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SOCIAL WORKERS' PREPAREDNESS FOR PRACTICE WITH PATIENTS EXPERIENCING PSYCHOTIC DISORDERS

Paula Crespin

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SOCIAL WORKERS' PREPAREDNESS FOR PRACTICE WITH PATIENTS
EXPERIENCING PSYCHOTIC DISORDERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Paula R. Crespín

May 2024

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ABSTRACT

The present study explored the preparedness of social workers when providing services to individuals diagnosed with psychotic disorders who present with non-affective psychosis. The present study sought to examine the perceived barriers to mental health service utilization for individuals diagnosed with psychotic disorders as well as the perceived preparedness of social workers when providing services to individuals with non-affective psychosis. Social workers are crucial frontline workers in the treatment and support of individuals diagnosed with psychotic disorder. This qualitative study was comprised of twelve semi-structured interviews to gauge the preparedness of social workers (N=12). Results from the thematic analysis demonstrated social workers are not prepared to provide services to individuals diagnosed with psychotic disorders. Themes included difficulty transitioning from theoretical knowledge to real-world practice, lack of exposure to real-world experiences and mentorship opportunities, perceived levels of preparedness were lacking when encountering individuals experiencing psychosis especially during initial encounters, and a more robust clinical track needed in social work education, particularly in diagnosing and treating mental health issues such as non-affective psychosis. Overall, these themes underscore the importance of experiential learning, specialized coursework, practical skill development, and continued research to adequately prepare social workers for working with individuals experiencing non-affective psychosis.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Mental illness affects individuals regardless of age, background, or socioeconomic status. According to the National Institute of Mental Health one in five U.S. adults are living with a mental illness (Department of Health and Human Services [DHHS], 2020). Approximately 14.2 million adults aged 18 or older are diagnosed with a serious mental illness such as major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, and personality disorder. Only 9.1 million out of the 14.2 million were receiving mental health services in 2020 (DHHS, 2020).

Psychosis includes primary psychosis, associated with serious mental illness and secondary psychosis due to neurological and medical conditions (DHHS, 2020). Affective disorders are mood disorders such as major depression or bipolar disorder, while non-affective disorders fall under the schizophrenia spectrum disorder category of mental illnesses (American Psychiatric Association [APA], 2022). Individuals diagnosed with schizophrenia spectrum disorders experience non-affective psychosis, which is the most chronic and debilitating type of psychosis (Yip et al., 2022). Non-affective psychosis is a term relevant to serious mental illness where there is a presence of delusions, hallucinations, disorganized thinking, disorganized behavior, negative symptoms, and lack of insight (Bucci et al., 2018). This research will discuss serious mental illness

(SMI), primarily schizophrenia spectrum disorders and non-affective psychosis, focusing on the preparedness of social workers when addressing the needs of patients presenting with psychotic disorders. Various mental health disorders have shown to affect or relate to the prevalence of psychosis; however, this research will be on the non-affective psychotic disorders mentioned above and the symptomology leading up to those diagnoses.

Of the 14.2 million adults with SMI, it is recorded that 69.9% of individuals who identify as female received mental health services, while 54.9% individuals who identified as male received treatment for mental health (DHHS, 2020). The occurrence of SMI was highest amongst younger adults aged 18 to 25, 9.7%, and most prevalent with adults reporting two or more races, 9.9%. Additionally, Seutani et al, (2016) found that in the United States, people with psychotic illness have reduced life expectancy, ranging between 10-and-20 years, compared to the general population.

Additionally, early intervention and identification of mental health services that focus on the specific needs of individuals experiencing the first episodes of psychosis is shown to reduce hospitalizations related to escalated acuity. Outcomes for individuals with psychotic disorders can improve with treatment engagement and early intervention (Andorko et al., 2022). Quick detection also allows providers to decrease the time between onset of psychotic symptoms and the application of treatment, known as the duration of untreated psychosis.

Furthermore, people with serious mental illness experience excess morbidity and premature mortality due to preventable conditions, tied to a barrier in accessing preventative services and inattentiveness to chronic disease management. According to Seutani et al, (2016) individuals with psychotic diagnoses were reported to have a 2.5 times higher mortality rate compared to the general population due to an increase in behavioral risk factors and lack of regular chronic disease screening. Further, individuals diagnosed with serious mental illness can lack insight into the need for proper medical treatment, both for physical conditions and mental health conditions. Anosognosia is a condition associated with mental illness which affects a person's awareness of deficits, early studies show that approximately 30% of people with schizophrenia experienced severe lack of awareness and diagnosed with anosognosia (National Alliance on Mental Illness [NAMI], 2022). Nationally, the duration of untreated psychosis median time is nearly a year and half, and at times the delay extends to three years, six times longer than the World Health Organization's recommendation of three months or less between initial onset and treatment of symptoms (Azrin, 2019). It is of importance to assess the role of social workers in service delivery with patients experiencing SMI, specifically those with psychotic disorders, and address the limitations in preparedness and the impact it has on service utilization.

Despite significant investments in service delivery for individuals with or at risk of SMI like the Mental Health Services Act (MHSA), a report published in

2020 found only 64.1% of U.S. adults with SMI sought help in 2018 (California Department of Health Care Services, 2020). Also, of those diagnosed with SMI in the study year, 13.4% were reported to be without insurance coverage (NAMI, 2022). For this reason, treatment gaps in services should address the total lack of care in addition to the delay in diagnosis, initiation of treatment, financial hardships, and any barriers related to lack of preparedness in service delivery.

Purpose of the Study

For social work professionals entering the mental health services field, there needs to be a level of understanding and preparedness to properly meet the needs of individuals diagnosed with SMI, specifically those experiencing non-affective psychosis to intervene accordingly and provide services. The primary purpose of this study is to explore the preparedness of social workers to address the needs of patients with mental health conditions, specifically those experiencing psychotic disorders. This research aims to further extend the literature on psychotic disorders and treatment provided to those experiencing non-affective psychosis, and explore the perceived preparedness across a diverse range of social work practice with the following set of research questions:

What is the perceived preparedness of social workers when providing services to individuals with psychotic disorders?

How can social worker mental health education and training be improved to address the needs of patients diagnosed with psychotic disorders?

Significance of the Project for Social Work

Although extensive research has been carried out on service engagement for individuals with SMI, limited studies exist which concentrates on direct social work practice for patients experiencing symptoms related to psychotic disorders. It is imperative that social workers, regardless of specialization, gain competence and further their clinical practice, to effectively assist patients presenting with psychosis. Additionally, social workers must be proficient at recognizing inconsistencies in service delivery, early identification of psychotic symptoms, irregularities in the initiation of treatment, and risks related to extended duration of untreated psychosis. Thus, advancing the research and increasing preparedness of social workers in the field may improve procedures like screening, detection, diagnosing, and increase the ability to manage clinical conditions (Addington et al., 2015).

The strong presence of social workers in various human service roles is especially beneficial for vulnerable populations like adolescents and young adults, as it will aid in the early intervention stages of psychosis (Anadarko et al., 2022). The findings of this study will provide insight on micro and macro levels related to patients experiencing non-affective psychosis when pursuing mental health services, regarding social workers aptitude to provide effective service delivery. On a micro level, results will inform social workers of knowledge that support the development of effective interventions and preparedness for working with patients experiencing symptoms of psychotic disorders. It will extend the

literature on psychotic disorders regarding effective or ineffective treatment services. Also, on a macro level, it will bring awareness to the needed advocacy for improving mental health services for patients presenting with or diagnosed with non-affective psychosis.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter includes an examination of the research relevant to the social work practice involving patients with a SMI, those diagnosed with non-affective psychosis, and the influence of intervention throughout different stages of the disorder and early intervention. The subsections will include literature encompassing the prevalence of SMI, first signs of psychosis in healthcare practice, early identification of psychosis, culture and accessibility, barriers and accessibility and inconsistency within treatment. The final topic of discussion will examine the Andersen's Behavioral Model of Health Services Use, which was the guiding theory for this research.

