Clinical Social Workers on Interprofessional Behavioral Health Teams

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DISSERTATION

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Building, Maintaining, and Assessing Trusted Influence: A Grounded Theory of Clinical Social Workers Employed on Interprofessional Behavioral Health Teams

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The intention of this qualitative study was to generate a theory, grounded in data, about the lived experiences of Licensed Clinical Social Workers (LCSWs) employed on interprofessional teams in behavioral health settings. Although much has been written and discussed about interprofessional teams, there is still a gap in understanding the perspective of LCSWs working on these teams in behavioral health. Adjusted conversational interviews were conducted with twenty-two LCSWs employed on interprofessional teams in behavioral health settings. The main concern that surfaced from the interviews was the need to develop trusted influence within the team in order to fully serve their clients and achieve the obligations of their role. The research participants resolved this main concern through the social process of *Building, Maintaining, and Assessing Trusted Influence*. *Building, Maintaining, and Assessing Trusted Influence* is composed of four circular strategies that work in tandem including: 1) clarifying value and role, 2) building trust and connection, 3) applying context agility and 4) expanding influence. Each strategy is illustrated by a basic social process of behaviors that support and inhibit one's ability to develop trusted influence within a team. *Building, Maintaining, and Assessing Trusted Influence* has implications for not only social work education, practice, and policy, but also any profession where one may work on a team made up of various disciplines.

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Table of Contents

Chapter 1

Introduction

Background and Purpose

Clinical social workers represent over 60% of mental health providers in the U.S. (Bureau of Labor Statistics, U.S. Department of Labor, 2017; Gibelman, 2005). There is evidence that the best patient outcomes flow from integrative approaches to health care (Faulkner Schofield & Amodeo, 1999; Lemieux-Charles & McGuire, 2006; Smith, 2012; Weeks, 2016), but we know little about social workers' perspectives of what constitutes best practices when working on interprofessional teams. Integrative health care, also referred to as interdisciplinary or interprofessional health care, is a treatment approach that relies on strong collaboration and communication among health care professionals. Interprofessional health care teams are composed of a diverse set of professionals including, but not limited to mental health paraprofessionals, nurses, nutritionists, psychiatrists, physicians, and social workers. This approach to health care is unique in its emphasis on the team members sharing information related to patient care and working together to create a comprehensive treatment plan addressing the biological, psychological, and social needs of the patient (American Psychological Association, 2017).

Although social workers have been involved on interprofessional teams for many years, the directive to utilize "health teams" as required in Title III of the Affordable Care Act (2010) has increased the likelihood of clinical social workers coordinating patient care in teams. Given the current political climate and the extreme potential for the

Affordable Care Act (2010) to be repealed or revised, there is a critical need to understand how clinical social workers perceive working on interprofessional teams in mental health agencies and to gain an understanding of how these teams can work best.

Policies are typically enacted by administration on the federal, state, or agency level without consulting the clinicians on the "front lines" administering care to patients who are impacted by these policies and decisions. This can result in policies or mandates that are not feasible for the clinician or client and may not serve in the client's best interest. It is important to get the feedback from the people that policies impact in order to best ensure the intended success.

Although much has been written about interprofessional teams (Faulkner Schofield & Amodeo, 1999; Lemieux-Charles & McGuire, 2006; Smith, 2012; Weeks, 2016), there is still a gap in understanding the social worker's perspective about working on these teams in behavioral health settings. Interest in integrative health care research has grown over the years; however, little emphasis has specifically been given to the social worker's role or perspective. Also, much of the research has been conducted in general healthcare settings rather than behavioral health care settings where social workers may play a more significant role on the treatment team (Faulkner Schofield & Amodeo, 1999; Lemieux-Charles & McGuire, 2006; Smith, 2012).

Social workers employed in behavioral health care settings can carry a myriad of responsibilities and job titles including therapist, case manager, and clinical director to name a few. Social workers in these settings preform duties such as assessment; diagnosis; development of treatment plans to treat and prevent mental illness,

substance abuse, addiction, and other behavioral stressors; and discharge planning. Social workers are unique in these settings as they take a holistic approach to treatment and incorporate knowledge into their practice from other professional helping fields such as counseling, sociology, psychiatry, psychology, and public health (Social Work Policy Institute, 2012; National Association of Social Workers, 2017). Taking this holistic treatment perspective aids social workers in understanding the need to work with other professionals to coordinate all levels of care in order to meet a patient's needs.

In 2016, over 300,000 social workers were employed as healthcare, mental health, and substance abuse social workers, which is roughly 44% of all social workers employed (U.S. Bureau of Labor Statistics, 2017). Although this is a relatively high percentage of the social work field, it seems there is still a shortage of social workers in behavior health to meet the current needs. According to Dr. Elinore McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, social workers are needed to meet the growing demand for behavioral health services in the United States. McCance-Katz stated that the Substance Abuse and Mental Health Services Administration (SAMHSA) is focusing its efforts to recruit more social workers and other helping professionals into behavioral health (Pace, 2017). With this effort underway, understanding the social worker's perspective of working on interprofessional teams in behavioral health could help in SAMHSA's initiative in figuring out how to acquire more social workers into behavioral health settings.

One way to better gain an understanding of the social workers' perspective is to use Classic Grounded Theory (GT) methodology. The purpose of this study was to develop a theory, grounded in data, that conceptualizes the main concern of clinical

social workers regarding their experience of working on interprofessional behavioral health teams and how they resolve this main concern. To understand social workers' perceptions of working on interprofessional teams, I conducted qualitative in-person interviews with licensed clinical social workers (LCSWs) employed on interprofessional teams in behavioral health agencies. Using a Classic GT approach as defined by Glaser & Strass (1967) and later refined by Glaser (1978; 1992; 1994; 1998; 2001; 2002; 2004; 2009) to analyze the responses allowed me to identify concepts that explain how clinical social workers view their work on interprofessional teams as well as how teams function when they work well and do not work well together. The theory that emerged from this study identifies and describes the elements of effective interprofessional teams in behavioral health agencies from the perspective of clinical social workers.

Justification for Using Grounded Theory Method

Grounded Theory (GT) is a social science method of generating theory from data (Glaser & Strauss, 1967). When exploring avenues for pursing my research interests for my dissertation, Classic GT presented many strengths. The first strength is the methodology's appropriateness of fit for the research topic. Barney Glaser (2009), the co-founder of Classic GT, informs researchers that GT studies are best conducted when there is limited current literature on the topic of interest. Given the gap in knowledge about how clinical social workers view their work on interprofessional behavioral health teams, this method of research is appropriate.

Classic GT provides an openness, flexibility, and creativity not found in other methodologies (Glaser, 1998). Although certain levels of uncertainty do come with this open process, the result is a theory that is innovative and applicable to the area of

study. As an LCSW myself, I found it important to use this opportunity to develop a theory that can inform practice. Glaser (1998) discusses how motivation such as this can create many benefits when using GT methodology. I chose the current research project based on my life cycle interest, commitment to the social work profession, and because I find myself highly motivated and excited about the GT process.

Another strength of using a Classic GT approach for this study is its synergy with the core values of the social work profession. In particular, this methodology lends to the social work value of dignity and worth of a person which respects each person's right to self-determination. By hearing the stories of participants and meeting them where they are to gain an understanding of their main concern on an issue, GT offered me a way to live out this core value in my research. It also reflects the profession's value of the importance of human relationships. "Social workers understand that the relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process." (National Association of Social Workers, 2008) The nature of a GT question is a great reflection of this value. Arguments can also be made for the methodology's congruence with the other core values of the social work profession such as service, social justice, integrity, and competence (Freedberg, 1989). Unlike traditional qualitative methods that would also address the core values of social work, as previously mentioned, GT's purpose is to develop a theory from the data. Classic GT allowed me to capture the clinical social workers' perspective and formulate a usable theory from the data around the emerging main concern. Given the lack of theory generated out of the social work profession, the use of this methodology is critical in moving the profession forward.

Finally, it is important to mention that as a doctoral student at the University of Houston Graduate College of Social Work, I have the privilege of being advised by three researchers who are all well versed in GT methodology. Having this kind of support from professionals so knowledgeable in the method was another strength for using a GT approach. Glaser (1998) points out the importance of conducting Classic GT with a mentor or through guided seminars in order to address concerns with conceptualizing the theory and implementing the methodology appropriately. Unlike other novice GT researchers who have to learn the methodology strictly from written text, I am grateful I had the opportunity to be mentored by my Committee.

Professional and Personal Relevance

The topic of this study is relevant to social work as its aim was to develop a theory about clinical social workers. In particular, this study is most relevant to LCSWs employed on interprofessional teams in behavioral health agencies. The developed theory has the potential to be applied to how clinical social workers working in behavioral health agencies can work well on teams with professionals from other disciplines. Helping interprofessional teams work more effectively has the potential to provide rewarding outcomes on agency finances, retention rates of employees, and ultimately patient care.

Together this topic and methodology have been of personal interest to me both as a researcher and a clinician in the social work field. Glaser (2002) would call this interest “life cycle interest” (para. 34) as it stems from my own previous work experience. As a social worker straight out of graduate school, I had the experience of working on interprofessional teams in several different agency settings. At the time,

working in so many different settings seemed like a burden, but I am now able to view this experience as a privilege. I was able to work in agencies that functioned well and agencies that did not function well. In one agency where I worked as a clinician, changes were being implemented almost weekly and without the consultation of those to whom the changes would impact. I was employed as part of a team, but it did not always seem like my concerns and ideas were being heard. During this time in my career, I began reading about teamwork. I was trying to figure out how to continue to work with my clients to the best of my ability while also working with other members of my team. In my reading, I was often having to look at business texts rather than information specifically for social work or helping professions. Out of this interest, and many frustrating days on the job, I decided to pursue my doctorate in hope of gaining a better understanding of what works and does not work for social workers employed on interprofessional behavioral health teams.

Overview of Grounded Theory

I decided to use Classic (GT) for the study after consulting with senior researchers who are well versed in (GT) methodology and carefully considering other variations of GT that are available. GT has taken on many variations since its initial development in the 1967 text: *The Discovery of Grounded Theory: Strategies for Qualitative Research* (Glaser & Strauss, 1967). Ultimately, the two researchers diverged on their views about how GT should be conducted. Strauss's version of GT changed while Glaser remained steadfast in using the traditional methods developed by the two of them (Birk & Mills, 2011). Straussian GT offers more guidelines with specific

techniques and strategies while Classic or Glaserian GT remains true to the flexibility of the original method (McMillan, 2009).

A second evolution of GT came from Kathy Charmaz. Dr. Charmaz embraced a more constructivist approach where the participant and researcher together construct the reality of the main concern (Birk & Mills, 2011; McMillan, 2009). Within the literature there are also numerous studies that have identified as GT studies, but lack the essence of true GT. Glaser (2004) points out that these studies may have used some GT terminology or techniques, yet contain descriptive rather than theoretical results and therefore cannot be considered GT studies.

Classic GT has been described as the, “systematic generating of theory from data, that itself is systematically obtained from social research” (Glaser, 1978, p.2). Classic GT studies can be quantitative or qualitative in nature, but it is more common for qualitative data to be collected when using this methodology (Glaser, 2004). Qualitative methods will be used in the proposed study; however, it must be clear that the qualitative methods of GT are distinct from those of traditional Qualitative Data Analysis. The goal of traditional Qualitative Data Analysis is to provide accurate descriptions of the data or verification of theory (Glaser, 1967; 2004). The purpose of the study was to generate a theory through the methodical collection and analyses of data.

Style and Format

Due to the nature of Classic GT, the dissertation proposal could not be written in the traditional format in regards to the literature review and statement of the problem (Glaser & Strauss, 1967; Martin, 2006). Typically, a dissertation proposal requires a statement of the problem followed by an analysis of related literature. In classic GT the

literature review is not conducted until data collection has begun because the literature review is related to the concerns and codes that have emerged. Researchers such as Xie (2009) have been able to write what is referred to as a, “compromised Grounded Theory proposal” (p. 35; Glaser, 2001, p. 114) Xie (2009) noted that her GT proposal satisfied her program requirements enough where her Committee was willing to accept and support it, while also still maintaining the essence of GT. To further demonstrate, in Xie’s proposal around library science, she provided a literature review for her research proposal; however, it was very limited and was only used for the sole purpose of providing context to her study. Likewise, in the proposal for this study, the initial review of the literature had the same purpose of providing context.

Another feature of the study is the use of the first person narrative. One of the benefits of using Classic GT methodology is the accessibility of the research to the participants. Glaser and Strauss (1967) stressed in the early development of GT that the research must be written in plain English so that it can be easily understood by both layman and researcher. The first person narrative assists in achieving this goal. Lopez (2012) also pointed out that the first person narrative helps to promote the conversational style that is congruent and necessary for interviewing participants.

Dissertation Overview

The dissertation is organized in the same direction the research was conducted. Chapter 1 contains an introduction to the purpose, background, and chosen method for the study. Chapter 2 gives an in-depth explanation of the research methodology and process. Chapter 3 discusses the theory of *Building, Maintaining, and Assessing Trusted Influence* that emerged through data collection and analysis. A review of the

current literature around the four strategies for *Building, Maintaining, and Assessing Trusted Influence* is examined in Chapter 4. Finally, the dissertation closes with discussion and implications for the theory in Chapter 5.

Chapter 2

Methodology

Classic GT is defined as a, “general methodology of analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area” (Glaser, 1992 p. 16). The five key components to GT are theoretical sensitivity, theoretical sampling, coding, memoing, and sorting. This method requires a complex balance of both inductive and deductive reasoning efforts in the simultaneous collection of data, coding, and analysis that results in a conceptual theory (Glaser, 1978). Initial stages of a Classic GT study are inductive as themes begin to emerge. The middle and final phases are both inductive and deductive methods through the process of constant comparison, a concept that allows data to emerge at the same time it is being verified. In GT “all is data” (Glaser, 2004, p. 58) meaning the data may be collected from many sources including the projected methods of this study, from participants in interviews and, at later stages, data from the existing literature.

The researcher actively engages in the constant comparison process while remaining aware of theoretical sensitivity. Theoretical sensitivity is the ability to approach the data with an open mind, free from predetermined ideas (Glaser & Strauss, 1967). Theoretical sensitivity and constant comparison act as a guide for the four other components essential to Classic GT mentioned above and discussed in more detail below: theoretical sampling, coding, memoing, and sorting.

Constant Comparison

Constant comparison is a unique process in Classic GT. The purpose of the constant comparison process is to check if the data continues to support the emerging

categories during data analysis. Glaser (2002) stated, “without the abstraction from time, place and people, there can be no multivariate, integrated theory based on conceptual, hypothetical relationships” (p. 26). This approach to analysis aids in shifting the researcher’s focus from fact verification to idea generation, maximizing creativity to follow emerging concepts while not being held back by the rigidity of interview protocols or theoretical frameworks (Holton & Walsh, 2017). Glaser and Strauss (1967) identified four steps in the constant comparison process:

1. Comparing incidents applicable to each category
2. Integrating categories and their properties
3. Delimiting the theory
4. Writing the theory (p. 105)

Constant comparative analysis is, “a gradual building up of conceptual codes into concepts and then concepts into categories” (Holton & Wash, 2017, p. 79). This type of analysis helps prevent “data overwhelm” that can occur when simply collecting all data upfront, then analyzing. Instead, constant comparison allows one to simultaneously collect and analyze data.

The first step of constant comparison involves comparing incident to incident to allow for substantive category emergence and conceptualization (Glaser, 1994). Next, incidents from new data are compared to existing categories in order to continue making connections and work towards saturation. The third step involves narrowing down or delimiting categories by comparing categories to each other and determining categories that are no longer relevant to the emerging theory. The constant comparison

process is documented in memos, described in further detail below, and is completed once delimiting has ended and the final theory is written.

Theoretical Sensitivity

Theoretical sensitivity is a prerequisite for engaging in any GT study. The goal of this process is for the researcher to remain open to the story the data is trying to tell. In order to do this with accuracy, it is suggested that the researcher approach the subject as a “blank slate” and do his/her best to withhold any preconceived thoughts or ideas that he or she may have learned in their personal/professional experience and from the existing literature (Glaser, 1978). Doing so allows the researcher to remain sensitive to the data and helps protect against bias or limits to the data. In his description of theoretical sensitivity, Glaser (1978) acknowledges the difficulty of this process but urges researchers not to get discouraged as the skill can be developed with practice.

A few steps can be taken to improve the practice of theoretical sensitivity. The first step is to avoid reading any literature that discusses variables that might possibly relate to the substantive area until the primary data has been collected. Reading literature that specifically relates to the substantive area may contribute to predetermined ideas about what should be found and will, in turn, force the data to fit. Predetermined ideas will then become what Glaser (1978) refers to as a verification study in the sense that the purpose will be to verify what the existing literature suggests. The final strategy to maintain theoretical sensitivity is to be aware of one’s own biases before beginning the study to ensure that they will not influence the emerging data.

Sampling Methods

Sample. Classic GT uses two types of sampling: initial sampling and theoretical sampling. The initial sample for this study was directly recruited through purposive convenience sampling in order to find LCSWs employed on teams in behavioral health settings in the greater Houston area. Participants for the selected sample were recruited starting in March 2018. The sample was initially drawn from a list of LCSWs in behavioral health agencies who are internship supervisors for the University of Houston Graduate College of Social Work gathered at the 2018 internship marketplace. The sampling criterion for the proposed study included LCSWs who are currently employed on teams in behavioral health agencies. *Stedman's Medical Dictionary for the Health Professions and Nursing* (2005) defines interprofessional teams as, "a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient." Participants were contacted via phone and email by the primary researcher in order to set up interviews. When employing a Classic GT methodology, an accurate estimate cannot be made as to how many participants will need to be interviewed; however, based on a review of other GT studies, it was anticipated that this project would require no more than 30 participant interviews in order to reach saturation (Brown, 2002; Lopez, 2012). Saturation began around interview 19 and 22 participants were interviewed in total.

Theoretical sampling. Theoretical and snowball sampling was used to further the development of the theory. Theoretical sampling is specific to GT and used in the event that a category needs further investigation (Glaser, 2004). Theoretical sampling is one of the deductive aspects of GT. Once the data analysis process has

begun, substantive codes began to emerge and generate a potential theory. In Classic GT, once a theory starts to surface, the data gives direction to the type of data to be collected next and which persons to sample (Glaser, 2004). The idea is that the data collected through theoretical sampling will either be able to support or fail to support the theory that is developing. The data gathered as a part of theoretical sampling can be additional LCSWs, their supervisors, or it may be other persons such as medical doctors, nurses, administrators, and other personnel, or persons in other fields who work on teams and who may be deemed essential to the emerging theory. Theoretical sampling also may involve data sources other than people and can include written documents. After discussion with my committee about the core category that was emerging, it was decided that I would interview two to five more LCSW's where I asked questions around the core concepts found from previous interviews.

Sample Description.

