

Work-Life Integration for Families with Children and Adolescents Who Have Emotional or Behavioral Disorders

Introduction

Family members face significant uncertainties as they endeavor to combine the responsibilities of employment with the parenting and child care needs of their children with emotional or behavioral disorders. How can they fulfill the demands of their work-role and feel confident that their younger children are in a nurturing care environment and that their older children are succeeding academically and socially at school? Will they be able to respond to their children's mental health crises during work hours without their supervisors and co-workers labeling them as undependable and risking termination from the job? Can they effectively parent children with challenges and meet additional family responsibilities when workplace stress is high, work hours unmanageable, and child care unpredictable?

From family owned businesses to large corporations, work-life issues are a concern for employees and employers alike. The degree to which a person is able to successfully combine paid work with other aspects of personal life has been termed "work-life integration" (Lewis, Rapoport, & Gambles, 2002). Human resources (HR) professionals can play a critical role in facilitating greater work-life integration for these employees, their families, and their most-challenged children. Human resource professionals are the key link between employers' policies and practices and the work-life issues that employees experience. For example, it is estimated that up to 94 million (or 60%) of employed adults in the U.S. workplace are eligible for Family and Medical Leave, yet only 40% had even heard about it (Cantor et al, 2004). It is the HR person's knowledge and skillful implementation of workplace supports and benefits that help create a climate in an organization that is family-friendly, and accepting of employee diversity--including cultural, disability, and family differences (Society for Human Resources Management; SHRM, 2000).

Employment and related workplace policies and practices can both directly and indirectly affect parents' ability to meet their children's mental health needs. For example, financial remuneration and health care benefits facilitate the attainment of mental health services for the child. Flexible work arrangements provide the parent with the necessary access to school personnel and community-based providers during service hours. Family-friendly supervisors support parents' availability to their children during times of mental health crisis. With such workplace supports family members can attain greater work-life integration, enabling them to more fully meet parenting responsibilities, perform work tasks, and take up important roles in their communities (Rosenzweig, Brennan, Burris, & Shea, 2004; Voydanoff, 2001).

The primary aim of the proposed *Work-Life Integration Project* is to improve the extent to which families of children and adolescents with serious emotional disorders have awareness of and access to employment-based supports that promote their participation in the workplace while permitting them to take part in family and community life and roles. It is our belief that HR professionals can play a key role in reaching this aim by creating employment-based supports needed by families, and by making sure that families are aware of the supports that are available. Therefore we have designed a research and training project based on collaboration with the largest HR professional organization in North America, WorldatWork and its subsidiary, the Alliance for Work-Life Progress. Additionally, we have secured the commitment of family members, HR professionals, and work-life researchers to serve on an advisory committee that will shape our project's conceptualization and methods and assure that they are culturally relevant.

Background and Significance

The Work-Life Integration project will be built upon ten years of prior research. Our first set of studies in the *Support for Working Caregivers* project, has convincingly demonstrated the difficulty families have in engaging in paid employment while meeting the needs of children and youth with mental health needs, given the paucity of community-based supports (Brennan & Poertner, 1997; Rosenzweig, Brennan, and Ogilvie, 2002; Rosenzweig, Brennan, Wuest, & Ward, 2002). In the next wave of research, *Common Ground? Families and Employers*, family members reported in a survey that they felt misunderstood, embarrassed, and isolated in their workplaces as they struggled to meet employment demands and their children's needs. The evidence we have collected suggests these feelings are due to the double stigma which family members experience in the workplace. They run the risk of being characterized both as unreliable employees and as faulty parents when they have to leave work abruptly to care for children who cannot be managed in school or child care settings. In fact, we have found that parents of children with emotional or behavioral disorders are forced to adapt to competing demands mainly through employment adjustments. They seek flexible, or home-based work situations, reduce their work hours, or even leave the workforce altogether since they cannot access the supports they need to stay fully employed

In addition to employment-based strategies, family members also use strategies in other life domains to attain work-life integration. Most notably, through *the Models of Inclusion in Child Care* project, we demonstrated that families have a greater capacity to integrate work and family life when their children are well-cared for in inclusive child care settings (Brennan, Bradley, Ama, & Cawood, 2003). But effective, supportive child care is not yet widely available for children having serious emotional disorders (Bradley, Ama, Brennan, & Gettman, 2004), and families need other paths to work-life integration until inclusive child care becomes more universally available. Our proposed project will further open the pathway into the workplace.