Social Work Practice Involving Patients with Serious Mental Illness

The National Institute of Mental Health estimates that one on five adults will suffer from a mental illness in any given year, with one in twenty-five adults in the United States being diagnosed with SMI (DHHS, 2020). Serious mental illness consists of disorders such as major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, and personality disorder. Psychosis is a symptom, related to mental illness, it can include a loss of contact with reality, distorted sense of self, difficulty recognizing what is real or not, and perceptual disturbances such as hallucinations or delusions (Szymanski et al., 1996). The existing research has

shown that individuals with SMI show higher rates of illness, both physical and mental, limited engagement, poor outcomes related to limited care management, and shorter life expectancy than the general population (NIHM, 2022).

Oftentimes, social workers are directly involved with providing services to patients with SMI, frequently, in the role of a clinician or part of a multi-professional team. Working across a wide range of specialties, clinicians conduct initial assessments, treatment plans, diagnoses, linkage, care management, and assist patients in establishing support networks. According to Andorko et al. (2022) social work brings an idiosyncratic strength to provide individuals with untreated psychosis access to care by identifying symptoms early-on and linking them to treatment due to the existing network of community resources. Moreover, knowledgeable and properly trained clinicians can effectively conceptualize cases, form a clinical picture, collaborate with patients to develop suitable treatment plans, while remaining empathic, genuine, and patient (Mueser & Gingerich, 2013).

The extensiveness of the profession and the ability to engage with a multitude of patients positions social workers as one of the most appropriate choices for service delivery to individuals experiencing SMI. Though, the ever-changing healthcare environment should be considered, and specialized education on SMI and co-occurring mental illness needs to be implemented so social workers can competently apply practical procedures effectively, regardless of domain. A similar point highlighted by Araten-Bergman & Werner, speaks to

the need for continued education in one's professional practice to enhance the quality of service and remain proficient in engagement services (2017).

As an accreditation requirement, the Council on Social Work Education (CSWE, 2023) outlines multiple competencies for social work students to meet prior to them being deemed proficient at their practice. Once entering the field, social workers pledge to implement the guidelines set forth by the National Associations of Social Workers (NASW) that center around professionalism and include enhancing growth, maintaining standards, and conduct. One NASW area of focus is continued education, that supports social workers in demonstrating an understanding of the nature of social diversity and oppression with respect to mental or physical ability (National Association of Social Workers [NASW], 2023). As social workers seek licensure, they are required to obtain annual continued education credits from their respective licensing board. Additionally, research on social work programs provide insight to the benefits of applying behavioral health education to the regular curriculum by including clinical levels designed to create connectivity, alignment, and collaboration among providers (Berrett-Abebe et al., 2021).

Considerable requirements exist for educational practice, yet a substantial number of inconsistencies are observed in education and specialized training among scholastic institutions, agencies, organizations, internships, and placements. Clinical social work practice presents with a variation of practice standards depending on jurisdiction, with variations across the United States,

leading to inconsistency in training and competency (Marks & Knox, 2015). Moreover, the irregularities are leaving social workers lacking sufficient knowledge, ability for a competent practice, and less prepared to practice with patients experiencing SMI. Also, comparable research stresses that the lack of experience among social workers in providing services for specialized populations including patients with SMI is a contributing factor for the under-utilization of mental health services for patients (Fredriksen-Goldsen et al., 2014). As social workers continue to play a vital role in the care of patients diagnosed with SMI, they must abide by the pledges made to the profession, be supported by their agencies, have consistent specialized education, and evaluate their readiness to translate their knowledge into everyday practice. The following literature aims to highlight the complexity of services needed by patients with SMI, specifically those experiencing psychosis, and confirms that social workers will need to address the limitations of social work practice, the level of preparedness, and how that leads to a gap in services.

First Signs of Psychosis in Healthcare Practice

Generally, clinical management for psychotic disorders starts at the first diagnosed episode of psychosis. However, more academic interest is being given to the symptoms that take place during the period prior to the initial onset of symptoms, referred to as the prodromal phase (Fusar et al., 2012). Romain et al. (2022) studied the relationship between affective and non-affective psychosis, specifically during initial phase and prior to treatment engagement, finding that

positive symptoms such as paranoia and perceptual disturbances such as hearing voices are the key distinctive feature of non-affective psychosis. Additionally, the study found that individuals with affective psychosis developed insight over the treatment period, compared to those with non-affective psychosis, marking a risk of non-compliance in treatment and higher decompensation rate due to anosognosia (Romain et al., 2022).

Recently, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition-TR*, added attenuated psychosis syndrome which is a mental condition that causes the individual significant distress in a life domain and consists of the onset of mild psychotic-like symptoms but does not meet the full diagnostic criteria of a psychotic disorder (APA, 2022). Studies have used various terms to describe the clinical syndrome including “ultra-high risk”, “at-risk mental state”, “prodromal”, or “clinical high risk”, with the term attenuated meaning low-grade symptoms (Fusar-Poli et al., 2013). The onset of attenuated psychosis syndrome is frequently observed in individuals during early adulthood and included one of three criteria: attenuated delusions, attenuated hallucinations, or attenuated disorganized speech, all of which are a lesser and reduced presentation of psychosis (APA, 2022). Also, in these studies individuals were referred from clinical care services for experiencing distressing and some-what disabling symptoms that were not explained by another other mental disorder (Fusar-Poli et al., 2013).

Early Identification of Psychosis

It has been found that early intervention and engagement in treatment improves the outcome for individuals diagnosed with psychotic disorders, specifically those diagnosed with non-affective psychosis. Currently, in the United States studies show 42% of non-affective psychosis goes untreated (Kohn et al., 2018). Detection and early intervention for individuals experiencing the first onset of psychosis is vital as treatment near the onset of symptoms yields better outcomes (Penttilä et al., 2014). Individuals who experienced prior psychiatric hospitalizations or had previous participation with acute care settings demonstrated a shorter period between onset to treatment, leading researchers to believe indicators may be reduced by enhancing early detection and intervention (Addington et al., 2015). Research findings by Szymanski et al. (1996) indicate the first six-months of treatment is a critical time for service delivery for individuals experiencing psychosis as that is when the maximum symptomatic improvements occur. This demonstrates great concern for the population, as the national duration of untreated psychosis can range from nearly a year and half, and extend to three years (Azrin, 2019).

Studies on the earlier stages of illness progression, before the onset of a psychotic disorder, indicate that over one third of individuals presented with attenuated psychosis syndrome would switch to a full threshold psychotic disorder within three years (Fusar et al., 2012). Outcomes from a systematic review on the duration of untreated psychotic symptoms have shown that a

shorter period between onset and treatment can be linked to a better prognosis, while an extensive time span is related to lesser functional outcomes and a poorer quality of life (Penttilä et al., 2014). Moreover, compared to the general population, individuals who experience psychosis have a 10-to-20-year reduction in life expectancy (Suetani et al., 2016). The gap in mental health services for individuals experiencing psychosis demonstrates the need to address the treatment delay that is leading to prolonged untreated psychosis in the United States (Addington, 2015).

Accessibility of Mental Health Services

Accessibility of mental health services is directly influenced by government decisions, the structure of mental health systems, and the appropriateness of intervention (Kohn et al., 2018). Lack of policies to protect the mentally ill, minimal amounts of funding allocated to mental health, and marginal health care coverage offered to individuals are reported barriers in attaining services (Kohn et al., 2018). Although the perception of receiving and providing mental health services in the United States is becoming more promising, the financial obstacles for mental health treatment are compounding (Mojtabai et al., 2011). In 2018, approximately 13.4% of adults with SMI had no insurance coverage and 20.1% of people experiencing homelessness in the U.S. have been diagnosed with a mental health condition leading to a correlation between socioeconomic factors and a gap in care (NAMI, 2022).