Purposeful, snowball, and theoretical sampling methods were all used to recruit the 22 participants for this study. The six participants who responded to my initial phone calls and emails were classified as purposive since I had reached out them directly. Thirteen participants were recruited due to snowball sampling where one of the initial participants referred or reached out to eligible participants to take part in the study. The remaining three participants were recruited through theoretical sampling. The sample ended up being a diverse representation of the social work field with participants holding different level positions on their teams. Eighty-six percent of participants identified as female which was not surprising as the social work profession is predominately female. Sixty percent of participants identified as Caucasian, 13% as African American, 9% as

Asian, 9% as Latina, and 9% as Mixed Race. Participant ages ranged from 31 to 68 years old with the average age being 38 years old. Years in the social work profession and working on interprofessional teams ranged from 4 – 21 years with the averages being 11 and 10 years respectively. See Appendix A for more detailed information about the participant sample.

Data Collection

For the purposes of the current study, qualitative interviews were conducted in person. Written notes were kept by the primary researcher during the interviews. Glaser (1998) does not allow taping and transcription in his Classic GT approach as it has the potential to alter or harm the researcher's theoretical sensitivity. It has also been noted that taping is not necessary in GT because this approach to research is based on the conceptualization of ideas and concepts rather than being completely descriptive. Interviews began in March 2018 after being granted approval by the University of Houston Institutional Review Board. All participants were given a consent form explaining the purpose of the study before the interview allowing them time to review the document (see Appendix G). The consent form was also reviewed with them in person and signed by the participant and myself before the interview began. It was estimated that interviews would last between thirty minutes to two hours, based on previous GT studies (Brown, 2002; Lopez, 2012). Interviews ranged in length between 30 – 80 minutes with the average interview lasting 54 minutes.

Research Setting. Interviews took place in a setting that was convenient to the participant. This included the participant's place of work or a public setting mutually agreed upon by the participant and myself (usually a coffee shop). As previously stated,

all interviews were conducted face-to-face as Glaser (1967) discourages the use of technology when using Classic GT.

Interview Protocol. The purpose of Classic GT is to elicit the main concern and experience of the population of study. Keeping this purpose in mind, the ideal method of data collection for the proposed study was the interview. In contrast to typical qualitative interviews, Classic GT is not compatible with interviews that follow a guideline of predetermined questions. Interview guides of this nature would be in opposition to the initial stages of the methodology that are purely inductive.

Although interview guides are not used in classic GT, it is recommended to use an icebreaker question to help participants know that the researcher is taking a genuine interest in their main concerns around the topic and so they can feel comfortable in speaking about it (Nathaniel, 2008). In order to create this “icebreaker” effect, proponents of the methodology suggest the use of a “spill question” for interviews. Nathaniel (2008) notes that the spill question is a question that will allow participants to feel comfortable enough to begin to “spill” their stories. The spill question used in this study was, “Tell me about your experience as a licensed clinical social worker working on an interprofessional behavioral health team. For example, what works and does not work when working on these teams?” It was expected that participants would respond to this question with stories about their work experience. After the initial spill question, interviews were more conversational in tone and follow up questions were based on the responses given by the participants. In GT terms, this is referred to as an Adjusted Conversational Interview.

Before the start of each interview, I explained the purpose of the study, reviewed the informed consent (see Appendix G) and answered any participant questions related to the study. Most participants did not have any questions before the interview began. When they did, it was usually around confidentiality. When questions of confidentiality arose, I reassured participants that I would not use proper nouns (names, places of employment, etc.) in my notes or dissertation.

As previously mentioned, Classic GT advocates against the use of technology and software to collect data (Glaser & Strauss, 1967). Therefore, recording devices were not used in interviews, nor were computer programs, beyond Microsoft Word, used to assist in analyses. Glaser (2008) suggests that technology can serve as a handicap and cause the researcher to focus on capturing and analyzing the participants' words verbatim instead of focusing on conceptualizing their stories. At the end of each interview, the data was kept in a locked file cabinet at my house and a password protected file on my personal computer. All data used for the study will be kept up to five years at the University of Houston Graduate College of Social Work as directed by the Internal Review Board.

Data Analysis

All interviews were coded within 24 hours using open coding, delimiting, and selective coding, as discussed below. Theoretical ideas about the codes and their relationship to each other were evaluated by memoing and finally by sorting to put the "fractured data back together" in order to formulate a theory (Glaser, 1978, p. 116). Finally, the theory was evaluated for issues of fit, relevance to the action area, workability, and potential for modification.

Coding Procedures. Coding has been described as the core process in GT (Holton, 2010). Classic GT involves two types of coding: substantive and theoretical. Substantive coding includes both open and selective coding procedures. During the substantive coding process, I analyzed the data first through open coding to allow the core category to emerge. This was followed by theoretical sampling and selective coding of the data to theoretically saturate the core variable. The core variable is defined as the indicator of the main concern of the participants and explains how the participants describe how this main concern is resolved. The core variable should occur frequently within the data and relates wholly with the other data (Glaser, 2004). Open coding, theoretical sampling, and theoretical coding must be conducted in order for the core variable to be identified. Once the core variable has been identified, the next step is to move into selective coding and delimiting. This process is described in more detail below.

Open coding. Open coding is the first step in Classic GT analysis (Glaser, 1978). The purpose of open coding is to sort the emerging data into categories relevant to theory development. The categories should reflect the main concern of the participants in order to best guide the development of the theory. Open coding was achieved by analyzing the initial data (in this case, field notes from my interviews) line by line into categories. Glaser (1978) identified two rules to follow during the open coding process: (1) The analyst must pose certain questions about the data such as:

1. *What category does this incident indicate?*
    a. *What category or property of a category does this data indicate?*
2. *What is actually happening in the data?*
    a. *What is the basic social psychological process or social structural process that processes the problem to make life viable in the action scene?*

b. *What accounts for the basic problem and process?* (Glaser, 1978, p. 57)

and (2) given that all is data, each line of data must be coded in order to determine the substantive codes which are codes that conceptualize the substance of the data (Glaser, 2004). During the open coding stage, I used these questions to help sort out what the participants were describing works and does not work when employed on interprofessional teams. From here I was able to sort concepts into four substantive codes that kept appearing in the data. The saturation of the substantive codes then led to the emergence of the theory. At this point, a theoretical sample was identified and data from this sample can was analyzed to determine if the substantive codes were viable enough to develop selective codes, or if I needed to continue with the open coding. As a reminder, the theoretical sample consisted of more participant interviews. These steps were repeated until all the data fit into the theoretical codes and the substantive coding was saturated. Saturation occurred when no new relevant information was emerging from the data.

Theoretical and selective coding. Theoretical coding is the final stage of Classic GT generation and is an integral part of "shaping" the theory by modeling the relationships between and among the core variable and related concepts (Holton & Walsh, 2017). Theoretical codes begin to emerge once the substantive codes are saturated. Theoretical codes describe the implicit relationships between substantive codes and are generated by the process of comparing substantive codes (Glaser, 1978). Through the process of constant comparison, as previously described, theoretical and substantive codes emerge, are verified, and lead to a core variable. Once the core variable is identified, the coding technique changes from open coding to

selective coding. Selective coding is accomplished by recoding, or delimiting, the data for instances of the core variable.

It was during the theoretical and selective coding process that I was able to test the emerging categories by asking specific questions about them to my theoretical sample. This process, in conjunction with memoing and receiving guidance from my committee, helped me refine and revise these codes until they were a consistent representation of the data. Once I had interviewed my theoretical sample, a meeting with my committee chair and methodologist occurred where I presented my theory and was granted the approval to cease interviews and move forward with the theory.

Delimiting. Since not all data collected pertained to the core category, it was necessary to delimit coding to those that concern the core variable and related concepts (Holton & Walsh, 2017). Delimiting occurs at two levels: (1) the level of theory and (2) the level of categories (Glaser, 2004; Holton & Walsh, 2017). At the first level, I began to remove data that was not relevant to the core variable as well as integrate relevant data into the theory. From there, I then delimited the categories so that they were reduced to the core variable and only categories that related to the core variable to be included in the final theory. As Hotlon and Walsh (2017) described, “delimiting speeds up the analysis by focusing theoretical sampling and constant comparison on just the core category and related concepts and reduces the potential for the analyst to be overwhelmed with excessive caches of data that bear no relevance to the emerging theory.” (p. 85)

Memoing. Memoing is an essential component of the Classic GT process. Memoing involves the continual documentation of theoretical notes about the data as

well as conceptual connections among categories during the constant comparison process. Continual documentation includes free-writing notes as ideas emerge from the data in real time. Memos are to be recorded separately from the coding and can be hand written in a notebook or typed in a word document to be printed out. As Glaser (1978) noted, the goals of memoing are to stimulate and capture conceptual ideas that emerge from coding and constant comparison with complete freedom from the usual constraints of traditional writing (i.e., grammar, syntax, etc.), as well as build up a bank of netted ideas in a highly sortable format that allows theoretical integration of a “rich, dense yet parsimonious theory” (Holton & Walsh, 2017, p. 90).

I had a hard time with the memoing process at first. It was difficult to justify what was a memo versus just a thought that might or might not be relevant. After discussion with my methodologist, I was encouraged to notate anything that came to mind that related to my study. It was validating to hear that my use of post-its and capturing of thoughts about the process in my notebook or phone was exactly what I should be doing.

Theoretical Sorting. Constant comparison and coding leaves the data in a fractured state (Glaser, 1994; 2004). This is remedied by the theoretical sorting of the data by hand. Hand sorting of memos is a cornerstone of Classic GT which differentiates it from other approaches. The goal of theoretical sorting is to identify the emergent fit of all ideas so that everything fits somewhere with precision and scope, and so that no relevant concepts are left out. The hand sorting of memos provides\d concrete theoretical order and integration of ideas which forced me to make conscious decisions on where each idea fits in the emerging theory. I found it most helpful to do

the sorting by using large and small post-it notes because they were easy to move around and to view conceptually.

Theoretical Pacing. Glaser (1978) developed a number of analytic rules to follow when engaging in the Classic GT processes of constant comparison and sorting. One of these analytic rules, theoretical pacing, helps to address the challenge of balancing the tension of inductive and deductive reasoning while also not rushing the process by forcing fit. Theoretical pacing calls for a flexible but regular schedule of memo sorting in-between memo writing and processing. Glaser (1978) suggests allowing enough time for sufficient data to emerge but to be mindful of when the data has been saturated and no further collection is needed. The theoretical pacing of data collection, memoing, and sorting helped me determine when saturation was reached and a solid theory had emerged.

Evaluation

Classic GT provides the a most appropriate framework for carrying out this study of discovering the main concern of LCSWs employed on interprofessional behavioral health teams and how they resolve this main concern. It was expected that through the inductive and deductive processes of GT, I would develop a theory, grounded in data, which conceptualizes the participants' perspectives while also meeting quality research standards. The usual standards typical to quantitative social science research such as reliability and validity are not used in Classic GT. The results of Classic GT, rather, are evaluated on the basis of whether the theory can fit the following four requirements: 1) fit; 2) workability; 3) relevance; and 4) modifiability (Glaser, 1978).

1) In regards to fit, the emergent theory is evaluated on the basis of whether or not it can account for the concepts and codes found in the data. Fit should not be forced upon the data, but instead, should be permitted to emerge from the data. 2) Workability refers simply to the ability of the emergent theory to actually work or the degree to which the theory is able to "explain what happened, describe what will happen and interpret what is happening" (Glaser, 1978, p. 4). 3) As for relevance, the theory must be related to the core concepts and the population of the study. This is determined by whether or not the theory emerged from the data and whether it is a true representation of the perspective of the participants. 4) Modifiability refers to the principle of the theory being able to change to fit further emergent data. To summarize, the evaluation of the theory that emerged depends on whether the theory has actually developed from the data and whether it has successfully captured the main concern of the participants.

Chapter 3

A Grounded Theory of Building, Maintaining, and Assessing Trusted Influence

Main Concern

The purpose of this grounded theory study was to identify the main concern of Licensed Clinical Social Workers (LCSWs) employed on interprofessional teams in behavioral health agencies in order to generate a theory grounded in data to explain how they resolve this main concern. The main concern of LCSWs employed on interprofessional teams that evolved from the interviews was the need to develop trusted influence within their teams in order to fully serve their clients and achieve the obligations of their role. The clinical social workers interviewed for this study described the need to be heard on their teams and discussed barriers and catalysts to their efforts to be listened to, respected, and valued as a member of the clinical team.

Core Category

In Classic GT, the core category that emerges is a pattern of behavior or a social process that explains how the population of interest, knowingly or unknowingly, resolves the determined main concern (Glaser, 1978). The core category that LCSW's use to resolve the main concern of needing influence on their teams is through *Building, Maintaining, and Assessing Trusted Influence*.

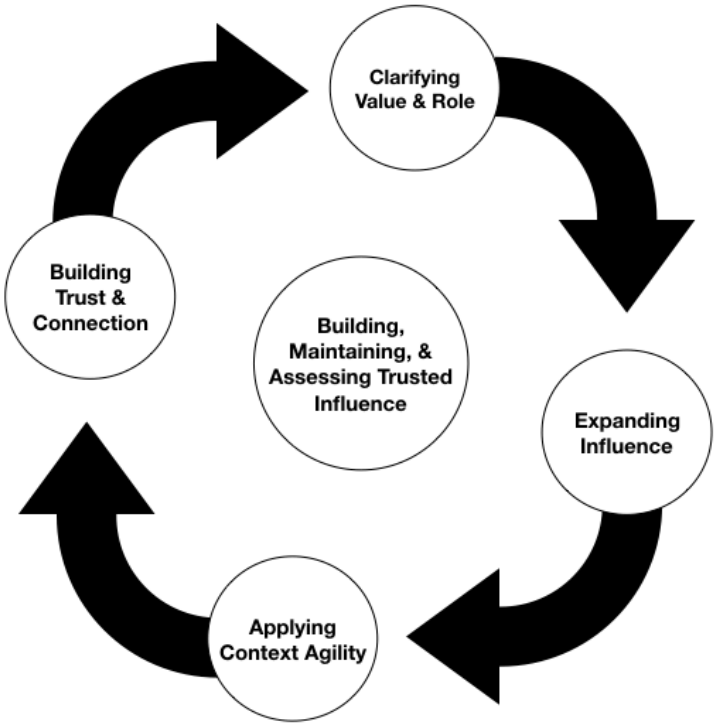
Trusted influence is more than just being heard and making an impact on your peers. It is a two-way street that not only evokes trust from others, but also encourages one's trust in others and their abilities as well as one's own trust in themselves. Trusted influence is a term that is used often when describing leadership qualities; however, there is not a universal definition for it. For the purpose of this theory, the definition of

trusted influence that derived from the data is the ability to give and receive input in a respectable manner in order to impact change. Respectable is operationally defined from the interviews as being open, attentive, and engaged, while using language that is non-degrading. Without trusted influence on teams, LCSWs experience frustration, burnout, increased stress, and isolation at work. Each of these adverse effects can impact a team negatively. In the case of social workers, the failure to implement this basic social process could potentially jeopardize patient care if the team is not working together towards optimal treatment.

Basic Social Process

Creating trusted influence is an ongoing process that can occur at any stage of a career, when starting a new position, or when there are changes in a team. The process begins by building trusted influence among co-workers on a team. Once trusted influence is built, it then must be maintained through ongoing actions which need to be continuously assessed. There are four cyclical strategies for *Building, Maintaining, and Assessing Trusted Influence* as shown in Figure 3.1 below: 1) clarifying role and value; 2) building trust and connection; 3) applying context agility; and 4) expanding influence.

Figure 3.1: Building, Maintaining, and Assessing Trusted Influence



Strategies for Building, Maintaining, and Assessing Trusted Influence

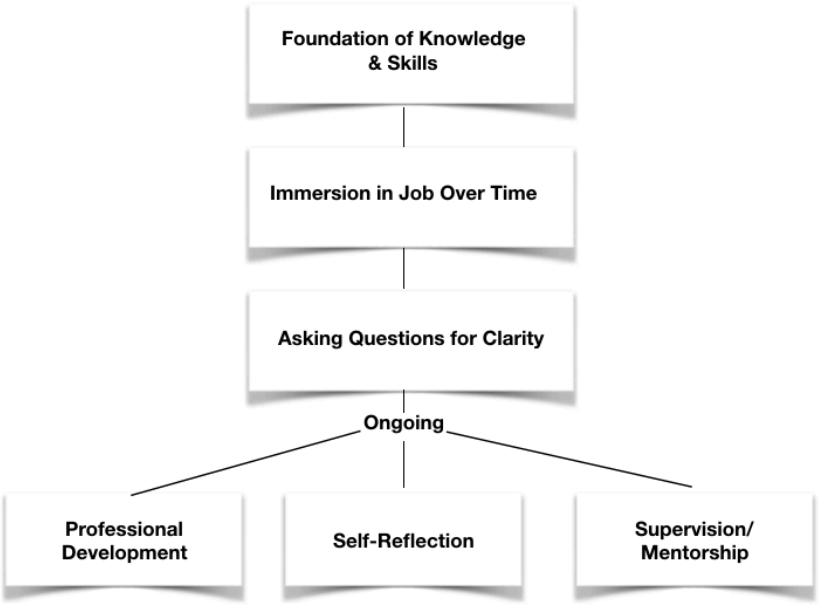
The four strategies for building, maintaining, and assessing trusted influence work in tandem and do not necessarily occur in any certain order. From the information gathered in the interviews, people will go through this process many times throughout their career. During one's career, strategies may need to be repeated or re-assessed as changes occur such as team members being lost and gained, in the event of switching teams, or even changing positions/roles on a team.

Clarifying role and value. One concept that became clear in the interviews is that if the people you work with do not know what you do or what value you add to the team, it makes your job more difficult. When co-workers are not clear on roles or how to best work together, boundaries can be overstepped, assumptions can be made, and important information can fall through the cracks. It was apparent from the interviews

that there is a need for team members to have an understanding of what each other's roles and responsibilities are on the team, as well as what value each team member is providing.

Know and understand your own role and value. Clarifying role and value is a two-part process. First, one needs to know and understand their own role and value. This can take time to develop through self-reflection, continued education, supervision, mentorship, asking questions, competency development, experience, and immersion in the job. Other times it can be helpful to reality check expectations with co-workers and ask questions when something is unclear. It may also entail having a difficult conversation to set boundaries around tasks so that the respective roles are clear and understood. If a profession has attached stereotypes, it may be helpful to discuss these among team members as this may prove to be an unspoken barrier the team will need to overcome in order to work effectively together. Figure 3.2 shows the process of how one comes to know and understand one's own role and value.

Figure 3.2: Process of Knowing and Understanding Your Own Role & Value



Foundation knowledge and skills. Most employees begin a job bringing in a certain set of skills that will allow them to perform at their new job. One generally gains a position because of the skills she possess or the potential to develop upon the skills she currently has. The process of knowing your role and value starts from this foundational place of what you bring into the job with you. For social workers, and LCSWs specifically, they start their career with a foundational knowledge of skills related to the field; for example, this includes clinical or mental health skills from graduate school courses and internships. If this process occurs due to a job change later in a career, one might bring the skills and knowledge they gained from previous professional positions.

Immersion in the job over time. Immersion in the job helps one understand their value and what they can add to the team. They can see what part they play and how they fit into the whole array of treatment for clients as they work through their daily tasks. Every day on the job is an opportunity to gain more understanding of one's role on the team. It often takes time to get comfortable with new surroundings, personalities, and cultures. The more time on the job or in a role will help inform employees about their role and responsibilities.