Our most recent research has uncovered possible levers for change in the employing organization. Family members have reported that they can fit work and family life together more effectively when they build alliances in the workplace with supervisors and co-workers, sometimes disclosing their children's challenges and families' needs to garner support (Rosenzweig & Huffstutter, 2004). Additionally employed caregivers have developed strategies that include using workplace policies and benefits to improve their working situations and to increase the resources needed by their families (Rosenzweig, Brennan, Huffstutter, & Bradley, 2003). Through these studies we have identified the human resource professional as a critical ally for improving work-life integration of these families. It is the HR professionals who can recognize that the extra demands for understanding and flexibility that these family members seek from employers are likely to be rewarded by the extra loyalty, commitment, and productivity they contribute, erasing the barriers of stigma.

The proposed project will launch a research and training effort designed to learn about the ways in which family members and HR professionals face key work-life integration issues (workplace challenges, stigma, disclosure, flexibility) and then to have an impact on practices used by HR professionals to improve organizational supports for parents of children with serious emotional disorders. After capitalizing on an opportunity for secondary analysis of data from a national evaluation of systems of care, we will turn to focus groups with employed parents of children with serious emotional disorders, and then to focus groups of HR professionals. We expect that this research will result in a revised model of work-life integration. The revised model: will include newly-identified work, family, and community resources and demands; will emphasize the key roles of employed parents and human resources professionals; and will specify outcomes for children, families, and the employing

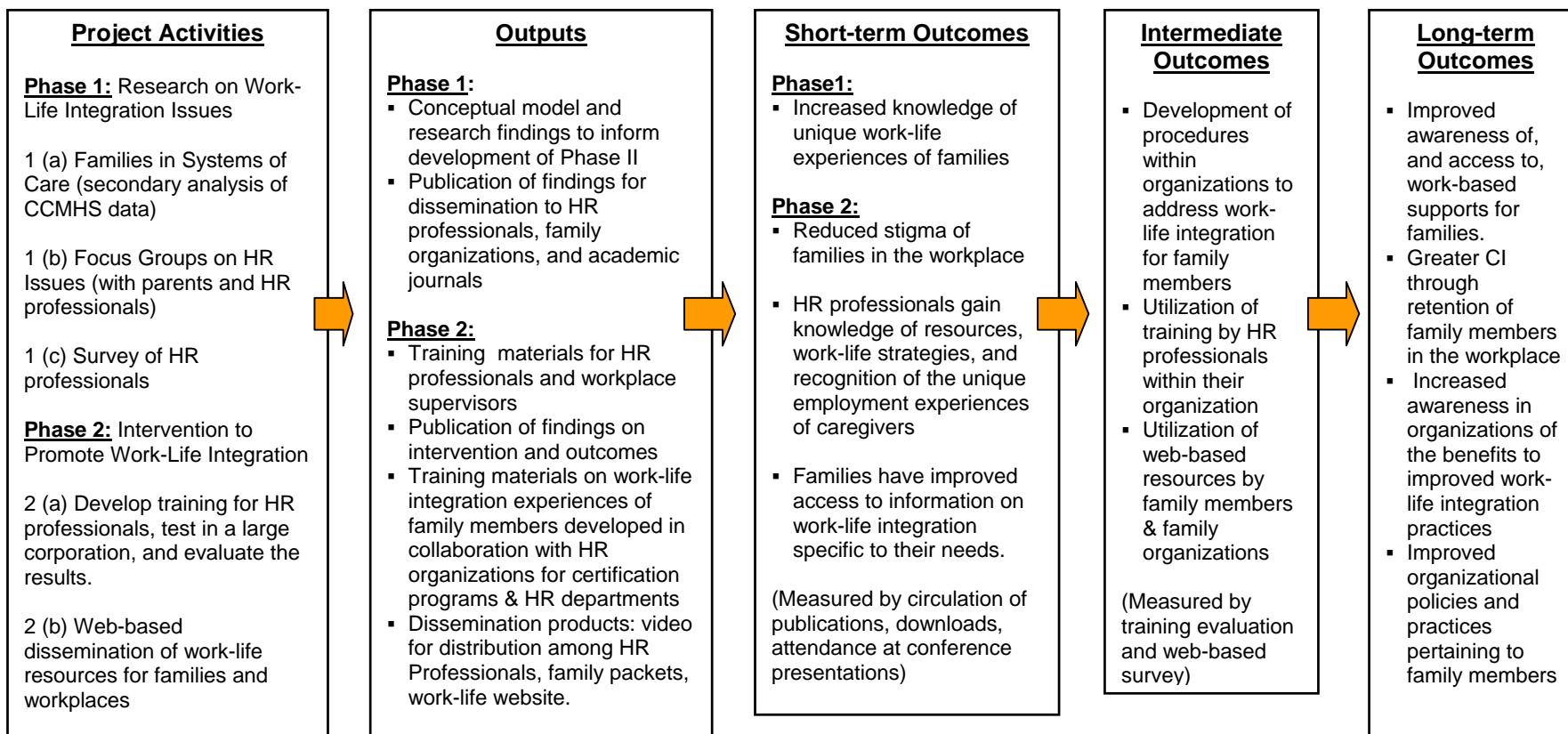
organization. Based on this model we will collaborate with WorldatWork to conduct a major survey of its members. WorldatWork has recently incorporated the membership of Alliance for Work Life Progress, a premier organization of certified Work-Life professionals who are specialists in assisting employees with work-life integration issues. Our project will also develop training and informational materials for human resource professionals and for family members regarding optimal human resource practices and employment strategies.