The structure of the mental health system may also contribute to the challenges in providing services. Hospitals that focus on mental health treatment have added considerations for the readiness of service providers, like the availability of psychiatric beds, accessibility of outpatient services and appointment availability (Kohn et al., 2018). A significant correlation was identified among an individual's perception of needing services and psychopathology. Studies show that individuals who have a higher illness acuity were less likely to think they needed services, leading to poor engagement and compliance of care, possibly related to anosognosia (Mojtabai et al., 2011). In the same study, two-thirds of the individuals with SMI believed they did not need any mental health intervention, thus made no attempts to receive treatment (Mojtabai et al., 2011). Providers will have a greater responsibility in identifying early symptomatology if individuals with SMI lack the capacity or insight to identify the severity of needing treatment.

Recently, the COVID-19 pandemic has created additional obstacles in the accessibility of services as individuals with pre-existing comorbidities have been linked to higher disease severity and mortality rates (Ge et al., 2021). Individuals with SMI are hospitalized twice as often and have a 40% higher risk of mortality from COVID-19. As the demand for mental health treatment grows within the United States, the lack of services provided to individuals with SMI is leading to larger gaps in acquiring adequate care. For these reasons, there is a great need to address the concerns over the treatment of individuals presenting with SMI, as

well as individuals in the health care profession navigating through obstacles to provide appropriate care.

Culture and Accessibility

Culture plays a significant role with the way providers address and treat psychosis. Lack of culturally tailored treatment delivery plans, limited engagement, cultural mistrust, and inconsistencies in quality of care indicate a greater need to educate practitioners on culturally sensitive engagement practices (Oluwoye et al., 2018). Additionally, Larøi et al. (2014) explains how services provided to individuals experiencing psychosis may be inconsistent due to a lack of knowledge and pre-established attitudes for the presenting problem. The same study states when practitioners routinely link psychosis to symptoms of pathology without considering cultural backgrounds outcomes may impact the individual negatively.

Barriers in Accessibility

Lawrence & Kisely (2010) report that barriers in accessibility of care can be linked to service issues and provider issues like resource separation of physical and mental health facilities, unclear understanding for who takes responsibility for the physical health of clients with SMI, limited integration between disciplines, and under-resourcing. Similarly, Lonsdale & Webber (2021) report that the lack of accessibility for client data among programs, providers, and electronic systems restrict regular updates and continuity of care. This is problematic for individuals with SMI seeking care as one of the identified

components of effective treatment planning is using a multidisciplinary team approach that requires collaboration amongst providers and a service users' details to be readily available (Lonsdale & Webber, 2021).

Regarding provider issues, there is much discussion over who should take the primary responsibility of delivering services to individuals with SMI, primary care settings or psychiatric settings. Lawrence & Kisely (2010) assert that psychiatrists understand the significance of providing physical examinations but seldom implement the exam due to the belief that the client's physical health is being addressed by a primary care provider. Also, additional obstacles were related to psychiatrists taking sole responsibility for both, mental and physical health services as infrequent sessions with clients would interfere with consistent medical management. The lack of clarity for service delivery is creating additional barriers for individuals with SMI, specifically those experiencing psychosis who are reported to have lower rates of seeking out and continuing with engagement in mental health services (Mojtabai et al., 2011).

Under-resourcing and barriers to access are factors suggested to negatively impact the accessibility of services. Primary care providers report insufficient time to provide both physical and mental health services to clients with SMI (Lawrence & Kisely, 2010). Some primary care providers consider clients with SMI disruptive, uncomfortable to treat, a hindrance to their practice, and are more likely to refer them out (Lawrence & Kisely, 2010). As forementioned, Platz et al. (2006) asserts symptomology can often be observed

during routine visits in a primary care setting, however, providers often refer out which leads to exasperated mental health symptoms, as well as delay in care. Furthermore, providers that cannot differentiate between an individual's characteristics and symptoms associated with SMI clearly demonstrate gap in preparedness for delivering services to this population.

Inconsistency Within Treatment

Inconsistencies in crisis planning among different disciplines providing services are reported to create obstacles for individuals experiencing SMI (Lonsdale & Webber, 2021). Factors like length of experience, collaboration, contact details, and demographic differences were found to have a significant impact on the implementation and completion of crisis planning for individuals experiencing SMI (Lonsdale & Webber, 2021). The same study showed that practitioners are recognizing effective components for service users, like crisis reduction techniques, however, the failure to include them in care planning is creating difficulties for future treatment. Moreover, research findings point to the lack of clinician and client follow through, inadequate treatment after initial diagnosis, and insufficient attention to behavioral risk factors are contributing causes to excess morbidity among individuals with SMI (Yarborough et al., 2018).

Theories Guiding Conceptualization

The Behavioral Model of Health Services Use developed by Ronald M. Andersen, a U.S. medical sociologist and health service researcher in 1968, is

one of the most extensively used models to explore the use of health services (Babitsch et al., 2012). Andersen's Behavioral Model, as outlined by Babitsch et al. (2012), was constructed as a multilevel model incorporating individual and contextual determinants of health service use through three major components. First, predisposing factors that include biological imperatives such as demographic characteristics and social factors; secondly, enabling factors that incorporate financial status and organizational structure, for example, the variety and distribution of health services available; lastly need factors which involve an individual component, differentiate between perceived need for health services and evaluated need, and a contextual component to make a distinction between environmental need characteristics and population health indices (Babitsch et al., 2012). Serious mental health disorders like schizophrenia, delusional disorder, and substance-induced psychotic disorder would all be considered need factors.

The Behavioral Model of Health Services Use will allow social workers who deliver mental health service to measure why services are underutilized and serve as an instrument to identify the needs of vulnerable populations (Babitsch et al., 2012). According to Graham et al. (2016) the Behavioral Model of Health Services Use has identified an association between mental health services and predisposing factors; yet further research is necessary to reduce barriers and gain insight into the health care needs of individuals with psychotic disorders.

Summary

The literature presented revealed the demand for mental health treatment. Service delivery barriers and factors for patients experiencing SMI, specifically those with psychosis were explored including the patient's willingness to engage in treatment, affordability of services, competence and preparedness of service providers, cultural concerns, and prevention and early intervention practices. While previous research has explored the demand for services for those living with SMI, limited studies were found that focus specifically on social workers role with patients experiencing psychosis. Additionally, most of the literature narrative was from a medical health care viewpoint, with minimal amounts provided from a social work perspective. Consequently, the goal of this study will be to enhance the literature by evaluating the perceived preparedness of social workers regarding the needs and service delivery for individuals experiencing non-affective psychosis and acquire solutions for better service utilization.

CHAPTER THREE

METHODS

Introduction

The present study explored the preparedness of social workers when addressing the needs of individuals with mental health needs, specifically those experiencing non-affective psychosis. This chapter contains the method in which the study was carried out. The sections discussed will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to measure the preparedness of social workers when providing services to patients with psychotic disorders, to provide more effective services. This was an exploratory research project due to the limited research surrounding the mental health needs of patients experiencing psychotic disorders from the perspective of social work practice. The project was qualitative in nature, with the researcher using individual semi-structured interviews to gauge the preparedness of social workers.