Asking questions for clarity. Role clarity can come from experience, learning by doing, and also by asking questions. In this stage, an employee may ask for clarity from other members of the treatment team or their superiors. They may also seek advice from peers and lean on other colleagues for support. Participants indicated that their value became more clear with time and as they grew in confidence to ask questions for clarity.

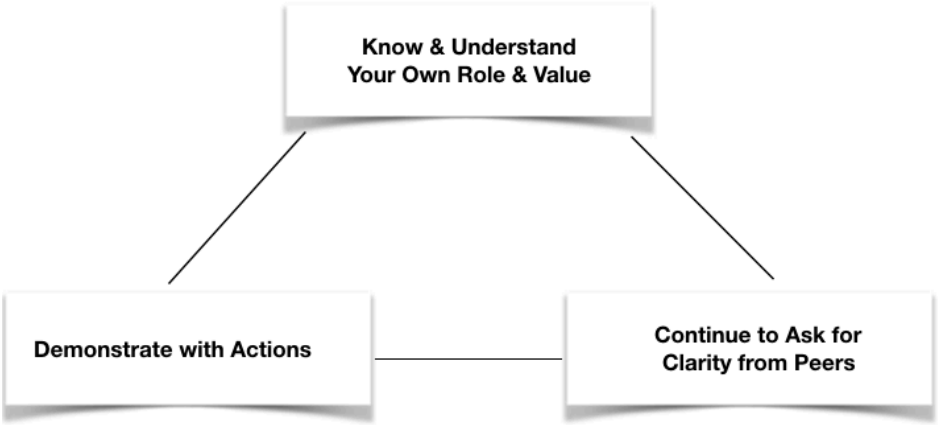
Ongoing professional development. Continuing professional development is an important part of being able to know and understand one's own role and value. Participants described the importance of staying current in your field, as the team looks to you to be the expert at your role. Engaging in continuing education and striving for competency development is a major way that social workers can help clarify their role and value. When your peers are expecting to be able to come to you with the current best practices for social work, engaging in ongoing professional development is essential to having the most current information. One benefit to social work practice is that most state licensing boards require a minimum number of continuing education hours in order for social workers to renew their licensure. This requirement helps ensure that social workers are staying current on best practices.

Ongoing self-reflection. As someone works towards role clarity and understanding their own value, it is also important to take time for continued self-reflection on how they are engaging in their role. Asking questions of oneself to see how you are preforming on the team and how you are showing up for your co-workers is an important part of really understanding your value. It was clear from the interviews that if you haven't self-examined your value, it will be very difficult to communicate it to others. It is an advantage to the field that helping professions such as social work promote self-reflection around clinical practice. Participants described journaling practices that were mandated in their graduate programs that they have carried with them throughout their career for ongoing self-reflection as well as note taking practices that leave room for the social worker's thoughts and reflections during documentation.

Ongoing supervision and mentorship. Both supervision and mentorship are key to developing role and value clarity. Participants described the importance of having a supervisor or mentor relationship, especially early on in one's career. It is helpful to be able to have someone to bounce ideas off of and talk through difficult cases, decisions, and learning experiences in a supervisory relationship. In the social work field, it is mandatory in most states to obtain supervision hours with an LCSW for a couple of years before one can practice independently. Having mentors to look up to either personally or from influential people in your profession is another way social workers can critically think about issues in their field.

Communicating role and value. As you continue to get clear about your role and value, you also need to be able to communicate about them effectively with those you work with. This process happens in three ways as shown in Figure 3.3: 1) having a knowledge of your own role and value to be able to speak about it; 2) being able to demonstrate your value through preforming the tasks associated with your role; and 3) getting curious about your co-workers' roles and value add by asking questions about how you all fit into the team.

Figure 3.3: Process of Communicating Role & Value



Know and understand your own role and value. One needs to have a good understanding of both their role and what they add to the team in order to be able to communicate it to other team members. As discussed in detail above, this is done in Phase I of the process. It is important to come prepared with the skills and knowledge for which the team members depend on you. Only when you have a good understanding of the part you play and the value you bring, can you then communicate it with others. Because other professionals on your team may not be fully aware of the scope of social work practice, communication about this is essential.

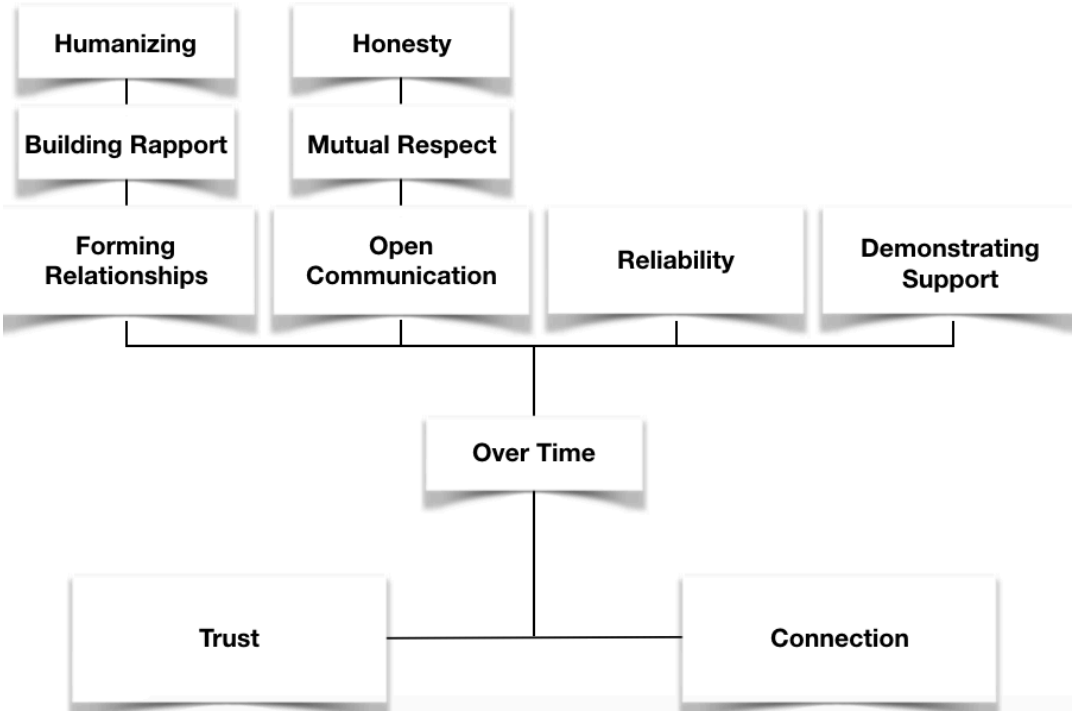
Demonstrate your value with actions. “Actions speak louder than words,” did not become a timeless adage simply because it sounds nice. It is timeless because it is true. Simply having the knowledge about what you bring to the team will only go so far if you do not back up your knowledge and skills with consistent actions. The team is less interested in what you know and more interested in what you can do with what you know. Importantly, what you can do also impacts their job when you are working on an interprofessional team. As you employ your skills more consistently, your team will begin to gain a better understanding of what value you bring and what they can count on you for.

Continue to ask for clarity from peers. It is always helpful for a team to function with clear expectations in order to work together as a whole. In order to do that, one has to communicate with the team about roles, task ownership, etc. Asking tough questions and having these clarifying conversations demonstrates a willingness to work as a team and helps provide clear guidelines around what is expected from you and other members of the team.

Each of these three steps work in tandem and must be ongoing. Failure to engage in any of these three steps could cause a communication breakdown on the team that could have a major impact on the clients the team serves.

Building trust and connection. Trust and connection among co-workers was a continuous factor that emerged from the interviews. Participants talked about behaviors that exhibited trust and behaviors that created distrust among team members. They also highlighted the importance of feeling connected or bonded to those you are working with. This sense of trust and connection seemed to lead to a mutual respect and support for each other on the team and created better team cohesion. I found it interesting that this building of trust and connection mirrored a parallel process of the work these social workers aim to accomplish with their clients. Figure 3.4 shows the process of building trust and connection in teams.

Figure 3.4: Process of Building Trust & Connection



Trust and connection can be built in many ways including open and honest communication, mutual listening, humility, dependability, accountability, humor, genuineness, and showing gratitude. Participants identified the need to form relationships and build rapport with each other on the team in order to feel more connected and to be able to trust each other more. They also acknowledged that spending time with your team either virtually or in person helped to build trust and connection and leads to an interdependence on each other to function as a whole. Many acknowledged that having trust and connection on a team helps remind you that you are not alone and gives you the support you need to perform well at your job in order to optimize patient care.

There were several examples of what creates distrust on a team. This includes being territorial, lack of inclusion, working in isolation, team members not being available, intimidation, work not being completed in a timely manner, people not preforming to their ability, and personalities clashing. The social workers I interviewed described how distrust on a team creates dysfunction that has the potential to negatively impact patient care. They indicated how lack of trust or connection on a team could lead to clients “splitting” the team in a way where they pin co-workers against each other or try to manipulate them. For example, this is comparative to the way children might try to manipulate their parents by going to one parent when the other says no. I will explore each component that can build or corrode trust and connection including: forming relationships, open communication, reliability, and demonstrating support.

Forming Relationships. Building trust and connection starts by forming a relationship. Forming relationships with co-workers entails getting to know each other as you spend time working together. Over time you gain a sense for the person's likes and dislikes, how they work best, if they are organized or sporadic, and maybe even learn a little about their families or hobbies outside of work. This can happen organically, by intentionally asking questions, and also through organized team building exercises. In order to build deeper trust and connection with co-workers, this is a foundational first step.

Building Relationships. Building rapport and humanizing are two essential factors to forming relationships. Webster's (2019) defines rapport as, "a relationship characterized by agreement, mutual understanding, or empathy that makes communication possible or easy." Mutual understanding and empathy foster trust and connection. This is familiar to social workers because rapport building is a foundational part of any helping relationship. When people form relationships, it helps to see each other as human instead of through professional labels such as social worker and psychiatrist, doctor and nutritionist, case manager and program director. The social workers I spoke to described how when their co-workers acted more "human" or "genuine", it was easier to connect with them and form bonds. Engaging in activities such as after-work happy hours, making jokes in meetings, and discussing the latest movie debuts helps to humanize each other and enhance connection. Showing up authentically on your team and with your co-workers helps everyone relate.

Corroding Relationships. There are also actions that can diminish trust and connection. For example, participants described hierarchal systems, such as the

medical model, to be dehumanizing because they create invisible barriers that aren't safe for forming relationships. When safety is an issue, it is harder to establish rapport to build trust. Lack of authenticity and empathy are also factors that participants noted make it difficult to connect with their teammates.

Open communication. Communication is how relationships grow. Participants described how open communication leads to trust and connection with co-workers. Open communication means being able to approach co-workers and ask questions as well as co-workers making themselves available for each other. Because these take time, being available and approachable are necessary in order to actually spend time with each other.

Building Open Communication. Two key concepts to forming open communication are mutual respect and honesty. Mutual respect was a common thread in developing trust and connection through open communication. In order to communicate effectively, and for each person to feel heard, mutual respect must be present. It has to be there for both parties because trust and connection do not function well if they are one sided. In order for trust and connection to happen, it takes at least two people who are both engaged in the process. Honesty is also foundational to trust. The ability to be honest and have hard conversations with co-workers is not always easy to do, but is a big component of building trust and connection. Co-workers felt more connected with their peers when they were able to discuss hard topics such as decisions made about clients and issues occurring within the team.

Corroding Open Communication. Participants noted several actions that can stall open communication. For example, when boundaries are not in place around

what is acceptable and not acceptable to discuss or ask about, then trust and connection can be impaired. It is also hard to trust people when you find out they have been dishonest with or disrespectful towards you. Dishonesty and disrespect are connected to creating environments of fear and stress around unpredictability.

Reliability. Participants explained how important it is to be a reliable co-worker. The team is depending on you to do your job well and consistently. It causes disruption on teams when someone cannot be relied on to show up or preform as they are needed. When co-workers fail to do what they say they are going to do, trust can be impaired. When working as a group, it is helpful to be able to anticipate the next step and who, specifically, needs to make the next move. If your team members are reliable, this process is easier and leads to increased trust and connection in the group.

Demonstrating Support. Actively showing support for each other also leads to increased trust and connection. Participants described how helpful and reassuring it is to know when a peer “has your back” and shows up for you in a time of need. This can be in situations with clients, with other members of the clinical team, or even with supervisors and bosses. Support can be demonstrated in a variety of ways, but generally involves a peer speaking up for, listening, and making time for their co-workers.

Time. Time is an important factor in the building of trust and connection among team members. Trust and connection are not formed overnight, but rather, they are developed over the course of time. The LCSWs I interviewed for this project were all employed on teams in behavioral health settings, so the work they do with clients can

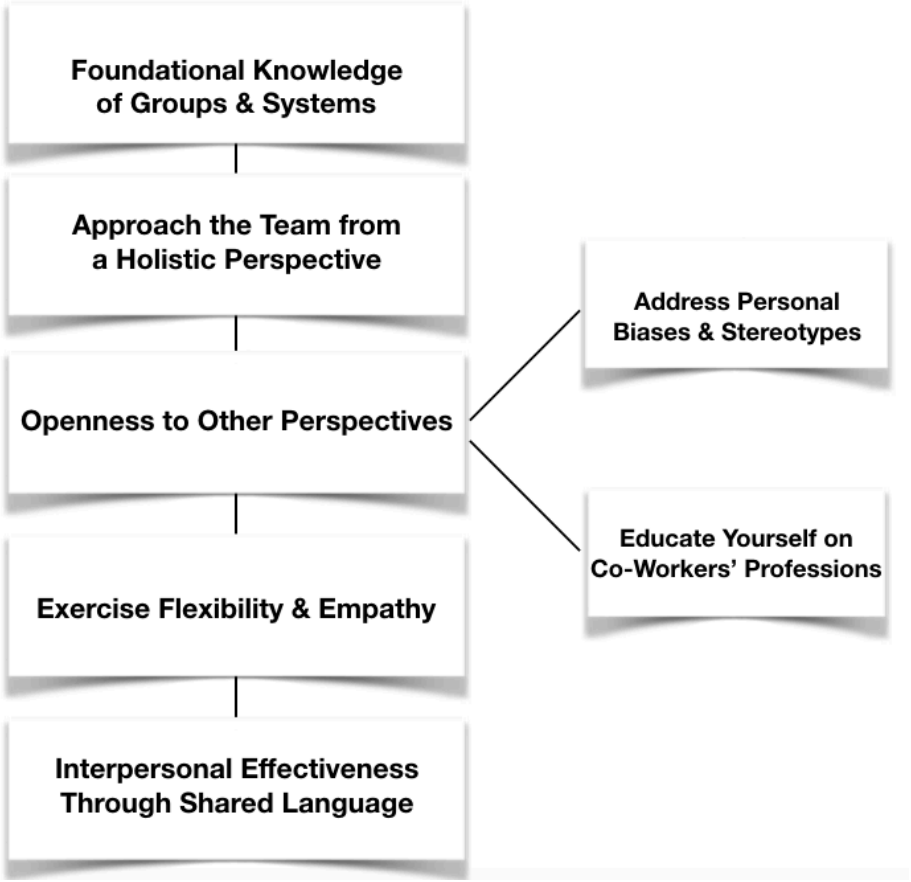
be high pressure and have serious risks. Being able to trust your peers is an essential asset to have when working in these environments.

Applying context agility. Context agility refers to the social work axiom of meeting people where they are. It was apparent in the interviews that in order to create trusted influence, one needs to be able to see the whole picture and understand the different parts of the whole. The concept of context agility derived from the current research and was named by myself and my committee. This newly coined term is defined as taking a holistic approach to meet people where they are and converse with them in their own terminology. Social workers are taught from a holistic perspective which may help them apply context agility more naturally than other professionals who are not trained in this perspective. Participants likened this ability to learning a new language and acknowledged that it is important to be able to speak the same language as other professionals on the team. They indicated that you must have a willingness to learn, the ability to be flexible, and an openness to different perspectives in order to develop this skill.

Many participants I spoke with identified themselves as holding the “connector” role on the team. In this position, they have to connect the dots of the treatment plan to ensure that everyone is in agreement with the plan. It helps if others can treat the patient as a whole person and if they all have a basic understanding of what each other is talking about. It is important for each professional to communicate in a way that makes it easier for the team to understand and refrain from using profession specific jargon or only using it in conjunction with context and definitions.

Another aspect of applying context agility is the ability to understand group norms, emotional literacy, and interpersonal effectiveness. These skills are taught in social work education but not always discussed in the context of your co-workers. Being able to empathize with your co-workers, client, and client systems can also be beneficial to developing this skill because empathy allows you to better connect with others. Figure 3.5 shows the process of applying context agility in teams.

Figure 3.5: Process of Applying Context Agility



Foundational knowledge of groups & systems. Most social workers are taught about group dynamics and systems in their undergraduate and graduate courses. Having a basic understanding of how groups work is an asset when working on a team because you have knowledge about groups or systems, and the ability to

anticipate and adjust to group dynamics. This knowledge helps social workers know how to approach the team and work through conflict as it arises.

Approach the team from a holistic perspective. Social workers are trained to approach clients from a biopsychosocial perspective, which entails treating patients holistically. This idea is also helpful in the context of teams. Recognizing that your coworkers are fully human and making an effort to understand who they are, not only as coworkers, but also as people, is an important step to developing context agility in teams. Reminding yourself that the doctor you work with is also a mother, daughter, pet shelter volunteer, and musician gives you more context on how to approach them as a person and co-worker.

Openness to other perspectives. In order to apply context agility one must be open to different perspectives and have a willingness to learn about others. This includes addressing personal biases and professional stereotypes. When speaking to people, you have to know your audience, and in this case, your audience is your team members. You have to work at understanding the roles of your team members and their professions. You also have to be willing to get curious about their strengths, what value they bring to the team, and how their role impacts the client's journey. This can include having intentional conversations with your peers and learning more about their professions through your own research.

Exercise flexibility & empathy. In order to implement context agility with team members, it is important to have the flexibility to meet people where they are and exercise empathy as you gain an understanding of what they do. Meriam-Webster (2019) defines empathy as:

> [the capacity for] understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner (p. 1).

This is an important step in developing the shared language you can use when speaking to your co-workers. Empathy gives us the connection we need to do this. Staying flexible to people's circumstances, situations, and even moods allows us to be more open and understanding. The ability to connect to a feeling and empathizing with a co-worker is imperative to this process.

Interpersonal effectiveness through shared language. Participants described a need to develop a common language that can be used with the team and stressed the importance of speaking to people and not at them. Interpersonal effectiveness describes one's ability to interact with others and this is greatly impacted by being able to communicate well. Using a common language means not using profession specific jargon without context, using layman's terms, and often learning terms/meanings that are used by the other professions on your team. Since social workers are often the "connectors" of a team, it is important that they can communicate with and understand each member, and also synthesize the collective group input. Since the social worker is often one of the team members who has the most interaction with a patient, having this skill can also help them communicate messages from the team to the patient and vice versa.