The objectives of the Work-Life Integration project are:

- to expand our current conceptual framework of work-life integration for family members who have children and adolescents with emotional disorders, by including variables (such as family structure and caregiver strain) based on new empirical evidence.
- to learn from family members the ways in which they have worked with HR professionals to assure their ability to participate in employment.
- to conduct research that answers specific questions about HR professional practice regarding work-life integration, the reduction of stigma in the workplace, and the provision of resources and benefits needed by culturally-diverse families to optimally engage in employment.
- to prepare and pilot-test professional development and technical assistance materials for use with human resources and work-life professionals based on the research findings of this project and prior studies of our research team.
- to provide employers with capacity-building strategies that they can use to promote work-life integration for employees, to design effective policies and benefits packages, and to attract and retain a more diverse work force.
- to compile resources and provide technical assistance materials for family members and family organizations based on our findings.
- to disseminate these materials to family members, family organizations, human resources professionals, work-life specialists, and employers.

Work-Life Integration Logic Model

Inputs: This project addresses the absolute priority for community integration (CI) among families with children who have emotional or behavioral disorders as well as the program themes of participation and stigma. The project is informed by prior research projects addressing the unique work-life integration experiences of families including *Support for Working Caregivers*, *Common Ground? Families and Employers*, and *Models of Inclusion in Child Care* and draws upon data from the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program (CCMHS). Work-life integration refers to the extent to which a person successfully combines paid work with other aspects of personal life (See Lewis, Rapoport, & Gambles, 2002).



Ongoing accessibility and utility monitoring: Feedback from advisors; participants in intervention, training and technical assistance; users of products and outputs.

Literature Review

The intersection between the growing incidence of mental health disorders in children (U.S. Public Health Service, 2000) and the increasing number of family members entering the workforce who are caring for minor children (Smolensky & Gootman, 2003) present new challenges and opportunities for the workplace. Indeed in a recent study drawing a random sample of U.S. households, 20% included children with special health care needs, including emotional or behavioral disorders requiring treatment (Child and Adolescent Health Initiative, 2004). Of families having children with special health care needs, 13.5% spent 11 or more hours per week coordinating health care for their children. Nearly 1 in 3 of these family members reported that they cut back work or stopped working due to the children's needs, a finding echoed in Powers' (2003) comprehensive analysis of national Survey of Income and Program Participation panels.

The gap between the demands on parents at home and at the 24/7 workplace and the resources that our society has provided is widening (Heymann, 2000). This gap is particularly pronounced for the large number of families of children having special medical needs or disabilities who struggle to find supports in the community (Freedman, Litchfield, & Warfield, 1995; Friesen & Koroloff, 1990; Heymann, 2000; Kagan, Lewis, & Heaton, 2001; Kendall, 1998; Roberts & Magrab, 1991; Rosenzweig et al., 2002). Culturally appropriate supports can build up the resilience of families, prevent escalation of parent stressors, and help families to remain full participants in the enriching experiences of community life (Friesen & Brennan, in press).