The study used an exploratory, qualitative narrative interview and digital recording design that allowed participants to ground their contributions in genuine lived experiences. Narrative interviews allowed the participant to answer the questions without being limited to multiple choice answers or predetermined

options. This method permitted the researcher the opportunity to ask more in-depth questions or request further clarification on answers provided. Due to the limited research concerning social workers perceived preparedness when serving patients with psychotic disorders, a qualitative study can serve as foundation for more extensive research on the subject as it can serve as groundwork for future studies. Limitations of this study may include having a smaller sample size specific to one geographical area. Additionally, the qualitative study was based on individual semi-structured interviews which may lead to limited disclosure compared to quantitative survey.

The present study sought to answer the following set of research questions:

What is the perceived preparedness of social workers when providing services to individuals with psychotic disorders?

How can social worker mental health education and training be improved to address the needs of patients diagnosed with psychotic disorders?

Sampling

For this study, the researcher used a non-probability purposive sampling to study social work professionals. The subjects were both licensed clinical social workers and unlicensed masters' social workers that are currently practicing. The sample of social work professionals included subjects that work in different concentrations within the scope of social work including administration, behavioral health, child and family welfare, community care, medical, mental health, public welfare, and specialized services. The study consisted of a

sampling group that was gathered through the researcher's professional network and do not represent any individual organization. Researcher contacted each participant through phone and e-mail and their respective agencies were not contacted nor mentioned in the research. Also, researcher utilized a recruitment flyer that was distributed through e-mail to potential participants. There was one sampling group who completed individual confidential interviews.

Data Collection and Instruments

Participants completed individual confidential interviews with the researcher, the interviews were audio transcribed. The researcher conducted interview over media platform using interview guide. The interview began with an introduction, including a description of the study and followed by informed consent. Participants were asked demographic questions that included age bracket, gender identity, race/ethnicity, licensure status, years of experience, population served, and social work specialization. The demographic questions were close ended to gather non-identifiable information on each participant.

The participants were asked eleven open-ended questions, and the participant was instructed to base their responses on professional and educational experiences. Participants were asked to describe their understanding of psychosis and to discuss any involvement they may have had with the population, including any specific experiences they wished to share. Participants were also asked how prepared they are to provide services to the identified population, discussing any specific training or education they received to aid in

their preparedness. Participants were also asked to share their thoughts on the social work profession and service engagement geared towards the identified population and to reflect on their social work education to discuss any proposed improvements to better prepare future graduating cohorts. The interview questions allowed the participant to share insights concerning the preparedness of social workers to address the needs of individuals with mental health needs, specifically those experiencing psychosis. The information collected during the interviews served as qualitative data which was used to assess the preparedness of social workers in connection with psychotic disorders. The complete interview guide can be found on Appendix C of this study.

Procedures

The researcher created a handout describing the purpose of the study, a short description of the research, informed consent, and terms of confidentiality. The handout was sent via email to inform individuals of the study and upon agreement of the study, the researcher provided each participant with the needed documents. The documents included informed consent which described the purpose, significance to social work practice, instructions for the interview, demographic questionnaire, and a list of interview questions that were used during the audio recorded interview. The time and media platform were discussed with participant to provide sufficient time for interview completion and were scheduled based upon the participants availability.

The interview was recorded using an approved recorder and the interview was transcribed onto a Microsoft Word document. The researcher ensured the participants reviewed the documents provided, signed the informed consent, and answered any technical questions they may have had. The researcher explained that all recordings are solely for the purpose of the study and all materials would be destroyed one year after completion of research study. Upon completion of all forms and advisements, the interviews conducted took an average time of 30 to 60 minutes depending on participant's responses to questions.

Protection of Human Subjects

The study was approved by the Institutional Review Board at California State University, San Bernardino, IRB-FY2023-218. All participants of the study and their identities were kept confidential. The study involved adult human subjects, the study was completely voluntary, and there was little to no risk to participants. All interviews were conducted over Zoom video platform. Each participant was assigned a number and personal information such as name or organization was not recorded. Every participant was required to review and acknowledge receipt of an informed consent form (Appendix B). The informed consent form asked the participant to sign with an "X" prior to completing the interview, by signing, the participant allowed the researcher to audio record and transcribe the interview.

The interview was recorded with the use of a recorder and the interview was transcribed through media platform. The interviews and transcription will be

stored in a password protected USB drive and will be destroyed one year after completion of study. All informed consent forms will be properly stored in a locked desk and shredded one year after completion of study and all information will be deleted from USB drive. None of the participants will benefit from the study and there is no incentive being awarded for participation.

Data Analysis

The interviews were conducted using media platform with the capability of transcribing, a digital voice recorder was also used to be able to verify accuracy of transcription. Once audio recordings were transcribed into written form, they were analyzed to identify qualitative themes by using thematic analysis. Each participant was assigned a number to be able to compare data to demographics and to differentiate interviews when referencing in research. By using thematic analysis, the researcher was able to place recurring themes in categories and sub-categories.

Summary

This chapter focused on the implementation process, discussing the selection of study participants and reviewing the methods of data gathering. The present study employed a qualitative approach using virtual semi-structured interviews, in which open-ended questions were asked to explore the participants' experiences and perceived preparedness of social workers in the field.

CHAPTER FOUR

RESULTS

Introduction

The present study and data analyzed aimed to assess the preparedness of social workers when addressing the needs of individuals with mental health needs, specifically those experiencing psychosis. This chapter interpreted the results of the data which was gathered by conducting twelve semi-structured internet-video Zoom qualitative interviews. Each individual interview included eleven open-ended questions and six demographic questions. All participants answered each question in its entirety and no answers were omitted or bypassed. The participants were recruited during a six-month period from June 2023 to December 2023, the data was collected and finalized December of 2023. The shortest interview was 16 minutes, the longest interview was 48 minutes, and the average was 27 minutes.

The researcher examined the results by utilizing thematic content analysis to review the data. The interviews were transcribed, and the researcher examined the data to identify common themes by grouping topics, ideas, and patterns that came up during the interview. The researcher created an excel document and provided each participant a column using numbers from 1-12. The transcribed responses for each question for placed in each column corresponding to each participant. The researcher used thematic content analysis to group the themes.

This chapter also reviews the self-reported demographic information of the participants and discusses the themes that emerged by analyzing the data gathered. The data discussed is comprised of four themes: difficulty transitioning from theoretical knowledge to practice, lack of exposure to experiences and mentorship, perceived levels of preparedness, and recommendations for social work practice. Themes are based on the recurring information gathered during the interviews. Further, the chapter provides a description and explanation of the results, along with a summary of the findings.

Demographic Information of Study Participants

The participants demographic characteristics of the social work participants can be found below in Table 1. The table notes the self-reported demographic information which includes the participants age, race/ethnicity, gender, specialization, licensure status, and years of experience within the field of social work. All of the participants answered the demographic questions, and no information was omitted or left unanswered.

The sample for this study consisted of 12 participants, with an age range of 26 to above 54 years of age, the majority being between the ages of 47-53, youngest participant falling in the 26-32 age category. Most of the participants were female, with three-fourths identifying as female and one-fourth identifying as male. In terms of race/ethnicity, one-quarter reported identifying as White/Caucasian, one-quarter as Hispanic/Latino, one-quarter Black or African

American, while 16.7% selected Asian or Asian American and 8.3% selected two or more race/ethnicities.

The study consisted of most participants being independently licensed, with 66.6% reporting having an independent social work license, 16.7% being in the process of completing hours towards licensure with a registered associate number and 16.7% completing practicum hours or recently completing graduate school and initiating registration towards licensure. The sample was balanced in terms of years of experience with one-quarter reporting 0-2 years of experience, one-quarter reporting 2-6 years of experience, one-quarter reporting 6-12 years of experience and one-quarter reporting more than 12 years of experience. In terms of specialization, the sample consisted of a wide-array of selections, with 33.3% of participants selecting mental health as their primary specialization and 25% selecting medical social work. The sample also included individuals who work within macro social work, forensic social work, child and adult welfare and administrative roles.