Expanding influence. Expanding influence happens in conjunction with the other three strategies as one develops in their position on the team. One is able to

expand their influence when they can demonstrate competency, communicate knowledge effectively, and exercise their voice on the team. This often comes with time, heightened professionalism, and increased confidence. Utilizing this strategy may lead to advocating on behalf of patients or yourself, and empowering team members in their roles to advocate for themselves. Participants described knowing they were able to expand their influence when they felt like they were being heard and being understood by other team members. This usually results in the team being able to work well together, collaborate towards a common goal, and celebrate a job well done.

Participants also identified impediments that can get in the way of expanding influence. Most notable were systemic or agency issues, outdated models, and hierarchical systems that create imbalanced power dynamics on the team. They indicated that these designs can lead to fear, stress, burnout, miscommunication, and liabilities on leadership. Examples of barriers to expanding influence are being excluded from decisions, not having the necessary resources to do their job, and not being in alignment about priorities. They also commented on how not being formally trained for working on interprofessional teams makes it harder to expand your influence because so much time is spent on the job trying to learn and understand how to work together. Figure 3.6 below shoes the process of expanding influence on teams.

Figure 3.6: Process of Expanding Influence

Time. Time showed up again as essential to expanding influence. In this case it can refer to the length of time on the job, length of time with the clinical team, or length of time in one's career. Over time, as one continues to grow and develop as a person, employee, and in their career, they are more able to expand their influence on their teams through the coordinating acts of consistently demonstrating competency, communicating knowledge effectively, and using one's voice to impact change.

Professionalism. It is reasonable to think that professionalism increases with time. Showing up prepared for work and prepared for meetings was a key factor in

being able to expand influence. As you increase in professionalism over time, you continue to gain the respect of others and you are able to further expand your influence.

Increased confidence. Confidence also comes with time and experience. The more confident you can become in your abilities and the abilities of others on the team, the greater chance you have to expand your influence. Participants described how they are more prone to listen to someone who believes in themselves and in their perspective. As they talked about increased confidence being essential, they explained it as something developing naturally, either consciously or unconsciously. They acknowledged that some people will start careers with different levels of confidence and a variety of factors can impact one's confidence level. Some people may have to work harder at this than others, but regardless of the effort it takes, it is still very essential to the process.

Consistently demonstrate competency. Participants stressed the importance of consistently demonstrating competency in your role. In working in interprofessional teams, each position on the team is responsible for a different part of the whole. Due to the interdependency created on these teams, it is important for each person to perform well in their respective role, and to do so consistently. It is crucial to demonstrate that you know what you are doing. The more you demonstrate your competency, the more your team will accept your influence.

Communicate knowledge effectively. Beyond preforming your role consistently, you also have to communicate what you know in a way that can be heard and understood by others on the team. This goes back to the idea of having a shared language from the interpersonal effectiveness aspect of *applying context agility*.

Because social workers often find themselves in the “connector” role on clinical teams, the ability to communicate knowledge effectively to people with various backgrounds and specialties is imperative. An example of this would be a social worker explaining to the nutritionist and psychiatrist how a patient’s poor relationship with her parents and lack of support at home is impacting the patient’s ability to be compliant with her medications and how, in turn, this inconsistency has affected her diet. The social worker’s ability to be concise in descriptions and relate the information to the roles of the other team members will either increase or decrease their ability to expand their influence on the team.

Use your voice to impact change. Many described this ability to impact change as a way of “finding your voice” on the team. In a social worker’s role, they are often the voice for the client when the client is not present. This includes speaking up and advocating for positions you are taking regarding team decisions and client advocacy. It also involves empowering others in their roles and advocating for your peers as well. It takes trial and error, and successes and failures, to develop this voice that is unique to yourself as a person. Participants explained that they knew they had found their voice when they felt like what they had to bring to the team mattered and deserved the team’s attention.

Collaborating toward a common goal as a united front. Participants told story after story of how teams function best when everyone is working together towards a common goal. Most often the overarching goal will be that of excellent patient care. In order for this to happen, everyone has to be working in alignment with each other instead of focused on their own priorities. This is beneficial because even when there

are disagreements, it is the foundation of the common goal that assists the team members in making an informed team decision. You know that you are able to expand your influence when the team is functioning in this manner or when you are able to bring the focus back to the common goal.

Celebrating a job well done. Expanding influence comes to an apex when the team can celebrate a job well done. Participants reported this as an important part of the process and recognized it as a sign of a healthy functioning team. Because of the hard nature of the work involved in interprofessional teamwork, taking time to celebrate successes and express gratitude to each other is a way the team maintains cohesion. Many treatment centers have weekly or monthly celebrations to acknowledge client progress. Others have employee recognitions or routine gratitude practices in their team meetings.

Summary. The four cyclical strategies for *Building, Maintaining, and Assessing Trusted Influence* as shown in Figure 1: 1) clarifying role and value; 2) building trust and connection; 3) applying context agility; and 4) expanding influence all work together to create this social process in teams. Each strategy is composed of several stages that cumulate to form a piece of the process. Every piece in this process is interdependent on the others, much like individual professionals on a well-functioning interprofessional team.

Chapter 4

Literature Analysis

The Place for Literature in Grounded Theory

As previously mentioned, the timing of the literature analysis in grounded theory differs from traditional research. Traditional research methods have the researcher examine the existing literature before data collection in order to identify a gap that needs further exploration and grounds the study in the prior research. In contrast, in Classic Grounded Theory (GT), the analysis of the current literature is deferred until it can be grounded in the data. In Classic GT, the inclusion of the current literature and research is justified based on content that has emerged from the data and is then incorporated into the theory as new data once the theory has surfaced. Glaser (1998) warns researchers not to review literature prior to collecting data in a GT study as this can cause the researcher to have preconceptions regarding the subject matter they are looking into and can compromise the emergence of core categories from the data.

Glaser (1978, 1994) suggests that the literature analysis should be done in conjunction with the memo sorting and writing of the theory and can include research and theory from both inside and outside the substantive area of study, as applicable and relevant (Glaser, 2001). The literature analysis helps broaden the scope of the theory. For example, in the current study the focus was on Licensed Clinical Social Workers employed on interprofessional teams in behavioral health agencies. The addition of a literature analysis can potentially expand the theory so that it can be applicable to other professions engaging in interprofessional team work.

The purpose of a literature analysis in classic GT is to analyze existing research and theory in order to understand where the new theory fits in with the current literature on the topic. The new information discovered during the literature analysis is then incorporated into the theory as new data to be analyzed into the working theory for constant comparison (Glaser, 1998; Holton & Walsh, 2017). This is a continuation of the theory building process and is different from simply a review of the existing literature. Being a novice GT researcher, I was relieved to learn how adaptable grounded theory is, meaning if the written theory misses any important literature, upon discovery, this new information can be incorporated into the theory. It was also reassuring to realize that a good working theory is not stagnant and can adapt to new discoveries.

When conducting the analysis of the current literature, the following questions Brown (2002) posed in her dissertation were used as a guide including:

- Where does the theory fit into the literature and, equally important, how do each of the concepts fit?
- How do the concepts and the theory extend the literature?
- How are the concepts and the theory supported by existing literature and how do they conflict with existing literature?
- What is the literature teaching me about the theory?
- How is the literature relevant, how does it fit and work with the theory?
- How can the theory be modified and incorporate the literature as data? (p. 100 - 101)

Keeping these questions in mind, my analysis focuses on the professional literature in helping professions (social work, psychology, and counseling) and

business, as it was applicable to the substantive area and basic social processes discussed. Once the theory emerged, I became aware that I was familiar with some of the current literature on the concepts that emerged. Although I did have this previous knowledge, I was not aware that these concepts would emerge from the interviews and therefore my prior knowledge did not influence my findings. I also held off conducting the literature analysis until I had a solid working theory to help prevent any knowledge bias from occurring.

Personal Reflection

Conducting grounded theory research is counter intuitive to the traditional research methods we are taught as social work students. As much as I loved the process and connected with it, it definitely pushed me out of my comfort zone and demanded that I trust the process, which was not always easy for me. Not having a preconceived idea of what I was looking for and allowing time and space for the data to emerge and present itself was anxiety producing and unbearable at times. Yet, in the end, it was rewarding to watch the theory develop and take shape. Performing the literature analysis was also validating as I began to connect how the findings from this study integrate into the current research and theories on this topic. It was also interesting to see how closely tied incidents from my interviews were with findings in fields outside social work.

Impression of Existing Literature

This chapter begins with a section on defining trusted influence where a summary of the existing literature on trusted influence is given and the term is defined. Next, individual sections of the literature are discussed in the same format as they were

in chapter three. The four strategies of *Building, Maintaining and Assessing Trusted Influence* are then broken down a discussion of the relevant literature to each strategy. There is some overlap of the literature between the four strategies, but I found it helpful to see them separated in order to more clearly connect the processes to the current theories and research. The chapter ends with a summary of the existing literature in relation to the National Association for Social Worker's Code of Ethics and its relevance to *Building, Maintaining and Assessing Trusted Influence.* Here I will also point out the areas where there is overlap to discuss any issues that may create confusion.

Trusted Influence Defined

As previously mentioned, trusted influence is more than just being heard and making an impact on your peers. It is a two-way street that not only evokes trust from others, but also encourages one's trust in others and their abilities and one's own trust in themselves. The literature analysis confirmed that trusted influence is a term that is used often when describing leadership qualities; however, there is very sparse scholarly research on the topic. In fact, only one definition could be found by the Global Institute for Leadership Development (Harkins, 2003). Their definition for trusted influence actually fits very well with the definition that emerged from this research. In their research they found five competencies that define what high-preforming leaders do consistently including: 1) focused drive; 2) emotional intelligence; 3) trusted influence; 4) conceptual thinking; and 5) systems thinking. They define trusted influence as having two components, "Commitment - evoking trust by keeping commitments, adhering to high ethical standards, and building shared goals and values," and "Empowerment -

helping others reach higher performance through trust, delegation, participation, and coaching."

As a reminder, for the purpose of the current theory, the definition of trusted influence that derived from the data is the ability to give and receive input in a respectable manner in order to impact change. This definition and the respective four strategies of *Building, Maintaining and Assessing Trusted Influence* closely align with the Global Institute on Leadership Development and will be further discussed below. It is interesting to see the correlation between key leadership skills for high preforming leaders and what social workers are called to do on these interprofessional teams. Knowingly or unknowingly, social workers need to conduct themselves as leaders on these teams in order to successfully fulfill their role. With this knowledge in mind I will next discuss the current literature on the four strategies for *Building, Maintaining and Assessing Trusted Influence*, beginning with *clarifying role and value.*

Clarifying role and value. In 2015, Google presented the results of one of their current studies, Project Aristotle, to find out what makes an effective team. They discovered five key characteristics of enhanced teams including psychological safety, dependability, structure and clarity, meaning, and impact. I will touch on some of these key factors in later sections but the one that relates to clarifying role and value was "structure and clarity." They describe structure and clarity as team members having clear roles, plans, and goals. They found that a team member's understanding of the job expectations, the process for fulfilling these expectations, and the consequences of their job performance are important for team effectiveness. This aligns with the process of knowing and understanding your own role and value in the clarifying role and value

strategy of *Building, Maintaining and Assessing Trusted Influence*; however, this strategy also includes a second process as it is also important to communicate your role and value with other members of the team. From my interviews, it was evident that knowledge, itself, can only go so far and must be put into action.

In her 2018 dissertation study on the knowledge of social work roles on interprofessional primary care teams, Bakos-Block used a mixed methods approach to understand the roles of the social worker on integrated primary care teams and how the knowledge of social work roles relates to interprofessional collaboration. In her study she found that as knowledge of social work roles increased, satisfaction with collaboration also increased demonstrating the importance of role knowledge within interprofessional teams. This study is very similar to the current study despite the difference in settings. What stood out from Bakos-Block's (2018) study was the importance of making the team aware of the social worker's role, not just the social worker having a good working knowledge of their own role. This incorporates both of the processes the of clarifying role and value strategy of *Building, Maintaining and Assessing Trusted Influence.* In fact, her "role knowledge themes and subthemes" are very consistent with what was found in the current study.

It is important to mention current sociological theories that align with this first strategy including symbolic interactionism and role theory (Blumer, 1969). Symbolic interactionism examines the, "dynamic process of interaction between the person and the environment that results in a self that is continually growing and changing" (Robbins, Chatterjee, & Canda, 2019, p. 319). This pertains to the meanings that a person constructs from their environment. It also involves the roles that people take on in their

lives. This theory assumes the importance of the meaning one places on how they perceive their own role, how they believe others perceive their role, any ideas they have attached to the role, and the behaviors they exhibit in the role (Murphy-Erby, Christy-McMullin, Stauss, & Schriver, 2010). Role theory is an extension of symbolic interactionism and is important to mention here as well. Role theory explains how identity and self-understanding forms out of a person's roles. A role can be defined as, "a social category or position with a set of expected behavior patterns" (Robbins, et al., 2019, p. 331). Roles can be assigned or created, and each role comes with expectations, either real or perceived. With this knowledge in mind, it lends to the importance of clarifying ones role and value for the self as well as for the team. As seen in the interviews and reiterated by Robbins, et al. (2019), if people are not clear about the expectations, role conflict can occur.

Building trust and connection. As trust kept appearing in my interviews, it reminded me of my own experiences of trust and distrust on teams on which I have been involved. During my time as a social worker, I have worked in several different mental health agencies. Each experience was unique and each agency I have worked for had its own strengths and limitations. One difference I noticed about the agencies that I enjoyed working for, from those that I did not enjoy, is the level of trust I had in the organization, leadership, and/or employees. Another observation I had was at the agencies where I experienced a higher level of trust, they appeared to have better care and ethical guidelines for their clients than the agencies where the trust was lacking.

It was at this time that I started wondering why, as social workers and helping professionals, the emotional intelligence skills that are emphasized in our treatment of

clients are not also being stressed as vital to the workplace environment in mental health settings. This was shocking to me due to the abundance of evidence supporting the fact that the number one determining factor in successful therapy is the therapeutic relationship between the client and therapist (Orlinsky, Ronnestad, & Willutski, 2004). The therapeutic relationship can be broken down into three main components: goals on which that the client and therapist agree, responsibilities of the tasks for which each person will be responsible, and the bond or trust formed between the client and therapist. With trust being one of the most important components of a therapeutic alliance, and given my experience of trust in my own career, I was not surprised that this concept emerged from the data.

Many studies have been done on trust in the therapeutic relationship as well as in romantic relationships and in business and sales industries; however, scant research has been done to examine how therapists have or develop trust in their workplaces (Covey, 2008; Freedman, 2013; Gottman, 2011; Great Place to Work, 2016; Orlinsky et. al, 2004). For example, according to the Fortune 100's Best Companies to Work for in 2017 List, trust between managers and employees was the primary defining characteristic of the very best places to work (Great Place to Work, 2016).

The literature on the concepts of trust and connection abounds and has even been deemed one of the most frequently examined organizational constructs in the current literature (Bunker, Alban, & Lewicki, 2004). In *Trust in leadership: A multi-level review and integration,* Burke, Sims, Lazarra, and Salas (2007) developed an integrative model of trust in leadership. They conducted a systematic review of the literature on trust they examined 27 definitions of trust. The definition they landed on for

their model was from Rousseau, Sitkin, Burt, and Camerer (1998), “a psychological state comprising of the intention to accept vulnerability based upon positive expectations of the intentions or behaviors of another” (p. 395). This definition also rings true to the concept of trust as it emerged in the current data.

In order to prevent data overwhelm, I will discuss three theoretical frameworks that emerged from the current literature as closely aligning with the new theory of *Building, Maintaining, and Assessing Trusted Influence*. These frameworks include Brown’s (2015) Seven Elements of Trust, Gottman’s (2011) Attunement strategy, and Mayer, Davis, and Schoorman’s (1995) Integrative Model of Organizational Trust.

From her research, Brown (2015) discovered Seven Elements of Trust including: boundaries, reliability, accountability, vault, integrity, non-judgement, and generosity. In her research, Brown generated definitions of these elements of trust through qualitative interviews with participants while using a grounded theory approach. Boundaries are defined as what is okay and what is not okay in a relationship. Reliability means doing what you say you are going to do. Accountability is defined as, “You own your mistakes, apologize, and make amends.”(p. 199) Vault is defined as not sharing information with our about others that is not your information to share. Integrity is defined as, “You choose what is right over what is fun, fast, or easy” (p. 199-200). Non-judgement is defined as asking for what you need and allowing others to ask for what they need and or expressing feelings without judgement. Finally, generosity is defined as “You extend the most generous interpretation possible to the intentions, words, and actions of others” (Brown, 2015, p. 200). Of Brown’s seven elements, boundaries, reliability, and

accountability were consistent throughout my interviews when participants discussed trust on interprofessional teams.

In the 2015 Google Project Aristotle study on what makes an effective team, the concept that relates to trust and connection was their definition of dependability. They define dependability as, “team members get things done on time and meet Google’s high bar for excellence” (p. 1). This dependability trait was consistent in my interviews and ties in well with Brown’s (2015) concepts of accountability and reliability as well.

The elements of trust derived from Brown’s (2015) research are supported by Gottman’s (2011) Attunement strategy for building trust, as well as his theory that trust is built in small moments over time. Gottman describes ‘emotional attunement’ as the ability to fully process and move on from negative emotional events, ultimately creating a stronger relationship. While Gottman’s research is focused on relationships between couples, the concepts for attunement may also be appropriate to attach to working relationships. For instance, all of the interview participants in the current study acknowledged that it takes time to form bonds of trust and connection with their team. In his research, Gottman demonstrates how couples foster attunement through awareness, tolerance, understanding, non-defensive listening, and empathy. His theory suggests that attunement and trust are positively correlated which means that the more one can attune with someone, the more trust can be built. As stated earlier, Gottman describes trust as being built in small increments over time rather than grand gestures, which is congruent with Brown’s (2015) research as well.

Since organizational trust is something heavily researched in the business literature, I found it important to include a study from this field in the literature analysis.

Mayer, Davis, and Schoorman's (1995) Integrative Model of Organizational Trust was developed based on their review of the literature on trust across multiple disciplines. Their model is based on three factors of perceived trustworthiness: ability, benevolence, and integrity and emphasizes the risk taking involved in trusting others. Since behavioral health agencies are generally high risk environments, the amount of risk it takes to trust others was not fully appreciated until conducting this literature analysis. The high amount of risk involved in each of the elements of building trust and connection is now evident. This also ties back to Google's (2015) Project Aristotle study concept of "psychological safety" where team members feel safe to take risks and be vulnerable in front of each other. Although they do not explicitly connect this concept to trust, it fits in effortlessly. One concept that was missing from the Integrative Model of Organizational Trust (Mayer, Davis, & Schoorman) that was evident in the other literature and in the current theory, was the emphasis on time. Assessing these risks and evaluating their worth takes time and consistency in order to for trust to be built.

Brown's (2010) definition of connection is also a good fit for the current study. She defines connection as, "the energy that exists between people when they feel seen, heard and valued; when they can give and receive without judgement; and when they derive sustenance and strength from the relationship." (p. 19) The need for human connection ties back to Maslow's (1943) Theory of Human Motivation and the basic need of social belonging. Studies have demonstrated this need for connection influences us on a neurological and physical level (Eisenberger & Cole, 2012; Goleman, 2006). In the business literature, social connections among team members have also been associated with higher management forecast accuracy and higher facilitation of

information sharing. They also found this association to be higher when the team is just beginning to work together, in the face of uncertainty or adversity, and when CEOs are less powerful (Ke, Li, Ling, & Zhang, 2019). I found these associations particularly interesting given how the people I interviewed discussed the high intensity of their agencies due to the nature of the work (where uncertainty and adversity can be high) as well as how adamant they were about how hierarchical structures such as the medical model do not foster trusting environments.