When Rosenzweig and Huffstutter (2004) surveyed 349 parents of children with emotional or behavioral challenges regarding their workplace experiences, the respondents revealed an even more dramatic pattern of workforce participation. A surprising 48% had quit work at some time to care for their child with the emotional or behavioral disorder, 27% had employment terminated because of work disruptions due to care responsibilities, and 17% were currently unemployed. In their struggles to fulfill both work and family responsibilities, employed family members of children with mental health disorders have identified concerns with unsatisfactory and unstable child care arrangements, high levels of financial stress, lack of transportation alternatives, school systems unable to cope with their children's behavior, and few supports for household tasks (Rosenzweig et al, 2002).

Work-life integration is a critical key to community participation for families of children and adolescents with emotional or behavioral disorders. Our research demonstrates that families experience significant barriers to achieving integration between the care needs of their child and employment responsibilities (Rosenzweig & Huffstutter, 2004). However, when family members engage in paid work, they have the satisfaction of contributing to their communities, they have financial resources and benefits to provide for the needs of their family—particularly mental health care for their children—and they can experience a higher quality of life (Crowley & Kazdin, 1998).

Employed parents of children and adolescents with mental health disorders have used creative approaches to cobble together arrangements that work for their families and employers—seeking greater integration in their work and family lives. In a recent study, 60 parents of children with emotional or behavioral disorders revealed some of their key strategies for fitting work and other parts of their life together (Rosenzweig et al., 2002; 2003). These parents made employment accommodations, created multiple care arrangements for their children while they were at work, and spent time at their children's school attempting to prevent crises, and dealing with disruptions when they happened. (Rosenzweig et al., 2002). They revealed multiple pathways to the creation of flexible arrangements (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993) within work, child care, school, family, and community domains.

The focus of the research and training agenda for this proposal is employment-based pathways to community integration. For instance, workplace support—especially supervisor support—and flexible work options (especially flex-leaves, or time-off during the work day to address personal and family issues (Bond, Galinsky, & Hill, 2004) make it easier for parents to take care of unpredictable events that occur at school or child care and the more frequent doctor’s and school appointments needed for this population of children and adolescents (Rosenzweig & Huffstutter, 2004). In order for family members to attain flexibility, they often disclose the nature of their child’s disorders. It is at that point that co-workers and supervisors may stigmatize these family members, and deny them the flexibility they need to maintain their employment. Our survey data indicate that employed family members feel that some co-workers considered them less worthy or less reliable since they were raising a “difficult child,” and that their supervisors misunderstood the long-term and unpredictable nature of the care needs of their child with a mental health disorder (Rosenzweig & Huffstutter, 2004).

Research suggests that HR professionals are critical gatekeepers within organizations for improving workplace practices and conditions—such as family friendly benefits—through working with supervisors, parents and other employees (Unger, Kregel, Wehman, & Brooke, 2003). They function in an advisory capacity by working through employee-related problems, in a service capacity by providing services to the organization and its workers, and in a control capacity by measuring performance and setting, communicating, and implementing policies (Society for Human Resource Management, 2000). HR personnel can be particularly helpful by means of working to increase the inclusion and retention of employees affected by disabilities in their families, and by reinforcing the efforts of managers who embrace diversity and combat stigma. Surveys of HR professionals have revealed that diversity training programs have often contained a component relating to disability (McFarlin, Song, & Sonntag, 1991), and the respondents believed their organizations were striving to create a disability-friendly environment (Kregel & Tomiyasu, 1994; Levy, Jessop, Rimmerman, & Levy, 1992). Given the high degree of stigma attached to mental health disorders in contemporary society (President’s New Freedom Commission, 2004), it is not surprising that family members who have revealed their children’s emotional or behavioral challenges report a chilly climate. HR professionals have the opportunity to create an organizational culture that values the contributions and unique diversity that family members can bring.