Table 1. Participant Demographic Characteristics (N=12)

Variable	N	%	Variable	N	%
<i>Age</i>			<i>Specialization</i>		
19-25	0	0	Administrative	2	16.7
26-32	2	16.7	Macro SW	1	8.3
33-39	3	25	Mental Health	4	33.3
40-46	1	8.3	Forensic SW	1	8.3
47-53	4	33.3	Medical SW	3	25

54 and above	2	16.7	Child Adult Welfare	1	8.3
Race/Ethnicity			Licensure Status		
White/Caucasian	3	25	Not Licensed/Post-Graduate	2	16.7
Hispanic/Latino	3	25	Pre-License/Intern	2	16.7
Black or African American	3	25	Licensed Independently	8	66.6
Asian or Asian America	2	16.7	Years of Experience		
2 or more	1	8.3	0 to 2 years of practice	3	25
Gender			Under 6 years of practice	3	25
Male	3	25	6 to 12 years of experience	3	25
Female	9	75	12 years of experience or more	3	25

Presentation of the Findings

Four major themes emerged from the thematic analysis after conducting the individual interviews and reviewing the data. First was a difficulty transitioning from theoretical knowledge about severe mental illness to hands-on practice serving individuals diagnosed with psychotic disorders. Second theme was a lack of exposure of clinical application to apply outside the classroom and mentorship in clinical social work. Third was a perceived lack of social work preparedness to identify and address the psychiatric concerns of individuals experiencing non-affective psychosis within the scope of social work. Lastly, there were recommendations from the participants to incorporate training and consultation to provide client centered treatment to individuals presenting with psychotic symptoms. The themes that emerged during the thematic analysis are presented in Table 2 below and will be discussed in turn.

Table 2. Major Themes Related to Social Workers' Perceived Preparedness

1) Difficulty Transitioning from Theoretical Knowledge to Practice
2) Lack of Exposure to Experiences and Mentorship
3) Social Workers Lack of Preparedness
4) Recommendations for Social Work Practice

Difficulty Transitioning from Theoretical Knowledge to Practice

Participants shared personal reflections on experiences with individuals experiencing psychosis, from initial encounters with little understanding to further education and training to gain needed skills. There appears to be an ongoing journey of learning and understanding the complexities of psychosis and its treatment. There also appears to be a large learning curve from initial textbook learning to real-world application.

When I completed the program, we didn't have a DSM class in which we could spend time diagnosing. We had an in-service for I believe a day that spoke of the DSM, which that book is very long for one day. We didn't spend a quarter really learning what it is to diagnose and learning what it is to treat mental illness. So, when I was going through my last year of the program it was hard to differentiate between MDD compared to Bipolar, let alone Schizoaffective and Schizophrenia. So, I think spending more time differentiating and having hands-on practice (Participant 3).

When I began my career, I was assigned to conduct an assessment, I was pretty much blindsided in a sense because I was not prepared to address her needs. If I would have been a little bit more prepared or had some sense of what may have been an issue, I could have addressed her needs and consulted and collaborated to address her diagnosis and prepare myself to provide her the services she needed (Participant 1).

There was a consensus among the participants that new social workers need adequate preparation and training to work effectively with individuals experiencing psychosis. Transitioning theoretical knowledge and classroom-based role-plays to real-world settings without proper training and developed skill set can lead to feelings of nervousness, uncertainty, and inadequacy for the clinician and potential pose as a risk to the client.

In graduate school we would talk about it in our diagnostic class but when it came to kind of real-life application and interventions, we didn't talk about how to apply. So now watching new graduates enter the field they are familiar with anxiety, depression, and trauma but do not have skills related to working with people with psychosis (Participant 9).

I think new social workers who are getting ready to graduate have a very different experience, much of the learning has been virtual, there is always

a level of shock when they are placed in front of a patient who may not be as willing to role play as they have imagined (Participant 3).

Lack of Exposure to Experiences and Mentorship

Many of the respondents highlighted the significant role that internships and field experiences play in their education and understanding of psychosis. Many suggested that real-world experiences offer a more profound and practical understanding rather than instruction alone.

I learned about psychosis through a colleague on the job, I did not even know what it was because we didn't go over that in class. I wasn't taught it; I think there needs to be more mental health course that focus on what patients may experience. We learn about the DSM but never say this is what it may look like, and this is how we address it, or this is a treatment modality that will best assist this patient. They did not give us real hands-on training (Participant 5).

I think if we were provided more exposure when we were students who are learning, and we are provided with mentors or speakers who could speak of their experiences then it would drive more people to be curious instead of fearful about it (Participant 3).

Being a supervisor there's quite a responsibility that you hold yourself to when you are in a place to guide new clinicians. So not only do I have to prepare myself in working with my patients, but I feel compelled to learn more about psychotic disorders because I am in a position to teach (Participant 7).

Participants highlighted the importance of providing students with exposure to real-world experiences and mentorship opportunities in the field of social work with those who specialize in severe mental illness. Respondents shared that hearing from professionals and gaining firsthand insights working with individuals experiencing psychosis can spark curiosity and dispel fears.

For me, it is just exposure, I don't think I've taking any formal trainings on understanding or managing psychosis in a professional setting that has helped. It has been through hands on experience and encountering it in the field (Participant 9).

Neither of my clinical supervisors knew psychosis at all, I pick the brain of psychiatrists with whom I have worked with. I have gotten a lot of information from psychiatrists who work with the population (Participant 8).

The biggest thing was what we do in our profession is consultation, continuous consultation and those two years of supervision helped

tremendously. Being able to have your clinical supervisor as your mentor and being able to pick their brain. I had to switch clinical supervisors a few times because of the complexity of my cases (Participant 2).

I think social work is so broad, I don't think there is ample training to do any kind of specialized work. I think it is really on the job kind of training (Participant 7).

Social Workers Lack of Preparedness

All twelve participants shared there is an opportunity to build preparedness as the respondents emphasized the importance of clinical preparedness in dealing with psychosis. This includes conducting assessments, diagnosing, treatment planning, and coordinating care for individuals experiencing psychosis. There was a recurring theme of feeling unprepared when encountering individuals experiencing psychosis.

I think the social work academic field can really benefit from a more robust clinical track. I know we have micro and macro tracks, but we are in need of a more detailed clinical intervention and clinical diagnosis track (Participant 9).

I feel like I was just told to walk down this hallway and exit the door and then ended up here at this block with this population (Participant 4).

I don't think I am prepared; I haven't had experience to work with them directly. I haven't had any direct practice. I do feel like of intimidated, even to say something because I don't want to trigger them (Participant 11).

I was not given the tools I needed, I was assigned a unit, and the expectation was that I had a graduate degree and knew what I needed to do. There isn't a manual that is handed out to address every area of social work (Participant 12).

Participants shared how experience leads to competence regarding the identified population, explaining how newer social workers may not be prepared upon graduation. Participants who specialize in mental health expressed a growth in confidence concerning their clinical abilities to diagnose, treat, and coordinate care for individuals experiencing psychosis as they furthered their practice.

New social workers coming into the field come in a little nervous. I think they are scared sometimes, which is understandable if you've never witnessed or never experienced a patient in psychosis. I think they are not comfortable in their knowledge and theory skill set (Participant 5).

Psychosis comes in several shapes and sizes, the difficulty for a new grad who has never even interned with psychotic patients and doesn't have a family member with psychosis will have to learn through experience with an open mind. It is important to read the research, stay up with the latest treatments, break down the barriers (Participant 8).

When I graduated from my MSW program I was not prepared to interact with patients with a psychotic disorder. The first time I saw someone actively hallucinating I had to take a step back and let my coworker provide services. I made it a goal of mine to try and specialize in that area. So, I feel like now I am really good at engaging with clients with psychosis (Participant 2).