The concepts of trust and connection are closely related and in the literature share many of the same components; however, one difference that stood out from the current theory on *Building, Maintaining, and Assessing Trusted Influence* is that trust and connection are built in a tandem social process where fostering one concept in turn fosters the other.

Applying context agility. When analyzing the existing literature, I did not find any reference to the newly coined term “context agility”; however, there are a few theories and perspectives that closely relate to the social process that emerged from my interviews. Being a social worker myself, I knew the social work axiom of “meeting people where they are.” This idea is taught throughout social work studies and emphasized to budding social workers. Relevance theory was the first theory to catch my attention. Relevance theory was discovered by Sperber & Wilson (2000; 2002) and is built on the work by H.P. Grice (1989). This is described as a theory of pragmatics, meaning it is a theory of language use (Wearing, 2015). Finding a theory in the pragmatics field felt very fitting given the emphasis interview participants placed on the importance of being able to speak the same language as others on your team. In its

essence, relevance theory pertains to a way of communicating that orients towards what is relevant. Some key components to relevance theory include contextual implications – “implications made from processing the stimulus in conjunction with information about the particular context at hand” (p. 88) and the effort it requires to process information. Wearing noted that, “other things being equal, relevance decreases as effort increases” (p. 89). Simply stated, it is harder to communicate meaning the less relevant the information is to the person’s context.

Another theory that was evident from the literature was Brown’s (2002) Acompañar theory that describes the basic social process that helping professionals use to develop, maintain, and assess their relevancy in the helping process. Using a grounded theory approach, Brown found in her interviews with a variety of helping professionals that relevancy emerged as the most important component of effective helping and that irrelevancy was the primary threat to effective helping. Acompañar theory’s definition of relevancy also ties back to the social work axiom of meeting people where they are, but takes it further in that it isn’t just focused on the initial meeting. Rather, relevancy is continuously assessed and maintained throughout the relationship, much like the basic social process of applying context agility. It is a continual process and if it is not nurtured, communication can break down and it may prohibit one’s ability to then expand influence.

In an effort to help foster more “advanced and culturally relative practice,” (p. 672) Murphy-Erby, Christy-McMullin, Stauss, and Schriver (2010) developed The Multi-System Life Course (MSLC) Perspective as a holistic model for social work practice. This approach stood out to me in the analysis of the literature due to its embodiment of

the following four theories: 1) ecological social systems perspective (Germain & Gitterman, 1981; Bronfrenbrenner, 1989); 2) life course theory (Elder, 1995); 3) symbolic interactionism (Blumer, 1969); and 4) social change perspective (Murphy-Erby et. al, 2010). Each of these theories on their own can be attributed to parts of the process of *Building, Maintaining, and Assessing Trusted Influence*, but are most closely related to the process of *applying context agility*. The MSLC perspective uses these theories to help improve on the relevance of client treatment. Understanding the systems a person is a part of and how they interact with one another to impact the person (ecological systems theory), significant events in a person's life (life course theory), the meaning they place on experiences and roles (symbolic interactionism), and how they have been impacted by issues of power and oppression and their strategies for promoting social change (social change perspectives) assists the social worker in relating to the client and working effectively together. In a social worker to client relationship, this information may get in-depth depending on the amount of clinical assessment involved. While an in-depth assessment is not required in order to apply context agility, seeking out information about co-workers and their professions in order to speak their language and better understand each other aligns with the same principles.

Expanding influence. The strategy of expanding influence is very dependent on aspects of each of the other strategies already discussed; therefore, much of the literature that I have previously introduced is also applicable here. For instance, Bakos-Block's (2018) study found the importance of the importance of making the team aware of the social worker's role. When expanding influence, one must consistently

demonstrate competency and communicate knowledge effectively. These two actions in turn help continue to define one's role and the value they bring to the team. In Google's (2015) Project Aristotle study, they identified the importance of not just clarifying roles but also having structure and clarity around goals. When goals are given structure and clarity, they are easier to communicate about which helps everyone assess if they are on the same page and working towards the same efforts. Google indicated that goals must be specific, challenging, and attainable and reported that they use a tool called Objectives and Key Results (OKRs) to set up and communicate both short and long term goals on their teams (Rozovsky, 2015). The principle of "impact" also aligns with the current theory. This is the idea that team members think their work matters and creates change, which is a main tenet in the current process along with consistently demonstrating competency and communicating knowledge effectively.

When reviewing the literature on influence, most searches resulted in marketing techniques or the psychology of persuasion. At first I was concerned that neither of these avenues really align with the strategy of expanding influence in *Building, Maintaining, and Assessing Trusted Influence*; however, after further exploration it became clear that the principles of persuasion are also applicable to the process of expanding influence on interprofessional teams. Dr. Robert Cialdini, the Regents' Professor Emeritus of Psychology and Marketing at Arizona State University, and leading researcher on the psychology of influence contends that there is a science to how we are persuaded to make decisions. He explains that given the stimulus overload we experience in our lives today, our brain needs shortcuts in order to guide our decision making. His research has identified six shortcuts that guide human behavior

including: reciprocity, scarcity, authority, consistency, liking, and consensus (Cialdini, 2009). He argues that, “Understanding these shortcuts and employing them in an ethical manner can significantly increase the chances that someone will be persuaded by you request” (Cialdini, 2018, p. 1). Each of these shortcuts (or principles of influence) align with the expanding influence strategy of *Building, Maintaining, and Assessing Trusted Influence*, except for scarcity. The principle of reciprocity is based on the idea that people are pleased give back to others after receiving something. This ties back to the idea of celebrating a job well done. You are able to further expand influence if you also feel like you are getting something in return through words of affirmation, acknowledgements in meetings or staff correspondences, raises or bonuses, small gifts, and even staff outings. The principles of authority and consistency both align with the process of expanding influence as they connect to many steps in the process including, professionalism, increased confidence, consistently demonstrating competency, and communicating knowledge effectively. The main idea behind this principle of authority is that people follow the lead of credible and knowledgeable experts. The more you demonstrate your knowledge and credibility in your role and the more consistent you are, the greater you can potentially expand your influence. Persuasion theory says that there are three important factors that cause people to like one another including people who are similar to us, people who pay us complements, and people who cooperate with us towards common goals. This along with the fifth principle of consensus both align with the aspect of collaborating towards a common goal.

Summary

As I was completing this exploration of the current literature, I felt strongly that I could not move on without including the National Association of Social Workers (2008; 2019) current Code of Ethics in the analysis. This is an important guiding standard for social work practice and clearly aligns with the four strategies of *Building, Maintaining, and Assessing Trusted Influence.* The core values and ethical principles of social work practice are:

- *Service – Social workers' primary goal is to help people in need and to address social problems.*
- *Social Justice – Social workers challenge social injustice.*
- *Dignity and Worth of a Person – Social workers respect the inherent dignity and worth of the person.*
- *Importance of Human Relationships – Social workers recognize the central importance of human relationships.*
- *Integrity – Social workers behave in a trustworthy manner.*
- *Competence – Social workers practice within their areas of competence and develop and enhance their professional expertise.* (National Association of Social Workers, 2019, p. 1)

I will further discuss implications for social work practice in Chapter 5, but wanted to note here how congruent these core values and ethical practices are with what is needed to create trusted influence on teams. These values and practices touch on each of the four strategies: 1) clarifying role and value; 2) building trust and connection; 3) applying context agility; and 4) expanding influence.

This analysis of the literature was encouraging to see how each of the four strategies for *Building, Maintaining, and Assessing Trusted Influence* connect to the existing literature as well as how they complement each other towards the goal of trusted influence. I found this analysis to be a crucial part of the grounded theory process as it caused me to gain insights that would have otherwise gone unnoticed.

Chapter 5

Discussion and Implications

The focus of this chapter is to tie together how the theory is relevant to the current social work field, as well as other interprofessional disciplines, and suggest implications derived from the theory. In order to demonstrate the theory's importance to the field and the literature, the chapter begins with a discussion of the findings, followed by implications for practice, policy, education and future research. The chapter closes with a discussion of the standards for evaluation and limitations of the current study followed by a general conclusion.

Discussion of Findings

Henry Ford has been attributed to saying, "Coming together is a beginning; keeping together is progress; working together is success." (Anderson, 2013, p. 1). This quote encapsulates the ideas behind *Building, Maintaining, and Assessing Trusted Influence* as a way team members can work together towards success in their places of work. Using the four strategies outlined in this theory helps employees preform their tasks by earning trusted influence on their teams. This quote speaks to the importance of each phase. For instance, coming together is building, keeping together is maintaining, and working together requires continued assessment. This cycle is an ongoing process towards everyday success when working as a team.

Building, Maintaining, and Assessing Trusted Influence: A grounded theory of clinical social workers on interprofessional behavioral health teams offers an explanation for how social workers respond to the concern of needing to develop trusted influence within their teams in order to fully serve their clients and achieve the

obligations of their role. This study identified the social workers' need to be heard on their teams as well as the barriers and catalysts to their efforts to be listened to, respected, and valued as a member of the clinical team. As previously discussed, *Building, Maintaining, and Assessing Trusted Influence* contains four interdependent strategies including 1) clarifying role and value, 2) building trust and connection, 3) applying context agility, and 4) expanding influence.

This study adds to the current literature on interprofessional teams in behavioral health and expands it by focusing on the perspective of the social worker. Since social workers represent over 60% of mental health providers in the U.S., understanding their perspective gives insight into the experience of a majority of American mental health providers (Bureau of Labor Statistics, U.S. Department of Labor, 2017; Gibelman, 2005). Because of SAMHSA's current push to recruit more social workers into behavioral health, this study will be informative in preparing these social workers to enter into interprofessional settings (Pace, 2017).

As mentioned in Chapter 4, the four strategies of *Building, Maintaining, and Assessing Trusted Influence* align well with the National Association of Social Workers (NASW) (2008; 2019) current Code of Ethics. Table 5.1 shows the six core values and ethical principles of social work and the strategies they connect to in the current theory.

Table 5.1

	Clarifying Role & Value	Building Trust & Connection	Applying Context Agility	Expanding Influence
Service – *Social workers' primary goal is to help people in need and to address social problems.*	X			X
Social Justice – *Social workers challenge social injustice.*	X			X
Dignity and Worth of a Person – *Social workers respect the inherent dignity and worth of the person.*		X	X	X
Importance of Human Relationships – *Social workers recognize the central importance of human relationships.*		X	X	X
Integrity – *Social workers behave in a trustworthy manner.*		X		X
Competence – *Social workers practice within their areas of competence and develop and enhance their professional expertise.*	X		X	X

As seen in Table 5.1, each core value and ethical principle matches up with at least one of the strategies of *Building, Maintaining, and Assessing Trusted Influence.* The strategy of *Expanding Influence* actually pertains to each of them. It speaks strongly to the NASW Code of Ethics that social workers are holding true to these core values and ethical principles in order to build trusted influence on their interprofessional teams. This new theory aligns to social work principles and, in fact, gives more context to the application of these values and principles in practice.

Practice Implications for Teams

Although this grounded theory was developed from the conceptualized experiences of 22 diverse licensed clinical social workers, the theory is also applicable to any position where teamwork is involved. For example, the strategies in this theory are applicable to other healthcare providers, educational teams, business teams, sports teams, community organizations, and even organized government. Additionally, this theory has applicability to anyone desiring engagement with others in a group setting. The literature analysis helped identify the wide range of applicability the strategies for the processes of building, maintaining, and assessing trusted influence have in our world today. If one member of a team understanding the process is helpful, the implications are greatly expanded if entire teams were able to understand and discuss the process. This could be especially useful during a difficult situation such as when team member conflict occurs.

Policy

Given the practice implications for teams, several implications for policy can be derived from the current study, specifically for behavioral healthcare agencies. Policies,

such as the ACA, implemented at the federal, state, and organizational levels directly impact individuals on teams delivering services and the patients receiving services. We need research informed policies and policy informed research in order to ethically implement best practices in the behavioral health field (National Council for Behavioral Health, 2019). Policies at the agency level such as mandated interprofessional trainings for teams where team members clarify roles, goals, and professional value, could prove beneficial to overall team success.

The National Council for Behavioral Health (2019) has an initiative to, “foster effectiveness, efficiency, and sustainable integrated services to improve the overall health and wellness of individuals at risk for living with chronic health conditions including mental health concerns and addictions.” (p. 1) Their work in this field has shown that interprofessional health care systems that promote increased communication and coordination between providers can achieve improved patient experience, improved population health, and reduced costs (National Council for Behavioral Health, 2019; Hwang, W., Chang, J., LaClair, M., & Paz, H., 2013). In conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources Services Administration (HRSA) the National Council has developed a Center for Integrated Health Solutions (2019) where they provide resources for agencies to begin implementing strategies for interprofessional environments. They acknowledge that workforce issues related to integrated behavioral healthcare include,

- *inadequate skills for integrated practice,*
- *reluctance to change practice patterns,*

- *negative attitudes about persons with mental health and substance use problems,*
- *lack of financial incentives to reinforce the skills required to provide integrated care; and*
- *shortage of leaders committed to and capable of managing the organizational change process required to achieve integration* (p. 1)

Having organizational policies in place to promote interprofessional practice and require training would help address many of these barriers to implementation. The SAMHSA-HRSA Center for Integrated Health Solutions (2019) has also developed nine core competencies to be taught in integrated health agencies including:

- *Interpersonal Communication*
- *Collaboration & Teamwork*
- *Screening & Assessment*
- *Care Planning & Care Coordination*
- *Intervention*
- *Cultural Competence & Adaptation*
- *Systems Oriented Practice*
- *Practice Based Learning & Quality Improvement*
- *Informatics* (p. 1)

Their recognition of the difficulty of implementing interprofessional practices in agencies and the need for training around this type of practice, in addition to the evidence of the impact of integrated practice, suggests the need for organizational policies around implementing interprofessional behavioral healthcare and mandating

ongoing training efforts to help practitioners understand how to more effectively work together towards patient care. They also recognize that this is a developing field and therefore continuing education around new insights is suggested (SAMHSA-HRSA Center for Integrated Health Solutions, 2019). The results of the current study align well with these core competencies and would help add beneficial processes that can be taught in these trainings.

Education

This study may arguably have the most significant implications for educational programs in both social work education and other professions involved in interprofessional behavioral health teams. Participants I interviewed spoke about how helpful it would have been to have been prepared to work with other disciplines when they were in their masters programs. Additionally, they wished that the other professions they work with were also educated about each position on the team and how to work well together.

Currently, social workers are paving the way for education around interprofessional practice, particularly in primary health care (Council for Social Work Education, 2019). For example, the Advanced Clinical Social Work Practice in Integrated Healthcare course for M.S.W. students was developed in 2012 as part of the Social Work and Integrated Behavioral Healthcare Project from the Counsel of Social Work Education (CSWE) to help address the lack of preparation and training of the healthcare workforce (Lemieux, 2015). Although this initiative launched in 2012, the research is still sparse and not all social work programs have adopted this initiative.

According to CSWE (2019), more than 30 schools of social work agreed to offer a course on integrated care (out of 269 accredited master's social work programs).

Importantly, the Social Work and Integrated Behavioral Healthcare Project successfully developed curriculum for two integrated care courses on integrated health policy and advanced practice. This is an excellent start and there is potential for the processes involved in *Building, Maintaining, and Assessing Trusted Influence* to be incorporated into the course content. In the spring of 2013, thirteen social work programs taught the developed integrated care courses and both the faculty and students in the courses participated in webinars and conference calls to discuss their experiences with the course materials. These conference calls led to edits to the developed course and also identified expectations and core competencies for integrated field placements for MSW students in order to increase the students' knowledge and competency in integrated care. However, based on the lack of available information on this project since 2013, it appears that this initiative could benefit from additional and ongoing research and implementation within social work schools and internship placements (Council for Social Work Education, 2019).

Future Research

Future research should further explore how social workers engage on interprofessional teams in behavioral health agencies. Gaining a better understanding of how social workers can work effectively with other professionals will only help further advance our field. Qualitative and quantitative studies will both be important in continuing this exploration. Particularly, outcome studies assessing the four strategies for *Building, Maintaining, and Assessing Trusted Influence* would be important to help

justify the need for more training, education, and policy concerning working on interprofessional teams. Conducting these studies would help inform how these practices impact client care, service delivery, and treatment outcomes. They could also explore the effects on desired employment outcomes, as well, including issues related to burnout and turnover rates, employee satisfaction, and general workplace climate. Lemieux (2015) argues that social work, with its focus on empowerment, emphasis on contextualized practice, and commitment to social justice, is an appropriate field to continue the research and policy development in this emergent discipline of interprofessional care.

Since leadership qualities were so closely tied to the strategies for *Building, Maintaining, and Assessing Trusted Influence*, further research exploring leadership development in the social work field should also be conducted. A recent 2019 search through the university EBSCOhost database for the terms “leadership” and “social work” in scholarly (peer reviewed) journals, yielded 8,437 results, where a search for the terms “leadership” and “business” yielded 69,981 peer reviewed results. Given that most of the current leadership literature is focused in the business sector, gaining a better understanding of leadership in health care settings and developing additional leadership theories and empirical studies geared towards the helping professions is important.

Standards for Evaluation and Limitations

Classic Grounded Theory (GT) provided the a most appropriate framework for carrying out this study of discovering the main concern of LCSWs employed on interprofessional behavioral health teams and how they resolve this main concern. As

previously mentioned, standards for quantitative social science research such as reliability and validity are not used in Classic GT. Instead, the results of Classic GT are evaluated on the basis of whether the theory meets the following four requirements: 1) fit; 2) workability; 3) relevance; and 4) modifiability (Glaser, 1978).

When assessing for fit, it is important to ask if the concepts sufficiently express the pattern in the data which it intends to conceptualize (Holton & Walsh, 2017). In other words, the emergent theory is evaluated on the basis of whether or not it can account for the concepts and codes found in the data. Fit should not be forced upon the data, but instead, should be permitted to emerge from the data. There were many times during this process where it was tempting to force connections or make assumptions about what the participants were saying. For this reason it was really important that I clarified information when I was unsure. Fit was also confirmed through the process of constant comparison which was described in detail in Chapter 2. In regard to fit, it was also helpful to member check my theory with participants and my committee members in order to ensure that I had allowed the theory to truly emerge.

Workability refers to the ability of the emergent theory to actually work or the degree to which the theory is able to “explain what happened, describe what will happen and interpret what is happening” (Glaser, 1978, p. 4). Being a novice Classic GT researcher, it was imperative for me to check in with my committee members about the social processes emerging in my theory, which I did throughout the process. In order to ensure workability, it was equally important for me to check in with social workers and other professionals employed on interprofessional teams to make sure that the process proved true to their experience, which it did.