Recommendations to Improve Services to Individuals with Psychotic Disorders

Another major theme was the recommendations provided by participants in terms of service delivery for the identified population. Most of the participants expressed the importance of training and consultation as well as ensuring a client centered approach to treatment for individuals who present seeking mental health treatment for psychotic disorders.

I think when you are properly trained you know what to do when helping individuals with psychosis. When you get properly trained and have the

tools to provide to them. You can provide individuals a better assessment, results, and solutions (Participant 1).

I think the most effective tool is rapport building, to meet the person where they are at, to be able to engage in a conversation and to gauge how much they are willing to have that conversation. Knowing when to stop is important (Participant 3).

All of my trainings have been self-accumulated and self-paid, the most recent that I am currently looking into is ACT (Acceptance and Commitment Therapy) for psychosis. When you look at cultural differences of how psychosis is handled, I like the Native American method. How the person with psychosis is revered, not medicated, not expelled from their community, but accepted as a messenger from the Great Spirit. It is an interesting concept to incorporate into ACT, that it is ok to have symptoms, or leftover symptoms after medication, but how one can accept and live without much interference in life (Participant 8).

Summary

This chapter provided the participant demographics and major study themes that emerged concerning preparedness of social workers when addressing the needs of individuals with mental health needs, specifically those experiencing psychosis. The researcher conducted twelve interviews to assess

social workers' preparedness for practice with patients experiencing psychotic disorders. The researcher utilized the data collected from the qualitative interviews and applied thematic analysis to identify the themes. Additionally, excerpts from the individual semi-structured interviews are noted in this chapter under corresponding themes. The findings consisted of four themes: difficulty transitioning from theoretical knowledge to practice, lack of exposure to experiences and mentorship, perceived levels of preparedness, and recommendations for social work practice.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter focuses on the discussion of the results from the twelve individual virtual qualitative interviews with social worker professionals on further the preparedness of professionals concerning the needs of individuals with mental health needs, specifically those experiencing psychosis. This chapter also reviews the study findings in terms of social work recommendations, limitations, and proposed future research in the field of social work.

Discussion

The present study set out to explore the preparedness of social workers to address the needs of patients with mental health diagnoses, specifically those experiencing non-affective psychosis. The other aim was to evaluate how mental health education and training can be improved to address the needs of the identified population. Based on the analyzed data, four themes emerged: difficulty transitioning from theoretical knowledge to practice, lack of exposure to experiences and mentorship, social workers lack-of preparedness, and recommendations for social work practice.

The findings of the first theme discussed difficulty transitioning from theoretical knowledge to practice, aligning with the existing data which indicated that individuals with serious mental illness need consistent treatment

engagement and providers need specialized knowledge to provide appropriate services. Romain et al. (2022) discussed how patients with affective psychosis may present with similar symptoms to those with non-affective psychosis, with very limited specificities upon initial evaluation. Due to the limited dichotomy between affective and non-affective psychosis, it is vital to have social workers be able to apply theoretical knowledge to real-world application to identify presenting symptoms. Insight and positive symptoms appear to be the key indicators when attempting to differentiate between affective and non-affective psychosis, thus having the ability to assess for anosognosia, hallucinations, and delusions would aid in providing needed treatment and reducing duration of untreated psychosis along with potential non-compliance in treatment (Romain et al., 2022).

The findings of the second theme found a lack of exposure to experiences and mentorship in terms of serving individuals diagnosed with serious mental illness. The participants reported personal feelings of inadequacy or observed levels of inexperience within their organization due to a lack of direct practice and hands-on training. Many of the participants reported that diagnostic studies were briefly reviewed during graduate studies and reported specialized mental health services are difficult to transition from textbook to clinical practice. The participants highlighted the importance of gaining firsthand insight and the importance of clinical consultation study also recognized the importance of on-

going training and skill development, including specialized training to provide appropriate treatment and care coordination.

The findings of the third theme hold major implications for the field of social work practice as respondents emphasized the importance of clinical preparedness in terms of conducting assessments, diagnosing, treatment planning, and coordinating care. Social workers are employed in a wide array of settings which serve individuals in the community such as schools, health and behavioral health agencies, child and adult welfare agencies, homeless outreach, justice reform. The research highlights the intersectionality of homelessness, substance use, mental health challenges, further solidifying the importance of clinical preparedness. According to Andorko et al, (2022) research has shown that clinical and functional outcomes for individuals with psychotic disorders can greatly improve through early intervention and identification. Having social workers trained to properly assess initial symptom onset and provide specialized referrals can prevent future adverse events and subsequent relapse of symptoms. The study also discusses the importance of consistent requirements for clinical preparedness, however, there are variations across the United States in clinical requirements, leading to inconsistency in training and competency (Marks & Knox, 2015). Participants stressed the importance of understanding concepts and theories prior to having the ability to conceptualize and apply to practice, leading to a lack of preparedness. The fourth theme in this study related

directly to recommendations for social work practice, which is discussed after limitations of the study.

Limitations

The current research was conducted with certain limitations, first being that the design was qualitative. Due to the study being qualitative, there is a reduced generalizability compared to studies which are quantitative. The study was based on individual interviews from willing participants and based on self-report. It is important to note that the results are based on the participants understanding of the questions and may contain personal bias or personal beliefs concerning the identified population based on their own experiences. Another limitation would be the sample size as the current study is comprised of twelve participants, gathered through the researcher's professional network. The sample size is concentrated in Southern California and may not be indicative of a wider geographical area. Due to the limited geographical location, the study does not properly reflect a wider nation-wide sample, nor does the study claim to encompass a social work network outside the Inland Empire. Lastly, although the sample size does balance the racial and ethnic groups selected, it is not indicative of a wider nation-wide sample.

Recommendations for Social Work

Social workers play a crucial role in the treatment and service delivery of individuals diagnosed with serious mental illness. According to Andorko et al,

(2022) social workers form the vast majority of the human services and mental health workforce in the United States. With the extensiveness of the profession and the ability to engage with a multitude of individuals, social workers are one of the most appropriate choices to serve individuals diagnosed with a serious mental illness. Social workers can focus on addressing the various aspects of the individual's well-being beyond medication management. This can include supporting the individual's recovery goals, promoting social integration, vocational development, and addressing basic needs. However, the current study suggests a lack of social work preparedness to provide competent, comprehensive, and consistent services to individuals experiencing non-affective psychosis. The research throughout this study also suggests that improving the preparedness of social workers can aid in promoting early intervention and identification, thus improving the outcomes of those diagnosed with a psychotic disorder.

The study underscores the importance of continuous learning, practical experience, mentorship, and informal and formal learning opportunities in gaining experience in working with individuals experiencing non-affective psychosis. Further, the study points to the importance of reflection and continuous learning in the workplace. This would include seeking supervision, consulting with colleagues, and exploring new methods or approaches to improve patient centered care.

Future research and studies can build on the findings of this study to further examine the gaps in the preparedness of social workers when addressing the needs of individuals with mental health needs, specifically those experiencing non-affective psychosis. There is limited existing research focusing on mental health service delivery for individuals who have experienced non-affective psychosis, specifically within the field of social work. It would be beneficial to expand future studies to include mental health recipients, specifically in a mixed-methods study to gain additional perspective. Additionally, expanding the existing social work clinician pool to include nation-wide providers would assist in providing a more diverse sample.

Conclusions

The purpose of this study was to explore the perceived preparedness of social workers when providing services to individuals with mental health needs, specifically those experiencing non-affective psychosis. Further, to examine how social worker mental health education and training can be improved to address the identified population's needs. This study utilized a qualitative exploratory approach by completing semi-structured interviews with twelve participants. The study revealed that social workers present with difficulties transitioning from theoretical knowledge to practice, lack exposure to real-life experiences and mentorship, and lack preparedness to engage in practice with individuals diagnosed with psychotic disorders who experience non-affective psychosis.

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



June 9, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2023-218

Laurie Smith Paula Crespin
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Laurie Smith Paula Crespin:

Your application to use human subjects, titled "SOCIAL WORKERS' PREPAREDNESS FOR PRACTICE WITH PATIENTS EXPERIENCING PSYCHOTIC DISORDERS" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2023-218 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

APPENDIX B
INFORMED CONSENT

SCHOOL OF SOCIAL WORK
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
<http://socialwork.csusb.edu>



INFORMED CONSENT

The study in which you are asked to participate is designed to explore the preparedness of social workers when addressing the needs of patients with mental health needs, specifically those with psychotic disorders. The study is being conducted by Paula Crespin, a graduate student, under the supervision of Dr. Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore the preparedness of social workers when addressing the needs of patients with mental health needs, specifically those with psychotic disorders.

DESCRIPTION: Participants will be asked questions about the perceived preparedness of social workers for practice with patients experiencing psychotic disorders.

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain anonymous, and data will be reported in group form only.

DURATION: It will take 30-60 minutes to complete the interview.

RISKS: Should you experience any discomfort throughout the interview process, you are welcome to skip questions or discontinue participation.

BENEFITS: Participants will not receive any direct benefits or compensation. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, contact Dr. Smith at Lasmith@CSUSB.edu

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2024.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____ Place an X mark here

_____ Date

This study has been approved by California State University, San Bernardino Institutional Review Board.
IRB#: IRB-FY2023-218

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles • Maritime Acad. • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C
INTERVIEW GUIDE AND DEMOGRAPHICS

Interview Guide

Opening Statement:

Thank you for participating in this study. This study seeks to explore the preparedness of social workers when addressing the needs of individuals with mental health needs, specifically those experiencing psychoses.

The following questions are aimed to assess the perceived preparedness of social workers from various stages of practice and diverse sectors of the profession.

1. Please describe your understanding of psychoses or what it means for a patient to experience psychosis.
2. Regarding your social work practice, can you discuss any involvement you have had with patients experiencing psychosis?
3. How prepared are you to provide services to patients presenting with psychosis, this can include consulting, diagnosing, managing care, or any service delivery in your scope.
4. Will you share an experience that you felt particularly prepared or less prepared when working with patients presenting with psychosis?
5. What strategies do you believe are the most effective and ineffective in serving patients with psychosis?
6. What professional factors have contributed to your preparedness in service delivery for patients experiencing psychosis?
7. What, if any, specialized training have you had from your agency to increase your preparedness of service delivery for patients with psychoses?
8. Please discuss your perception of new social work graduates' readiness to practice with patients experiencing psychosis.
9. Please share your thoughts about the profession of social work regarding service engagement for patients with psychoses.
10. Reflecting on your social work program, what training would be valuable for improving service delivery regarding patients experiencing psychoses?
11. What additional comments, or thoughts you would like to add regarding social worker preparedness for addressing the needs of those experiencing psychosis?

Demographic questions:

What gender do you identify as?

What age category best describes you? 19-25, 26-32, 33-39, 40-46, 47-53, 54+

Please specify your ethnicity.

Please specify your social work specialization?

How many years of experience in the social work field do you have?

What is your licensure status?

This study has been approved by the California State University, San Bernardino Institutional Review Board.

IRB#: IRB-FY2023-218

APPENDIX D
PARTICIPATION FLYER

SEEKING SOCIAL WORK PARTICIPANTS FOR RESEARCH STUDY ON THE PERCEIVED PREPAREDNESS OF SOCIAL WORKERS' FOR PRACTICE WITH PATIENTS EXPERIENCING PSYCHOSIS

PURPOSE

To participate in a research study exploring the preparedness of social workers to address the needs of patients with mental health needs, specifically those experiencing psychoses.

ELIGIBILITY CRITERIA

- 18+ years of age or older
- A practicing social worker (licensed or unlicensed) or an advanced year graduate social work student completing field practicum hours

INTERESTED IN CONTRIBUTING?

Contact Paula Crespin, MSW Student Researcher at 007207350@coyote.csusb.edu for additional information, Research Supervisor, Dr. Smith at Lasmith@csusb.edu

BENEFIT

By participating in the study, social workers will be upholding the ethical responsibilities to the social work profession outlined by the NASW. Also, findings from this study will contribute to our knowledge in this area of research.

PARTICIPATION IN THE STUDY INVOLVES

Completing a 30-60 minute recorded interview. Responses are confidential and data will be reported in group form only.

This study has been approved by California State University, San Bernardino Institutional Review Board. IRB#: IRB-FY2023-218



REFERENCES

- Addington, J., Heinssen, R. K., Robinson, D. G., Schooler, N. R., Marcy, P., Brunette, M. F., Correll, C. U., Estroff, S., Mueser, K. T., Penn, D., Robinson, J. A., Rosenheck, R. A., Azrin, S. T., Goldstein, A. B., Severe, J., & Kane, J. M. (2015). Duration of untreated psychosis in community treatment settings in the United States. *Psychiatric Services (Washington, D.C.)*, *66*(7), 753–756.
- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.).
- Anadarko, N., Fitzgerald, J., Roemer, C., Solender, E., Petti, E., Rakhshan Rouhakhtar, P., McNamara, K. E., Smith, M. E., Buchanan, R. W., Schiffman, J., & DeVylder, J. (2022). Social work training to reduce duration of untreated psychosis: Methodology and considerations of a web-based training for community providers. *Early Intervention in Psychiatry*, *16*(4), 393–401.
- Araten-Bergman, T., & Werner, S. (2017). Social workers' attributions towards individuals with dual diagnosis of intellectual disability and mental illness: Social workers' attributions towards DD. *Journal of Intellectual Disability Research*, *61*(2), 155–167.
- Azrin, S.T. (January 31,2019) *Reducing the duration of untreated psychosis in the United States*. National Institute of Mental Health.
<https://www.nimh.nih.gov/funding/grant-writing-and-application->

process/concept-clearances/2019/reducing-the-duration-of-untreated-psychosis-in-the-united-states

- Babitsch, B., Gohl, D., & von Lengerke, T. (2012). Re-revisiting Andersen's Behavioral Model of Health Services Use: a systematic review of studies from 1998-2011. *Psycho-social Medicine*, 9, Doc11.
- Berrett-Abebe, J., Padykula, N., Clark, M., Zenevitch, R., Bjorklund, D., Gentile, M., Ward, K., & Haven, T. J. (2021). Social work student reflections on training in integrated care: opportunities for social work educators. *Social Work Education*, 1–17.
- Bucci, S., Barrowclough, C., Ainsworth, J., Machin, M., Morris, R., Berry, K., Emsley, R., Lewis, S., Edge, D., Buchan, I., & Haddock, G. (2018). Actissist: Proof-of-Concept Trial of a Theory-Driven Digital Intervention for Psychosis. *Schizophrenia Bulletin*, 44(5), 1070–1080.
- California Department of Health Care Services. (January 27, 2020). Mental Health Services Act.
https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx
- Council on Social Work Education. (2024). Center for diversity and social and economic justice. Retrieved from <https://www.cswe.org/Centers-Initiatives/Centers/Center-for-Diversity/Curriculum-Resources/EPAS-Curricular-Guide-on-Diversity-and-Social-Ec>
- Csillag, C., Nordentoft, M., Mizuno, M., Jones, P. B., Killackey, E., Taylor, M., Chen, E., Kane, J., & McDaid, D. (2016). Early intervention services in

psychosis: from evidence to wide implementation. *Early Intervention in Psychiatry*, 10(6), 540–546.