Relevance was tested in much the same way as fit and workability. Relevance pertains to the theory being related to the core concepts and the population of the study. This is determined by whether or not the theory emerged from the data and whether it is a true representation of the perspective of the participants. In my coding and writing of the theory, I worked very diligently to use the language of the participants and to make sure there were not any outliers that did not pertain to the core concepts. Relevance is what makes the research important (Holton & Walsh, 2017). It is particularly reassuring to me that any time someone asks me what my research is about and I explain my findings, they inevitably say how important this research is and usually add a personal reason about why it is important to them.

Modifiability is a significant part of evaluating Classic GT and refers to the principle of the theory being able to change to fit further emergent data. Unlike traditional research methods, this study is not a verification study and therefore the goal was not to prove it correct or incorrect. Modifiability suggests that the theory can be modified when new data emerges. Glasser (1998) stressed that, “new data never provides disproof, just an analytic challenge” (p. 19). Modifiability was demonstrated during the literature review where the theory was able to fit into the current literature and new ideas were taken into account such as the applicability to more areas than social work practice. Modifiability will also be something that will be tested over time to ensure that the theory can adapt as new data emerges in the field.

As with all research, there were some limitations to the current study. First of all, participation in this study was voluntary, which may introduce volunteer bias. Secondly, interviews were held at a place of choosing from each participant which was usually

either at their place of work or in a public coffee shop. Because of the sensitivity of the topic of study, participants may have censored their responses in fear of putting their jobs in jeopardy even though confidentiality was addressed before each interview began.

Although the sample for the study was a diverse representation of social workers in age, ethnicity, and time working on interprofessional teams, there were still some limitations to the demographics. For example, a majority (86%) of participants identified as female and Caucasian (60%). Thirty-six percent identified as being in a senior position on their interprofessional teams and the range of time spent on an interprofessional team varied from 4 to 21 years. Even though there was a wide age rage (31 – 68), the average age was 38 indicating that the sample was lacking in social workers ages 40 and up. Because of these limitations, the results may not be applicable to the entire population of study.

Due to the nature of Classic Grounded Theory, there cannot be any outliers and the core concepts represent the responses of all participants. Although demographics such as race and gender did not show up directly as core variables in the study, all participants acknowledged how oppression can influence their ability to develop trusted influence in the workplace. For example, the idea of a hierarchal system and unbalanced power dynamics on teams hinder one's ability to build trust and connection and to expand influence.

Other limitations that have been previously discussed are that I am a novice Classic Grounded Theory researcher and also a social worker myself. These facts could

attribute to potential bias, but were addressed through member checking as well as discussion with my committee around the coding and interpretation of the interviews.

To summarize, the evaluation of the theory that emerged depends on whether the theory has actually developed from the data and whether it has successfully captured the main concern of the participants. Although there were a few limitations to the study, each was addressed and the theory can be evaluated through each of the criteria used to evaluate Classic GT.

Conclusion

Social workers make up an integral part of interprofessional teams in behavioral health settings, but the process of *Building, Maintaining, and Assessing Trusted Influence* is applicable to all professions working on teams and, potentially, anyone who wishes to engage effectively with others in any kind of group. It would be interesting to continue the current study with multiple professions inside and outside of the behavioral health sector such as education, business, general health care, hospitality, and entertainment. As our industries become more specialized and therefore, more dependent on a wider array of professionals for different needs, it becomes increasingly important to better understand how to all work well together and effectively towards our shared goals. As professionals, it is important to stay well-informed of best practices and to strive to deliver optimal care that is in the best interest of the people with whom we work.

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Appendix A – Participant Summary

Interview Number	Age (yrs)	Gender	Race/Ethnicity	Years as a Social Worker	Years on Inter-disciplinary Team	Current Job Title	Length of Interview (mins)	Sampling
1	52	Female	Caucasian	21	21	Director of Education and Training	80	Purposeful
2	32	Female	African American	8	8	Clinician	56	Snowball
3	37	Female	Latina	8	6.5	Clinician	41	Snowball
4	30	Female	Caucasian	6	5.5	Program Manager	60	Purposeful
5	43	Female	Asian	17	12	Clinician	70	Snowball
6	31	Female	Mixed Race – African American/ Caucasian	4	4	Behavioral Healthcare Manager	53	Snowball
7	33	Female	African American	7	7	Clinician	45	Snowball
8	31	Female	Caucasian	9	9	Master Response Clinician	37	Snowball
9	34	Female	Caucasian/ Central American	11	11	Senior Social Worker	34	Snowball
10	39	Male	East Asian (Indian)	14	11	Lead Therapist	39	Purposeful
11	48	Female	Caucasian/Jewish	7	7	Admissions Coordinator	69	Purposeful
12	41	Male	Caucasian	14	18	Licensed Clinical Social Worker	60	Purposeful
13	35	Female	African American	11	11	Clinical Therapist	70	Snowball
14	32	Female	Caucasian	9	9	Director of Outpatient Assessment	48	Snowball
15	40	Male	Italian American	14	14	Social Worker	50	Snowball
16	37	Female	Hispanic	7	5	Case Manager	40	Snowball

17	33	Female	Caucasian	10	9	Program Coordinator	31	Snowball
18	32	Female	Caucasian	5	5	Program Director	75	Purposeful
19	39	Female	Caucasian	13	13	Daytime Coordinator	30	Snowball
20	68	Female	Caucasian	16	5.5	Senior Social Worker	60	Theoretical
21	33	Female	Caucasian	11	11	Coordinator of Addiction Services	55	Theoretical
22	34	Female	Caucasian	12	9	Program Director	75	Theoretical

Appendix B – Approval Letter from Human Subjects

UNIVERSITY of HOUSTON
DIVISION OF RESEARCH
Institutional Review Boards

APPROVAL OF SUBMISSION

March 20, 2018
Hannah Kimbrough
hakimbrough@uh.edu
Dear Hannah Kimbrough:
On March 14, 2018, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Finding What Works: A Grounded Theory of Clinical Social Workers Employed on Interdisciplinary Behavioral Health Teams
Investigator:	Hannah Kimbrough
IRB ID:	STUDY00000855
Funding/ Proposed Funding:	Name: Unfunded
Award ID:	
Award Title:	
IND, IDE, or HDE:	None
Documents Reviewed:	• FindingWhatWorksHRP-502a.pdf, Category: Consent Form; • HK Dissertation IRB Application - HRP-503 - v.3.pdf, Category: IRB Protocol; • Finding What WorksPhone&EmailRecruitment.pdf, Category: Recruitment Materials; • Finding What WorksInterviewGuide.pdf, Category: Study tools (ex: surveys, interview/focus group questions, data collection forms, etc.);
Review Category:	Expedited
Committee Name:	Not Applicable
IRB Coordinator:	Danielle Griffin

The IRB approved the study from March 20, 2018 to March 19, 2019, inclusive.

UNIVERSITY of HOUSTON
DIVISION OF RESEARCH
Institutional Review Boards

To ensure continuous approval for studies with a review category of "Committee Review" in the above table, you must submit a continuing review with required explanations by the deadline for the February 2019 meeting. These deadlines may be

found on the compliance website (http://www.uh.edu/research/compliance/). You can submit a continuing review by navigating to the active study and clicking "Create Modification/CR."

For expedited and exempt studies, a continuing review should be submitted no later than 30 days prior to study closure.

If continuing review approval is not granted on or before March 13, 2019, approval of this study expires and all research (including but not limited to recruitment, consent, study procedures, and analysis of identifiable data) must stop. If the study expires and you believe the welfare of the subjects to be at risk if research procedures are discontinued, please contact the IRB office immediately.

Unless a waiver has been granted by the IRB, use the stamped consent form approved by the IRB to document consent. The approved version may be downloaded from the documents tab. Attached are stamped approved consent documents. Use copies of these documents to document consent.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system.

Sincerely,

Research Integrity and Oversight (RIO) Office University of Houston, Division of Research
713 743 9204
cphs@central.uh.edu http://www.uh.edu/research/compliance/irb-cphs/

Appendix C – Human Subjects Protocol Application - Initial

PRINCIPAL INVESTIGATOR:

Hannah Kimbrough, LCSW
Graduate College of Social Work
501.278.7254
hadkimbrough@gmail.com

Table of Contents

1.0 Objectives

The purpose of the proposed study is to develop a theory, grounded in data, that conceptualizes the main concern of clinical social workers regarding their experience of working on interdisciplinary behavioral health teams and how they resolve this main concern. To understand social workers' perceptions of working on interdisciplinary teams, the primary researcher will conduct qualitative in-person interviews with Licensed Clinical Social Workers (LCSWs) employed on interdisciplinary teams in behavioral health agencies. Using a Classic Grounded Theory approach as defined by Glaser & Strass (1967) and later refined by Glaser (1978; 1992; 1994; 1998; 2001; 2002; 2004; 2009) to analyze the responses will allow this researcher to identify concepts that explain how clinical social workers view their work on interdisciplinary teams as well as how teams function when they work well and do not work well together. The theory that emerges from this study will identify and describe the elements of effective interdisciplinary teams in behavioral health agencies from the perspective of clinical social workers. Given the lack of theory generated out of the social work profession, using a Classic Grounded Theory approach to this study is critical in moving the profession forward.

2.0 Background

Clinical social workers represent over 60% of mental health providers in the U.S. (Bureau of Labor Statistics, U.S. Department of Labor, 2017; Gibelman, 2005). There is evidence that the best patient outcomes flow from integrative approaches to health care (Faulkner Schofield & Amodeo, 1999; Lemieux-Charles & McGuire, 2006; Smith, 2012; Weeks, 2016), but we know little about social workers' perspectives of what constitutes best practices when working on interdisciplinary teams. Integrative health care, also referred to as interprofessional or interdisciplinary health care, is a treatment approach that relies on strong collaboration and communication among health care professionals. Interdisciplinary health care teams are composed of a diverse set of professionals including, but not limited to mental health paraprofessionals, nurses, nutritionists, psychiatrists, physicians, and social workers. This approach to health care is unique in its emphasis on the team members sharing information related to patient care and working together to create a comprehensive treatment plan addressing the biological, psychological, and social needs of the patient (American Psychological Association, 2017).

Although social workers have been involved on interdisciplinary teams for many years, the directive to utilize "health teams" as required in Title III of the Affordable Care Act (2010) has increased the likelihood of clinical social workers coordinating patient care in teams. Given the current political climate and the extreme potential for the Affordable Care Act (2010) to be repealed or revised, there is a critical need to understand how clinical social workers perceive working on interdisciplinary teams in mental health agencies and to gain an understanding of how these teams can work best.

Policies are typically enacted by administration on the federal, state, or agency level without consulting the clinicians on the "front lines" administering care to patients who are impacted by these policies and decisions. This can result in policies or mandates that are not feasible for the clinician or client and may not serve in the client's best interest. It is important to get the feedback from the people that policies impact in order to best ensure the intended success.

Although much has been written about interdisciplinary teams (Faulkner Schofield & Amodeo, 1999; Lemieux-Charles & McGuire, 2006; Smith, 2012; Weeks, 2016), there is still a gap in understanding the social worker's perspective about working on these teams in behavioral health settings. Interest in integrative health care research has grown over the years; however, little emphasis has been given to the social worker's role or perspective. Also, much of the research has been conducted in general healthcare settings rather than behavioral health care settings where social workers may play a more significant role on the treatment team (Faulkner Schofield & Amodeo, 1999; Lemieux-Charles & McGuire, 2006; Smith, 2012).

Social workers employed in behavioral health care settings can carry a myriad of responsibilities and job titles including therapist, case manager, and clinical director to name a few. Social workers in these settings preform duties such as assessment; diagnosis; development of treatment plans to treat and prevent mental illness, substance abuse, addiction, and other behavioral stressors; and discharge planning. Social workers are unique in these settings as they take a holistic approach to treatment and incorporate knowledge into their practice from other professional helping fields such as counseling, sociology, psychiatry, psychology, and public health (Social Work Policy Institute, 2012; National Association of Social Workers, 2017). Taking this holistic treatment perspective aids social workers in understanding the need to work with other professionals to coordinate all levels of care in order to meet a patient's needs.

In 2016, over 300,000 social workers were employed as healthcare, mental health, and substance abuse social workers, which is roughly 44% of all social workers employed last year (U.S. Bureau of Labor Statistics, 2017). Although this is a relatively high percentage of the social work field, it seems there is still a shortage of social workers in behavior health to meet the current needs. According to Dr. Elinore McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, social workers are needed to meet the growing demand for behavioral health services in the United States. McCance-Katz stated that the Substance Abuse and Mental Health Services Administration (SAMHSA) is focusing its efforts to recruit more social workers and other helping professionals into behavioral health (Pace, 2017). With this effort underway, understanding the social worker's perspective of working on interdisciplinary teams in behavioral health could help in SAMHSA's initiative in figuring out how to acquire more social workers into behavioral health settings.

One way to better gain an understanding of the social workers' perspective is to use Classic Grounded Theory (GT) methodology. The purpose of the proposed study is to develop a theory, grounded in data, that conceptualizes the main concern of clinical

social workers regarding their experience of working on interdisciplinary behavioral health teams and how they resolve this main concern. To understand social workers' perceptions of working on interdisciplinary teams, I will conduct qualitative in-person interviews with licensed clinical social workers (LCSWs) employed on interdisciplinary teams in behavioral health agencies. Using a Classic GT approach as defined by Glaser & Strass (1967) and later refined by Glaser (1978; 1992; 1994; 1998; 2001; 2002; 2004; 2009) to analyze the responses will allow me to identify concepts that explain how clinical social workers view their work on interdisciplinary teams as well as how teams function when they work well and do not work well together. The theory that emerges from this study will identify and describe the elements of effective interdisciplinary teams in behavioral health agencies from the perspective of clinical social workers.

3.0 Inclusion and Exclusion Criteria

The initial sample for this study will be directly recruited through purposive convenience sampling in order to find Licensed Clinical Social Workers (LCSWs) employed on teams in behavioral health settings in the greater Houston area. The sampling criterion for the proposed study includes LCSWs who are currently employed on teams in behavioral health agencies. Stedman's Medical Dictionary for the Health Professions and Nursing (2005) defines interdisciplinary teams as, "a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient." Participants will be screened in initial phone call to set up the interview where they will be asked to provide their professional license information, place of employment, and job description to ensure they fit the sampling criterion. Anyone not meeting these criteria will not be included in the proposed study.

4.0 Vulnerable Populations

The proposed study does not include vulnerable populations.

5.0 Number of Subjects

LOCAL:

Approximately 30 subjects will be invited to take part in this project. When employing a Classic GT methodology, an accurate estimate cannot be made as to how many participants will be interviewed; however, based on a review of other GT studies, it is anticipated that this project will require no more than 30 participant interviews in order to reach saturation.

6.0 Recruitment Methods

LOCAL:

The initial sample for this study will be directly recruited through purposive convenience sampling in order to find Licensed Clinical Social Workers (LCSWs) employed on teams in behavioral health settings in the greater Houston area. Participants for the selected

sample will be recruited starting in March 2018. The sample will initially be drawn from a list of behavioral health agencies who are Affiliated Field Placement Agencies for the University of Houston Graduate College of Social Work. This researcher will connect with the contact person for each agency to inquire about LCSWs in their agency that would be interested in participating in the study. Many of the contacts at these agencies are LCSWs themselves who will be asked if they like to participate and asked if they know of others on their team who fit the criteria and might like to participate. If they know of others, they can give their names and contact information to the principal investigator to follow up about recruitment. The sampling criterion for the proposed study includes LCSWs who are currently employed on teams in behavioral health agencies. Starting with the information gathered from the contacts on this list of agencies, participants will be contacted via phone and/or email by the primary researcher in order to set up interviews.

7.0 Study Timelines

Interviews are scheduled to begin in March 2018 pending approval by the University of Houston Institutional Review Board. It is estimated that interviews will last between thirty minutes to two hours, based on previous Classic Grounded Theory studies. GT studies are driven by the data collection and therefore an estimated timeframe of the study is difficult to predict. Based on previous studies and feedback from advisors well versed in Classic GT, I am estimating the study to take no longer than 8 months. I expect to begin data collection in March 2018 with plans to present a final defense sometime between June and October 2018, and no later than December 2018. This projected time frame should be feasible pending approval from the University of Houston Institutional Review Board.

8.0 Study Endpoints

N/A

9.0 Procedures Involved

Study Design. Classic GT is defined as a, “general methodology of analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area” (Glaser, 1992 p. 16). The five key components to GT are theoretical sensitivity, theoretical sampling, coding, memoing, and sorting. This method requires a complex balance of both inductive and deductive reasoning efforts in the simultaneous collection of data, coding, and analysis that results in a conceptual theory (Glaser, 1978). Initial stages of a Classic GT study are inductive as themes begin to emerge. The middle and final phases are both inductive and deductive methods through the process of constant comparison, a concept that allows data to emerge at the same time it is being verified. In GT “all is data” (Glaser, 2004, p. 58) meaning the data may be collected from many sources including the projected methods of this study, from participants in interviews and, at later stages, data from the existing literature.

The researcher actively engages in the constant comparison process while remaining aware of theoretical sensitivity. Theoretical sensitivity is the ability to approach the data with an open mind, free from predetermined ideas (Glaser & Strauss, 1967). Theoretical sensitivity and constant comparison act as a guide for the four other components essential to Classic GT mentioned above and discussed in more detail below: theoretical sampling, coding, memoing, and sorting.

Constant Comparison. Constant comparison is a unique process in Classic GT. The purpose of the constant comparison process is to check if the data continues to support the emerging categories during data analysis. Glaser (2002) stated, "without the abstraction from time, place and people, there can be no multivariate, integrated theory based on conceptual, hypothetical relationships" (p. 26). This approach to analysis aids in shifting the researcher's focus from fact verification to idea generation, maximizing creativity to follow emerging concepts while not being held back by the rigidity of interview protocols or theoretical frameworks (Holton & Walsh, 2017). Glaser and Strauss (1967) identified four steps in the constant comparison process:

5. Comparing incidents applicable to each category
6. Integrating categories and their properties
7. Delimiting the theory
8. Writing the theory (p. 105)

Constant comparative analysis is, "a gradual building up of conceptual codes into concepts and then concepts into categories" (Holton & Wash, 2017, p. 79). This type of analysis helps prevent "data overwhelm" that can occur when simply collecting all data upfront, then analyzing. Instead, constant comparison allows one to simultaneously collect and analyze data.

The first step of constant comparison involves comparing incident to incident to allow for substantive category emergence and conceptualization (Glaser, 1994). Next, incidents from new data are compared to existing categories in order to continue making connections and work towards saturation. The third step involves narrowing down or delimiting categories by comparing categories to each other and determining categories that are no longer relevant to the emerging theory. The constant comparison process is documented in memos, described in further detail below, and is completed once delimiting has ended and the final theory is written.

Theoretical Sensitivity. Theoretical sensitivity is a prerequisite for engaging in any GT study. The goal of this process is for the researcher to remain open to the story the data is trying to tell. In order to do this with accuracy, it is suggested that the researcher approach the subject as a "blank slate" and do his/her best to withhold any preconceived thoughts or ideas that he or she may have learned in their personal/professional experience and from the existing literature (Glaser, 1978). Doing so allows the researcher to remain sensitive to the data and helps protect against bias or limits to the data. In his description of theoretical sensitivity, Glaser (1978) acknowledges the

difficulty of this process but urges researchers not to get discouraged as the skill can be developed with practice.

A few steps can be taken to improve the practice of theoretical sensitivity. The first step is to avoid reading any literature that discusses variables that might possibly relate to the substantive area until the primary data has been collected. Reading literature that specifically relates to the substantive area may contribute to predetermined ideas about what should be found and will, in turn, force the data to fit. Predetermined ideas will then become what Glaser (1978) refers to as a verification study in the sense that the purpose will be to verify what the existing literature suggests. The final strategy to maintain theoretical sensitivity is to be aware of one's own biases before beginning the study to ensure that they will not influence the emerging data.

Interview Procedures. The purpose of Classic GT is to elicit the main concern and experience of the population of study. Keeping this purpose in mind, the ideal method of data collection for the proposed study is the interview. In contrast to typical qualitative interviews, Classic GT is not compatible with interviews that follow a guideline of predetermined questions. Interview guides of this nature would be in opposition to the initial stages of the methodology that are purely inductive.

Although interview guides are not used in GT, it is recommended to use an icebreaker question to help participants know that the researcher is taking a genuine interest in their main concerns around the topic and so they can feel comfortable in speaking about it (Nathaniel, 2008). In order to create this "icebreaker" effect, proponents of the methodology suggest the use of a "spill question" for interviews. Nathaniel (2008) notes that the spill question is a question that will allow participants to feel comfortable enough to begin to "spill" their stories. The spill question used in this study will be "Tell me about your experience as a licensed clinical social worker working on an interdisciplinary behavioral health team. What does it look like when things are going well?" It is expected that participants will respond to this question with stories about their work experience. After the initial spill question, the interview will be more conversational in tone and follow up questions will be based on the responses given by the participants. In GT terms, this is referred to as an Adjusted Conversational Interview.

Before the start of each interview, I will explain the purpose of the study, review the informed consent and answer any questions related to the study that the participants may have. As previously mentioned, Classic GT advocates against the use of technology and software to collect data (Glaser & Strauss, 1967). Therefore, recording devices will not be used in interviews, nor will computer programs, beyond Microsoft Word, be used to assist in analyses. Glaser (2008) suggests that technology can serve as a handicap and cause the researcher to focus on capturing and analyzing the participants' words verbatim instead of focusing on conceptualizing their stories. At the end of each interview, the data will be kept in a locked file cabinet at my house or password protected on my personal computer. All data used for the study will be kept up to five years.

10.0 Setting

Interviews will take place in a setting that is convenient to the participant. This may include the participant's place of work, this researcher's office at the University of Houston Graduate College of Social Work, or in a public setting mutually agreed upon by the participant and researcher. All interviews will be conducted face-to-face as Classic Grounded Theory discourages the use of technology.

11.0 Risks to Subjects

There are no foreseeable risks in participating in this research project.

12.0 Potential Benefits to Subjects

There are no direct benefits to participating in the proposed study.

13.0 Withdrawal of Subjects

Participants may be withdrawn from the study by the principal investigator if the principal investigator determines that staying in the project is harmful to the participant's health or is not in their best interest. Participants may refuse to participate or withdraw from the proposed study at any time before or during the study. They may also refuse to answer any question. This is covered as part of the informed consent. In the event that a participant withdrawals or is terminated from the study, any data collected from this participant will not be applied to the final study.

14.0 Costs/Payments to Subjects

Participants will not endure any costs in the proposed study. Participants will receive a ten-dollar gift card to Starbucks at the end of the interview as a thank-you for participating in the study.

15.0 Confidentiality

Every effort will be made to maintain the confidentiality of participants in the proposed study. Each subject's name will be paired with a code number by the principal investigator. This code number will appear on all written materials. The list pairing the subject's name to the assigned code number will be kept separate from all research materials and will be available only to the principal investigator. Confidentiality will be maintained within legal limits.

16.0 Provisions to Protect the Privacy Interests of Subjects

Participants will only be interacting with the primary investigator in order to protect "privacy interest." Participants may refuse to participate or withdraw from the proposed study at any time before or during the study. They may also refuse to answer any question. This is covered as part of the informed consent.

17.0 Informed Consent Process

Participants will be given a consent (HRP-502a) form explaining the purpose of the study before the interview allowing them time to review the document. The consent form will also be reviewed with them in person and signed by the participant and researcher before the interview begins. Please see attached document.

18.0 Process to Document Consent in Writing

Participants will be given a consent (HRP-502a) form explaining the purpose of the study before the interview allowing them time to review the document. The consent form will also be reviewed with them in person and signed by the participant and researcher before the interview begins. Please see attached document.

19.0 Data Management

At the end of each interview, the data will be kept in a locked file cabinet at the principal investigator's home or password protected on the principal investigator's computer. All data used for the proposed study will be kept up to three years. Interviews will be coded within 24 hours of each interview using open coding, delimiting, and selective coding. Theoretical ideas about the codes and their relationship to each other will be evaluated by memoing and finally by sorting in order to formulate a theory. Finally, the theory will be evaluated for issues of fit, relevance to the action area, workability, and potential for modification.

20.0 Sharing of Results with Subjects

Results of the study will be published and presented to a committee as a final dissertation in order to meet the requirements for a Doctorate of Philosophy in Social Work from the University of Houston Graduate College of Social Work. The final dissertation may be shared with participants upon request.

21.0 Resources

It is important to mention that as a doctoral student at the University of Houston Graduate College of Social Work, I have the privilege of being advised by three

researchers who are all well versed in Grounded Theory (GT) methodology. Having this kind of support from professionals so knowledgeable in the method is a strength for using a GT approach. Glaser (1998) points out the importance of conducting Classic GT with a mentor or through guided seminars in order to address concerns with conceptualizing the theory and implementing the methodology appropriately. Unlike other novice GT researchers who have to learn the methodology strictly from written text, having the mentorship of my Committee is a valuable resource to the current study.

The recruiting enough subjects for the study and completing it over a period of no more than eight months is very feasible.

22.0 Additional Approvals

There are no foreseen additional approvals needed.

Appendix D – Consent Form – Initial

UNIVERSITY of HOUSTON
A CARNEGIE-DESIGNATED TIER ONE PUBLIC RESEARCH UNIVERSITY

UNIVERSITY OF HOUSTON
CONSENT TO PARTICIPATE IN RESEARCH

PROJECT TITLE: Finding What Works: A Grounded Theory of Clinical Social Workers Employed on Interdisciplinary Behavioral Health Teams

You are being invited to take part in a research project conducted by Hannah Kimbrough, LCSW from the Graduate College of Social Work at the University of Houston. This project is part of a dissertation under the supervision of Committee Chair Susan Robbins, Ph.D, LCSW.

23.0 NON-PARTICIPATION STATEMENT

Taking part in the research project is voluntary and you may refuse to take part or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. You may also refuse to answer any research-related questions that make you uncomfortable. A decision not to participate or to withdraw from the study will have no impact on the primary researcher's standing as a student.

24.0 PURPOSE OF THE STUDY

The purpose of this research project is to generate a theory grounded in data around the main concern of clinical social workers employed on interdisciplinary teams in behavioral health settings. This study is estimated to conclude by December 2018 but will only require participants to engage in in-person interviews lasting approximately 30 to 120 minutes.

25.0 PROCEDURES

You will be one of approximately 30 subjects invited to take part in this project. If you agree to participate in this research study you will engage in an in-person interview with the principal investigator at a location of your choosing. During this interview you will be asked questions about your experience as a clinical social worker employed on interdisciplinary teams in behavioral health settings. The interview will last for approximately 30 to 120 minutes.

26.0 CONFIDENTIALITY

Every effort will be made to maintain the confidentiality of your participation in this project. Each subject's name will be paired with a code number by the principal investigator. This code number will appear on all written materials. The list pairing the subject's name to the assigned code number will be kept separate from all research materials and will be available only to the principal investigator. Confidentiality will be maintained within legal limits.

27.0 RISKS/DISCOMFORTS

There are no foreseeable risks in participating in this research project.

28.0 BENEFITS

While you will not directly benefit from participation, your participation may help investigators better understand the main concern of clinical social workers employed on interdisciplinary teams in behavioral health settings.

29.0 ALTERNATIVES

Participation in this project is voluntary and the only alternative to this project is non-participation.

30.0 INCENTIVES/REMUNERATION

Participants will receive a ten-dollar gift card to Starbucks at the end of the interview as a thank-you for participating in the study.

31.0

32.0 PUBLICATION STATEMENT

The results of this study may be published in scientific journals, professional publications, or educational presentations; however, no individual subject will be identified.

33.0 CIRCUMSTANCES FOR DISMISSAL FROM PROJECT

Your participation in this project may be terminated by the principal investigator if the principal investigator determines that staying in the project is harmful to your health or is not in your best interest.

SUBJECT RIGHTS

1. I understand that informed consent is required of all persons participating in this project.

2. I have been told that I may refuse to participate or to stop my participation in this project at any time before or during the project. I may also refuse to answer any question.

3. Any risks and/or discomforts have been explained to me, as have any potential benefits.

4. I understand the protections in place to safeguard any personally identifiable information related to my participation.

5. I understand that, if I have any questions, I may contact Hannah Kimbrough at 770-756-6030. I may also contact Susan Robbins, Ph.D., LCSW faculty sponsor, at 713-743-8103.

6. **Any questions regarding my rights as a research subject may be addressed to the University of Houston Committee for the Protection of Human Subjects (713-743-9204). All research projects that are carried out by Investigators at the University of Houston are governed be requirements of the University and the federal government**.

SIGNATURES

I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions to my satisfaction. I give my consent to participate in this study, and have been provided with a copy of this form for my records and in case I have questions as the research progresses.

Study Subject (print name): _____

Signature of Study Subject: _____

Date:_____

I have read this form to the subject and/or the subject has read this form. An explanation of the research was provided and questions from the subject were solicited and answered to the subject's satisfaction. In my judgment, the subject has demonstrated comprehension of the information.

Principal Investigator (print name and title):_____

Signature of Principal Investigator:_____

Date:_____

Appendix E – Request for Revisions

UNIVERSITY of HOUSTON
DIVISION OF RESEARCH
Institutional Review Boards

MODIFICATIONS REQUIRED TO SECURE "APPROVED" DETERMINATION March 14, 2018
Hannah Kimbrough
hakimbrough@uh.edu

Dear Hannah Kimbrough:
On 3/14/2018, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Finding What Works: A Grounded Theory of Clinical Social Workers Employed on Interdisciplinary Behavioral Health Teams
Investigator:	Hannah Kimbrough
IRB ID:	STUDY00000855
Funding/ proposed funding:	Name: Unfunded
Award ID:	
Award Title:	
IND, IDE, or HDE:	None
Documents Reviewed:	• HK Dissertation Consent Form v1.docx, Category: Consent Form; • HK Dissertation IRB Application - HRP-503 - v.2.docx, Category: IRB Protocol; • Finding What WorksPhone&EmailRecruitment.docx, Category: Recruitment Materials; • FindingWhatWorksHRP-502a.docx, Category: Consent Form; • Finding What WorksInterviewGuide.docx, Category: Study tools (ex: surveys, interview/focus group questions, data collection forms, etc.); • FindingWhatWorksHRP-502a.docx, Category: Consent Form;
Review Category:	Expedited
Committee Name:	Not Applicable
IRB Coordinator:	Danielle Griffin

UNIVERSITY of HOUSTON

DIVISION OF RESEARCH

Institutional Review Boards

The IRB determined that modifications are required to secure approval. The modifications required and their reasons are listed here:

1. Please revised section 5 of the protocol to change "Approximately 30 subjects" to "Up to 30 subjects" as we approve a maximum participation. If you may need more than 30, you must submit a modification to increase your enrollment numbers.

2. Please clarify why there are 3 consent forms. Please remove multiple versions of the updated documents. Please edit the study, delete the newest versions first. Once the new version is deleted, click “update” next to the previous version, browse to find the updated version of the document, and then attach the update. Following this process makes sure that multiple versions of documents are not in the system while maintaining the history of the document. If you need assistance, with the upload, please contact our office.

3. Please update section 17 Under the Informed Consent Process to add where and when the consent process takes place, and Whether you will be following “SOP: Informed Consent Process for Research HRP-090. Please refer to the ICON library for this SOP.

4. In section 18, please add that you will be following SOP HRP-091.

5. Please update the Data Management section of the protocol to specify that a copy of the data will be stored on campus for 3 years following completion of the research. Please include the specific location on campus where the data will be stored and who will maintain the data.

6. Please update section 6, Recruitment, to include how you will gain access to potential participant's contact information (database, agency contact, publically available website, etc). Is there an agency giving you access to contact information? If so please specify, In addition, please provide a letter of support from the agency agreeing to give you access to this information.

Please do the following:

- • Write a letter containing a point-by-point response to the above changes, indicating whether you agree or disagree with each requested change.
- • Revise documents attached to the study as needed in “tracked-changes” or similar method to indicate what changes were made.
- • Edit the study in the IRB system as needed, updating the documents with your new tracked-changes versions.

- • Please make only the modifications requested above at this time. If additional revisions are made, the revised application will be scheduled for review at the next convened IRB meeting, resulting in the potential delay of IRB approval and research initiation. Once final approval has been provided, a revision to the protocol may be submitted for review.

• Submit the changes back to the IRB, attaching your point-by-point response letter in the Submit Changes form.

If a response is not received by close of business on 6/12/2018, the IRB will withdraw this submission.

Should you disagree with the requested modifications, your response will be reviewed by the convened IRB during its next scheduled meeting. At your request, you can respond in person to the IRB.

Initiation of research procedures (including recruitment) prior to the receipt of a final IRB approval letter is a direct violation of federal regulations at 45 CFR 46.109(a) and may result in institutional and/or federally mandated corrective actions[1].

Sincerely,
Research Integrity and Oversight (RIO) Office University of Houston, Division of Research
713 743 9204
cphs@central.uh.edu http://www.uh.edu/research/compliance/irb-cphs/

[1] Examples of corrective actions include: an administrative block to the receipt of an academic degree, restriction or repayment of research funds, IRB-required corrective actions (e.g. non-use of data, retraining, monitoring of research), and/or required institutional reporting to the DHHS Office of Human Research Protections (OHRP) and the funding agency.

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Appendix F – Revision Letter for Human Subjects Protocol Application

March 19, 2018

Dear IRB,

Thank you for your feedback on my application. I have addressed the changes in bold below:

1. Please revised section 5 of the protocol to change "Approximately 30 subjects" to "Up to 30 subjects" as we approve a maximum participation. If you may need more than 30, you must submit a modification to increase your enrollment numbers.

> **In section 5 of the protocol, I have changed the language "Approximately 30 subjects" to "Up to 30 subjects". I understand that if I need more than 30 participants, I must submit a modification to increase my enrollment numbers.**

2. Please clarify why there are 3 consent forms. Please remove multiple versions of the updated documents. Please edit the study, delete the newest versions first. Once the new version is deleted, click “update” next to the previous version, browse to find the updated version of the document, and then attach the update. Following this process makes sure that multiple versions of documents are not in the system while maintaining the history of the document. If you need assistance, with the upload, please contact our office.

> **I apologize for the 3 consent forms. I have deleted the two most recent submissions and updated the first submission as version 2 of the document.**

3. Please update section 17 Under the Informed Consent Process to add where and when the consent process takes place, and Whether you will be following “SOP: Informed Consent Process for Research HRP-090. Please refer to the ICON library for this SOP.

> **I have updated section 17. It now reads: “I will be following the SOP: Informed Consent Process for Research HRP-090. Participants will be given a consent (HRP-502a) form explaining the purpose of the study before the interview via email allowing them time to review the document. The consent form will also be reviewed with them in person when the interview takes place and will be signed by the participant and researcher at the start of the interview. Please see attached document.”**

4. In section 18, please add that you will be following SOP HRP-091.

> **I have updated section 18. It now reads: “I will be following SOP HRP-091. Participants will be given a consent (HRP-502a) form explaining the purpose of the study before the interview allowing them time to review the document. The consent form will also be reviewed with them in person and signed by the**

participant and researcher before the interview begins. Please see attached document."

5. Please update the Data Management section of the protocol to specify that a copy of the data will be stored on campus for 3 years following completion of the research. Please include the specific location on campus where the data will be stored and who will maintain the data.

I have updated section 19 "Data Management". It now reads: "At the end of each interview, the data will be kept in a locked file cabinet at the principal investigator's home or password protected on the principal investigator's computer. All data used for the proposed study will be kept up to three years. Data will also be stored on the University of Houston campus in a password protected file on a computer in Dr. Susan Robbin's office, room 311 of the Social Work Building. The data will be stored under Dr. Robbin's supervision for three years following the completion of the research. Interviews will be coded within 24 hours of each interview using open coding, delimiting, and selective coding. Theoretical ideas about the codes and their relationship to each other will be evaluated by memoing and finally by sorting in order to formulate a theory. Finally, the theory will be evaluated for issues of fit, relevance to the action area, workability, and potential for modification."

6. Please update section 6, Recruitment, to include how you will gain access to potential participant's contact information (database, agency contact, publicly available website, etc.). Is there an agency giving you access to contact information? If so please specify, In addition, please provide a letter of support from the agency agreeing to give you access to this information.

I have updated section 6. It now reads: "The initial sample for this study will be directly recruited through purposive convenience sampling in order to find Licensed Clinical Social Workers (LCSWs) employed on teams in behavioral health settings in the greater Houston area. Participants for the selected sample will be recruited starting in March 2018. The sample will initially be drawn from a list of behavioral health agencies who are Affiliated Field Placement Agencies for the University of Houston Graduate College of Social Work (GCSW). This list was created by the primary researcher based on business cards gathered at the 2018 GCSW Internship Market Place and via a search of publically available website searches of behavioral health agencies in the Houston area. None of the agencies have agreed to give out contact information prior to the study. This researcher will connect with the contacts for the agencies to inquire about LCSWs in their agency that would be interested in participating in the study. Many of the contacts at these agencies are LCSWs themselves who will be asked if they like to participate and asked if they know of others on their team who fit the criteria and might like to participate. If they know of others, they can give their names and contact information to the principal investigator to follow up about recruitment. The sampling criterion for the proposed study includes LCSWs who are currently employed on teams in

behavioral health agencies. Starting with the information gathered from the contacts on this list of agencies, participants will be contacted via phone and/or email by the primary researcher in order to set up interviews."

Thank you again for your time and please reach out if I can provide any further information.

Sincerely,

Hannah Kimbrough, LCSW, CSWF, Ph.D. Candidate

Appendix G – Revised Consent Form

UNIVERSITY OF HOUSTON
CONSENT TO PARTICIPATE IN RESEARCH

PROJECT TITLE: Finding What Works: A Grounded Theory of Clinical Social Workers Employed on Interdisciplinary Behavioral Health Teams

You are being invited to take part in a research project conducted by Hannah Kimbrough, LCSW from the Graduate College of Social Work at the University of Houston. This project is part of a dissertation under the supervision of Committee Chair Susan Robbins, Ph.D, LCSW.

34.0 NON-PARTICIPATION STATEMENT

Taking part in the research project is voluntary and you may refuse to take part or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. You may also refuse to answer any research-related questions that make you uncomfortable. A decision not to participate or to withdraw from the study will have no impact on the primary researcher's standing as a student.