Department of Health and Human Services. (2020). Mental Illness. National Institute of Mental Health. Retrieved October 5, 2022, from <https://www.Nimh.nih.gov/health/statistics/mental-illness>

Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlert, C. A., & Hooyman, N. R. (2014). Creating a Vision for the Future: Key Competencies and Strategies for Culturally Competent Practice with Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults in the Health and Human Services. *Journal of Gerontological Social Work*, 57(2-4), 80–107.

Fusar-Poli, P., Andreas Bechdolf, Matthew John Taylor, Ilaria Bonoldi, William T. Carpenter, Alison Ruth Yung, Philip McGuire, At Risk for Schizophrenic or Affective Psychoses? A Meta-Analysis of DSM/ICD Diagnostic Outcomes in Individuals at High Clinical Risk, *Schizophrenia Bulletin*, Volume 39, Issue 4, July 2013, Pages 923–932.

Fusar-Poli, P., Bonoldi, I., Yung, A. R., Borgwardt, S., Kempton, M. J., Valmaggia, L., & McGuire, P. (2012). Predicting psychosis: meta-analysis of transition outcomes in individuals at high clinical risk. *Archives of General Psychiatry*, 69(3), 220-229.

Fusar-Poli, P., Salazar de Pablo, G., Correll, C. U., Meyer-Lindenberg, A., Millan, M. J., Borgwardt, S., Galderisi, S., Bechdolf, A., Pfennig, A., Kessing, L. V., van Amelsvoort, T., Nieman, D. H., Domschke, K., Krebs, M.-O.,

- Koutsouleris, N., McGuire, P., Do, K. Q., & Arango, C. (2020). Prevention of Psychosis: Advances in detection, prognosis, and intervention. *Archives of General Psychiatry*, *77*(7), 755–765.
- Ge, E., Li, Y., Wu, S., Candido, E., & Wei, X. (2021). Association of pre-existing comorbidities with mortality and disease severity among 167,500 individuals with COVID-19 in Canada: A population-based cohort study. *PloS One*, *16*(10), e0258154–e0258154.
- Graham, A., Hasking, P., Brooker, J., Clarke, D., & Meadows, G. (2016). Mental health service use among those with depression: an exploration using Andersen’s Behavioral Model of Health Service Use. *Journal of Affective Disorders*, *208*, 170–176. <https://doi.org/10.1016/j.jad.2016.08.074>
- Grant, K.M., LeVan, T. D., Wells, S. M., Li, M., Stoltenberg, S. F., Gendelman, H. E., Carlo, G., & Bevins, R. A. (2011). Methamphetamine-Associated psychosis. *Journal of Neuroimmune Pharmacology*, *7*(1), 113–139.
- Klonsky, E.D., Kotov, R., Bakst, S., Rabinowitz, J., & Bromet, E. J. (2012). Hopelessness as a predictor of attempted suicide among first admission patients with psychosis: A 10-year cohort study. *Suicide & Life-Threatening Behavior*, *42*(1), 1–10.
- Kohn, R., Ali, A. A., Puac-Polanco, V., Figueroa, C., Lopez-Soto, V., Morgan, K., Saldivia, S., Vicente, B. (2018). Mental health in the Americas: An overview of the treatment gap. *Pan American Journal of Public Health*, *42*, e165.

- Larøi, F., Luhrmann, T. M., Bell, V., Christian, W. A., Deshpande, S., Fernyhough, C., Jenkins, J., & Woods, A. (2014). Culture and hallucinations: Overview and future directions. *Schizophrenia Bulletin*, 40(4), S213–S220.
- Lawrence, D., & Kisely, S. (2010). Inequalities in healthcare provision for people with severe mental illness. *Journal of Psychopharmacology (Oxford)*, 24(4 Suppl), 61–68.
- Lonsdale, N., & Webber, M. (2021). Practitioner opinions of crisis plans within early intervention in psychosis services: A mixed methods study. *Health & Social Care in the Community*, 29(6), 1936–1947.
- Marks, A.T., & Knox, K.S. (2015). Social work regulation and licensing. *Social workers' desk reference* (3rd ed.). New York, NY: Oxford University Press.
- Mojtabai, R., Olfson, M., Sampson, N., Jin, R., Druss, B., Wang, P., Kessler, R. (2011). Barriers to mental health treatment: Results from the National Comorbidity Survey Replication. *Psychological Medicine*, 41(8), 1751-1761.
- Mueser, K. T., & Gingerich, S. (2013). Treatment of Co-Occurring Psychotic and Substance Use Disorders. *Social Work in Public Health*, 28(3-4), 424–439.
- National Alliance on Mental Illness. (2022). Facts and statistics. <https://namica.org/what-is-mental-illness/facts-statistics/>
- National Association of Social Workers. (2021). Code of ethics of the National Association of Social Workers. Retrieved from

<https://socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english>

- Oluwoye, O., Stiles, B., Monroe-DeVita, M., Chwastiak, L., McClellan, J. M., Dyck, D., Cabassa, L. J., & McDonell, M. G. (2018). Racial-Ethnic Disparities in First-Episode Psychosis Treatment Outcomes From the RAISE-ETP Study. *Psychiatric Services (Washington, D.C.)*, 69(11), 1138–1145.
- Penttilä, M., Jääskeläinen, E., Hirvonen, N., Isohanni, M., & Miettunen, J. (2014). Duration of untreated psychosis as predictor of long-term outcome in schizophrenia: Systematic review and meta-analysis. *British Journal of Psychiatry*, 205(2), 88-94.
- Platz, C., Umbricht, D. S., Cattapan-Ludewig, K., Dvorsky, D., Arbach, D., Brenner, H.-D., & Simon, A. E. (2006). Help-seeking pathways in early psychosis. *Social Psychiatry and Psychiatric Epidemiology*, 41(12), 967–974.
- Ramain, J., Conus, P., & Golay, P. (2022). Exploring the clinical relevance of a dichotomy between affective and non-affective psychosis: Results from a first-episode psychosis cohort study. *Early Intervention in Psychiatry*, 16(2), 168-177.
- Sizer, H., Brown, E., Geros, H., Yung, A., Nelson, B., McGorry, P., & O'Donoghue, B. (2022). Outcomes for first-episode psychosis after entry via an at-risk mental state clinic compared to direct entry to a first episode

of psychosis service: A systematic review and meta-analysis.

Schizophrenia Research, 240, 214–219.

Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved

October 9, 2022, from

<https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFF>

[RPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFW102121.pdf)

Suetani, S., Rosenbaum, S., Scott, J. G., Curtis, J., & Ward, P. B. (2016).

Bridging the gap: What have we done and what more can we do to reduce the burden of avoidable death in people with psychotic illness? *Epidemiology and Psychiatric Sciences*, 25(3), 205–210.

Szymanski, S. R., Cannon, T. D., Gallacher, F., Erwin, R. J., & Gur, R. E. (1996).

Course of treatment response in first episode and chronic schizophrenia. *The American Journal of Psychiatry*, 153(4), 519–525.

Taylor, C.D.J., Haddock, G., Speer, S., & Bee, P. E. (2020). Characterizing core

beliefs in psychosis: A qualitative study. *Behavioural and Cognitive Psychotherapy*, 48(1), 67–81.

Yarborough, B.J.H., Perrin, N. A., Stumbo, S. P., Muench, J., & Green, C. A.

(2018). Preventive service use among people with and without serious mental illnesses. *American Journal of Preventive Medicine*, 54(1), 1–9.

Yip, A.L.K., Karatzias, T., & Chien, W.T. (2022). Mindfulness-based interventions

for non-affective psychosis: A comprehensive systematic review and meta-analysis. *Annals of Medicine*, 54(1), 2340-2353.