35.0 PURPOSE OF THE STUDY

The purpose of this research project is to generate a theory grounded in data around the main concern of clinical social workers employed on interdisciplinary teams in behavioral health settings. This study is estimated to conclude by December 2018 but will only require participants to engage in in-person interviews lasting approximately 30 to 120 minutes.

36.0 PROCEDURES

You will be one of approximately 30 subjects invited to take part in this project. If you agree to participate in this research study you will engage in an in-person interview with the principal investigator at a location of your choosing. During this interview you will be asked questions about your experience as a clinical social worker employed on interdisciplinary teams in behavioral health settings. The interview will last for approximately 30 to 120 minutes.

37.0 CONFIDENTIALITY

Every effort will be made to maintain the confidentiality of your participation in this project. Each subject's name will be paired with a code number by the principal investigator. This code number will appear on all written materials. The list pairing the subject's name to the assigned code number will be kept separate from all research materials and will be available only to the principal investigator. Confidentiality will be maintained within legal limits.

38.0 RISKS/DISCOMFORTS

There are no foreseeable risks in participating in this research project.

39.0 BENEFITS

While you will not directly benefit from participation, your participation may help investigators better understand the main concern of clinical social workers employed on interdisciplinary teams in behavioral health settings.

40.0 ALTERNATIVES

Participation in this project is voluntary and the only alternative to this project is non-participation.

41.0 INCENTIVES/REMUNERATION

Participants will receive a ten-dollar gift card to Starbucks at the end of the interview as a thank-you for participating in the study.

42.0

43.0 PUBLICATION STATEMENT

The results of this study may be published in scientific journals, professional publications, or educational presentations; however, no individual subject will be identified.

44.0 CIRCUMSTANCES FOR DISMISSAL FROM PROJECT

Your participation in this project may be terminated by the principal investigator if the principal investigator determines that staying in the project is harmful to your health or is not in your best interest.

SUBJECT RIGHTS

7. I understand that informed consent is required of all persons participating in this project.

8. I have been told that I may refuse to participate or to stop my participation in this project at any time before or during the project. I may also refuse to answer any question.

9. Any risks and/or discomforts have been explained to me, as have any potential benefits.

10. I understand the protections in place to safeguard any personally identifiable information related to my participation.

11. I understand that, if I have any questions, I may contact Hannah Kimbrough at 770-756-6030. I may also contact Susan Robbins, Ph.D., LCSW faculty sponsor, at 713-743-8103.

12. **Any questions regarding my rights as a research subject may be addressed to the University of Houston Committee for the Protection of Human Subjects (713-743-9204). All research projects that are carried out by Investigators at the University of Houston are governed be requirements of the University and the federal government**.

SIGNATURES

I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions to my satisfaction. I give my consent to participate in this study, and have been provided with a copy of this form for my records and in case I have questions as the research progresses.

Study Subject (print name): _____

Signature of Study Subject: _____

Date:_____

I have read this form to the subject and/or the subject has read this form. An explanation of the research was provided and questions from the subject were solicited and answered to the subject's satisfaction. In my judgment, the subject has demonstrated comprehension of the information.

Principal Investigator (print name and title):_____

Signature of Principal Investigator:_____

Date:_____

Appendix H – Curriculum Vitae

21219 Cimarron Parkway Katy, TX 77450 **l** 501.278.7254 **l** hadkimbrough@gmail.com

Hannah A. D. Kimbrough, LCSW

Texas License Number: 62821

Georgia License Number: CSW005740

Arkansas Licenses Number: 6621-M

Education

University of Houston, Graduate School of Social Work Aug. 2015 – Present
Houston, TX

- Social Work Doctoral Program
- Awards for 2015-2018: Graduate Tuition Fellowship, Magaziner Fellowship, Clemenger
  Fellowship, Presidential Scholarship, Research Assistantship
- GPA: 4.0

University of Arkansas Aug. 2010 – May 2012
Fayetteville, AR

- Master of Social Work 2 year Program
- Graduate GPA: 4.0
- CAPSTONE: The Effects of Client-Centered Therapy on Reducing Anxiety & Depression in College Students

University of Arkansas Aug. 2006 – May 2010
Fayetteville, AR

- Bachelor of Arts in Psychology
- Communication Minor
- GPA: 3.54

University of Kansas May 2008 – June 2008
Paderno del Grappa, Italy

- Summer Study Abroad Program
- GPA: 4.0
- Earned 6 hours of course credit

Arkansas State University Aug. 2005 – May 2006
Beebe, AR

- Earned 20 hours of course credit in concurrent classes while in high school

Continuing Education

- Courage Camp 2018 (3 hrs.) Oct.15-18, 2018
- Developing a Trauma Informed Practice Approach (3 hrs.) June 22, 2018
- Ethics and the Texas Social Worker (3 hrs.) June 1, 2018
- Courage Camp 2017 (3 hrs.) Oct. 16-19, 2017
- Courage Camp 2016 (3 hrs.) May 16-18, 2016
- Gottman Level 1 Training (12.5 hrs.) Mar. 10-11, 2015
- The Daring Way Training (30 hrs.) Nov. 6-7, 2015
- Advanced Clinical DBT Skills (5 hrs.) Mar. 27, 2015
- Dialectical Behavioral Therapy in Treatment of Eating Disorders (5 hrs.) Feb. 27, 2015
- DCC Distance Counseling Training (15 hrs.) Feb. 20, 2015
- Hypnotherapy: What it is, What it isn't & How it Heals (2 hrs.) Feb. 5, 2015
- Dialectical Behavioral Therapy in Clinical Practice (5 hrs.) Jan. 30, 2015
- Holistic Health: The Reciprocal Relationship Between Mind & Body Wellness (2 hrs.) Jan. 8, 2015
- You Can't Always Get What You Want: Self-Destruction, Masochism, and Pathways to Cure (3 hrs.) Dec. 12, 2014
- Healing Children and Families Through Theraplay (2 hrs.) Oct. 2, 2014
- Elder Abuse: Cultural Contexts and Implications (5 hrs.) July 19, 2014
- Fundamentals of Trauma Processing (8 hrs.) July 19, 2014
- Technology, Professional Ethics, and Licensure: Managing Ethical Issues in an Environment of Rapid Change (5 hrs.) May 23, 2014
- Creative Expressive Therapies and Modalities (5.5 hrs) May 9, 2014
- Advanced Sandtray (5 hrs.) May 2, 2014
- Intermediated Sandtray (5 hrs.) April 25, 2014
- Beginners Sandtray (5 hrs.) April 11, 2014
- The Impact of Family Care and Illness on Clinical Practice (2 hrs.) March 6, 2014
- Brainspotting: A revolutionary Therapy for Effective Change (2 hrs.) February 6, 2014
- Moments of Meeting: The Intersubjective Experience in Therapy (3 hrs.) December 13, 2013
- Noxious People: Living and Working with High Conflict People (6 hrs.) October 9, 2013

• Healing Body Image: An 8 Step Model Panel Discussion (2 hrs.) October 3, 2013
• Our Time Is Now World Conference 2013 (15.25 hrs) Sept. 11 – 14, 2013
• Cutting Edge Methods for Helping Adult Clients to Heal the Inner Child (3 hrs.) April 12, 2013
• Complementary Treatment Modalities of Addiction from a Neurobiological Perspective (2 hrs.) April 4, 2013

Experience

The Daring Way, Houston, TX Jan. 2016 – Present
Assistant Director
• Co-manage a community of trained therapist and coaches
• Co-manage organization website platforms
• Participate in preparation for conferences, trainings, and webinars

University of Houston Graduate School of Social Work Houston, TX Aug. 2015 - Present
Research Assistant for Dr. Brené Brown and Dr. Ronda Dearing
• Data Analysis and coding
• Program evaluations and assessments • Participating in trainings
• Building new online courses

My Own Space Therapy, Houston, TX July 2015 - Present
Licensed Clinical Social Worker, Owner
• Conducting assessments and individual distance therapy for adolescents and adults • Maintaining documentation of client services
• Marketing agency to community partners

University of Arkansas, Fayetteville, AR May 2012 – Present
Visiting Instructor/ Hourly Grader
• Teaching the online social work courses (see Teaching Experience)
• Building course curriculum and activities
• Grading assignments and exams
• Maintaining office hours, exam reviews, and communication with 100+ students

Intown Family Therapy, Atlanta, GA July 2014 - July 2015
Licensed Master Social Worker
• Conducting assessments, individual, and group therapy for adolescents and adults
• Participating in treatment team and supervision to coordinate care

• Maintaining documentation of client services
• Marketing agency to community partners

Family Counseling Associates of North Georgia, Cumming, GA Mar. 2014 – July 2015
Licensed Master Social Worker
• Conducting assessments, family, and individual therapy for adolescents and adults
• Participating in treatment team to coordinate care • Maintaining documentation of client services
• Participating in individual and group supervision
• Marketing agency to community partners

Atlanta Mission My Sister's House, Atlanta, GA Jan. 2103 – Mar. 2014
Counselor
• Conducting assessments, group, family, and individual therapy • Providing case management services and discharge planning • Providing crisis intervention as needed and on-call services
• Maintaining documentation of client services
• Participating on Services Team to improve Personal Development Program • Supervising masters level interns

Skyland Trail, Decatur, GA Dec. 2012 – Jan. 2013
Part-Time Group Counselor
• Providing group services to meet client needs in various areas
• Conceptualizing group notes
• Preparing curriculum for 10+ groups per week

ARK Family Counseling Center, Decatur, GA Sept. 2012 – Nov. 2012
Part-Time Behavioral Assistant
• Monitoring and redirecting client behaviors at school to coordinate behavior modification
• Conceptualizing BIRP notes
• Consulting with guardians, teachers, and authority figures about client behaviors
• CPI, CPR, and First Aid Certified

University of Arkansas Counseling & Psychological Services (CAPS), Fayetteville, AR Aug. 2011 – May 2012
Graduate Clinician
• Meeting with an average of 10 clients for individual and co-facilitating groups
• Utilizing techniques from a wide theory base
• Conceptualizing biopsychosocial assessments and SOAP notes
• Leading outreach events and speaking engagements
• Operating On-Call Emergency Phone on nights and weekends

University of Arkansas Housing, Fayetteville, AR Jan. 2011 – May 2011
Student Success Advocate
• Working on the ground level of developing a new program
• Using Reality Therapy with freshmen college students who are “mildly” or “highly” at risk for not succeeding
• Utilizing the Map-Works program
• Marketing and promoting Map-Works surveys

University of Arkansas, Fayetteville, AR Aug. 2011 – May 2012
Graduate Assistant
• Managing Blackboard for online Death and Dying course
• Grading assignments
• Conducting test analysis for exams and quizzes
• Communicating with students and answering questions through email

Psychology & Counseling Associates, Fayetteville, AR May 2009 – May 2012
Administrative Assistant
• Working with providers and patients to schedule appointments
• Calling in prescriptions to local pharmacies
• Maintaining confidentiality with patients
• Answering five phones lines and recording all messages
• Performing scheduling and billing audits

Volunteer Experience

University of Houston Graduate College of Social Work August 2015 – August 2018
Ph.D. Student Representative: Attend regularly scheduled Ph.D. Committee meetings as a student representative.
Ph.D. Student Ambassador: Attend conferences and events promoting the GCSW Ph.D. program to perspective students.

Paint Love Nonprofit Organization, Atlanta, GA July 2014 – July 2016
Artist: Volunteer to teach art projects through non-profit organizations benefitting youth in the Atlanta area.

Decatur City Church, Decatur, GA Oct. 2013 - July 2015
Waumba Land Volunteer: Volunteer as a leader for the 3-4 year olds in the children’s program.

Atlanta Council for LGBTQ Youth Homelessness, Atlanta, GA
Jan. 2014 - March 2014
Subcommittee Member: Served on the committee as a representative for Atlanta Mission in order to collaborate community efforts to support LGBTQ homeless youth in the Atlanta area.

First United Methodist Church, Springdale, AR Aug. 2006 - July 2012
Volunteer Youth Leader: Volunteered to lead 6th-12th grade students in small groups, community service projects, community social activities, and mission trips to Joplin, MS; New York City, NY; Denver, CO; and Rio Bravo, Mexico.

Phi Alpha Honor Society, Fayetteville, AR June 2011 - May 2012
Treasurer: Volunteered as Treasurer to keep up with the organizations financial spending and member dues. Helped coordinate large community event to reduce the stigma of mental health in Arkansas including honorary speaker First Lady of Arkansas Ginger Beebe.

Center for Educational Access, Fayetteville, AR Aug. 2010 - May 2012
Note Taker: Volunteered as a note taker for students in social work courses during my graduate studies.

Miracle League, Springdale, AR April 2009 - April 2012
Volunteer Buddy: Volunteered as a buddy for players with disabilities in the Miracle League youth baseball organization.

The Bread of Life Food Pantry, Springdale, AR Aug. 2008 - May 2009
Volunteer Counselor: Volunteered as a counselor for individuals and families receiving services from the food pantry including monthly food provisions and occasional monetary assistance.

Arkansas Alpha Pi Beta Phi Women's Fraternity Jan. 2008 - Dec. 2008
Chapter Correspondent: Volunteered as liaison for the Arkansas Alpha chapter between other chapters on campus and nation-wide. Also acted and representative of the chapter to the Northwest Arkansas community.

University of Arkansas Panhellenic Recruitment Aug. 2008
Gamma Chi: Served as a recruitment leader for a small group of girls to provide direction and support through the recruitment process.

Greeks United for God, Fayetteville, AR Aug. 2006 - May 2007
Pi Beta Phi Representative: Volunteered as the voice for the Arkansas Alpha chapter at the University of Arkansas during meetings and coordinating campus-wide events.

Honors and Awards

• Family Counseling Associates of North Georgia Top Counselor Award 2014
• Who's Who Among Students in American Universities and Colleges 2011
• Member of Gamma Beta Phi Honor Society 2009
• University of Arkansas Chancellor's Scholarship 2006-2009
• Mary Campbell Gregory Scholarship 2008
• First State Bank Scholarship 2006
• United Methodist Gift of Hope Scholarship 2006

Professional Affiliations/Licensure

- Member of the National Association of Social Workers (Since 2012)
- Member of Phi Alpha Honor Society Alumni (Since 2012)
- Member of the Georgia Society for Clinical Social Work "GSCSW" (Since 2012)
- GSCSW Public Relations Committee Chair (2014 - 2015)
- Member of Pi Beta Phi Atlanta Alumni Club (Since 2010)

Research and Evaluation Experience

Schmieding Center C.A.R.E.S., Springdale, AR Jan. 2011 – May 2011
Schmieding Fellowship
• Participating in research for caregiver burden
• Being responsible to gathering data and scoring scales
• Writing and being awarded a grant for Careers in Aging for presentation
• Co-Facilitating support groups

CRAV Mentoring Lab., Fayetteville, AR Jan. 2008 – Dec. 2009
Mentor
• Mentoring a 4th grade student two hours per week
• Submitting weekly scales
• Writing about the mentor experience for research implications
• Evaluating mentor process

Teaching Experience

SCKW 6233 Adv. Social Work Practice Children & Youth (Online)
University of Arkansas, Instructor
Spring 2019; Spring 2018
This course focuses on the development, revision, and impact of policy and practice in children, youth, and families. Current issues in policy and practice will be examined

utilizing the Multi-Systems Life Course (MSLC) perspective. Students learn and apply new research skills in the areas of direct and policy practice.

SCKW 6003 Advanced Social Work Practice MSLC (Online)
University of Arkansas, Instructor
Fall 2018; Fall 2017; Spring 2017
This course focuses intensely on establishing an advanced practice foundation through learning and applying a MSLC perspective. Students learn how to integrate and transfer practice skills with individuals, agencies, families, communities, and groups.

SOCW 7397 Courage in Clinical Practice and Leadership (Online)
University of Houston, Instructor & Teaching Assistant (TA)
Summer 2018; Summer 2017; Spring 2016 (TA)
This course is based on the research of Dr. Brené Brown and applies her findings to building shame resilience both personally and professionally. This course focuses on how students can apply the learnings in clinical and macro practice settings.

SCKW 5013 Bridge: Evidenced Based Social Work (Online)
University of Arkansas, Instructor
Summer 2018; Summer 2017; Fall 2016
This course prepares MSW students for advanced graduate study. Students become familiar with the school's mission and conceptual framework under-girding the concertation year, become familiar with and begin to develop expert knowledge in their area of emphasis, and develop beginning knowledge of differing perspectives regarding diagnosis.

SCKW 4153 Social Welfare Policy (Online)
University of Arkansas, Instructor & Grader (G)
Fall 2016; Spring 2013 (G); Fall 2012 (G)
This course describes and analyzes the policies and services rendered by local, state, regional, national, and international agencies as well as the policy implications for social work practice. Students prepare to advocate social policy changes designed to improve social conditions, promote social and economic justice, and to empower at-risk populations.

SCWK 2133 Introduction to Social Work (Online)
University of Arkansas, Instructor
Summer 2016; Fall 2015; Summer 2015; Fall 2014;
This course is an introduction to social work as a profession and to social welfare institutions from a generalist perspective. This course places a high emphasis on the empowerment role of the profession.

SCKW 4093 Human Behavior and the Social Environment I (Online)
University of Arkansas, Instructor & Grader (G)
Fall 2014; Spring 2014 (G)

This course provides a conceptual framework for knowledge of human behavior and the social environment through the lens of individuals. Focuses of the course include: traditional and alternative paradigms, discrimination and oppression, and social theories.

SCWK 3163 On Death and Dying (Online)
University of Arkansas, Instructor, Grader (G), & Teaching Assistant (TA)
Fall 2014; Summer 2014; Spring 2014 (G); Fall 2013 (G); Summer 2013; Spring 2013 (G); Fall 2012 (G); Summer 2012; Spring 2012 (TA); Fall 2011 (TA)
This course reviews the theory and humanistic importance of the concepts of death and dying in society through exploring issues such as practicalities, ethics, aging, cultural differences, and history.

Professional Presentations

The Little People's School
Guest Speaker
February 16th, 2017 Katy, Texas
The Daring Way

Online Learning Consortium - Accelerate
Conference Presenter
November 14th, 2016 Orlando Florida
Gearing Up! Maximizing Student Potential Using Multi-Platform Online Learning

Council on Social Work Education (CSWE) Annual Program Meeting
Conference Presenter
November 5th, 2016 Atlanta, Georgia
Gearing Up! Maximizing Student Potential Using Multi-Platform Online Learning

New Life Church – ReEngage
Guest Speaker
June 27th, 2016 Searcy, AR
Trust in Relationships

Baylor University
Guest Lecture - Social Work with Communities and Organizations
April 28th, 2016 Houston, TX
The Daring Way in Organizations

Intown Family Therapy Community Workshop
December 18th, 2014
Atlanta, GA Grieving Through the Holidays

Atlanta Mission My Sister's House Agency Workshop
March19th, 2013 Atlanta, GA
Crisis Intervention Training

National Association of Social Workers Arkansas State Conference
MSW Poster Presentations
April 5th, 2012 Hot Springs, AR
The Effects of Client-Centered Therapy on Reducing Anxiety & Depression in College Students

University of Arkansas School of Social Work & The Osher Center for Lifelong Learning Community Workshop
April 12th, 2011 Fayetteville, AR
Careers in Aging