Our research team is proposing to launch a study of the practices used by HR professionals to improve the family-friendliness of their organizations for employees that have children with emotional or behavioral disorders. This project directly addresses key concerns within Priority 3. It will: (a) Investigate the extent to which families have awareness of and access to supports and services that promote their participation in work and family roles (Community Integration, Participation); (b) Identify strategies used by HR professionals for reducing stigma in the workplace, and for including and retaining employees who are family members. (Stigma Reduction), and (c) Design and test a training intervention to translate evidence-based research into community practice (Evidence-based Research into Practice).

Research Questions

Through a series of empirical studies, we will address the following research questions:

1. What are the employment strategies used by family members of children who have emotional disorders that increase work-life integration and reduce workplace barriers?

2. How do family members work with human resources professionals in their employing organizations to combat barriers such as stigma and to secure the resources and benefits they need to increase work-life integration?
3. To what extent do HR professionals understand the work-life issues of employees caring for children with emotional or behavioral disorders?
4. How does the professional practice of human resource specialists address the work-life challenges of family members?
5. From the standpoint of both family members and HR professionals, what are the workplace resources and benefits needed by families to promote their participation in work and family roles, and to achieve greater work-life integration?
6. Does a training intervention enhance the capacity of HR professionals to decrease stigma in the workplace and to improve the quality of work-life integration for employees caring for children with mental health disabilities?
7. Do family members access web-based materials on employment-focused work-life strategies, and report that these materials are useful in their employment situation?

Methods

The research and training effort will be divided into two phases: Phase 1, Research on Work-Life Integration Issues and Phase 2, Intervention to Promote Work-Life Integration.

The first phase of the project has three components: *1 (a) Families in Systems of Care*, a secondary data analysis of the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program (CCMHS); *1 (b) Focus Groups on Human Resource Issues*, qualitative research with HR professionals and with employed family members; and *1(c) Survey of HR Professionals*, a web-based survey of members of WorldatWork. The first two projects will be used to extend the work-life integration conceptual model already developed through our prior work, and will use segments of this model to gather information regarding HR practices and strategies.

The second phase involves two components: *2 (a) Training Intervention for HR Professionals*; developing training materials based on our research results; and testing them in a corporate setting, and *2 (b) Work-Life Resources for Families and Workplaces*, the development of web-based resources and testing them for usefulness.

Phase 1, Research on Work-Life Integration Issues

Component 1 (a) Families in Systems of Care. The primary purpose of the proposed investigation is to examine the relationship of family structure, child functioning, child care services, transportation services, and child's engagement in education, to the employment of the parent and their reports of strain. The inclusion of parental strain, or caregiver strain, will be a crucial extension of our conceptual model, since it has been shown to be a key variable for predicting children's service use (Brannan, 2003), and we expect that it will be related to domain variables that we have investigated in other studies.

There is an emerging literature on caregiver strain among families of children with emotional and behavioral problems (Angold, et al., 1998; Brannan & Heflinger, 2001; Yatchmenoff, Koren, Friesen, Gordon, & Kinney, 1998). The term "caregiver strain" refers to the negative consequences and emotional impact on caregivers (e.g., parents, relatives, foster parents, guardians) and families related to the additional demands of caring for a relative with special needs. To date, the relationship between

employment and strain among caregivers has received little attention in the research literature. One study found that employment was positively related to parenting stress among parents of children with severe emotional disorders (McDonald, Poertner, & Pierpont, 1999). Additional research is needed to improve the field's understanding of the impact of employment on caregiver strain and the support services that reduce strain. We propose the following research questions: (1) What is the relationship between family structure, use of child care services, engagement in transportation services, and employment of family caregivers? (2) How are child functioning, use of child care services, and child engagement in education related to employment of family caregivers? (3) To what extent do family structure, child care services, transportation services, child engagement in education, and caregiver employment predict caregiver strain?

Design

In order to further explore the relationship of employment challenges to other domains affecting families, we are proposing a study based on a secondary analysis of data from the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program (CCMHS). The CCMHS data provide a unique opportunity to examine changes in domains affecting families over time, as they engage in services provided by comprehensive service systems. Employment data are available for the caregivers who were surveyed in the 25 communities funded between 1997 and 2000. Data were collected at 7 points during the evaluation, providing the opportunity to track changes in child mental health and family domains, including caregiver employment during 6, 12, 18, and 24 months post-intake (Krivelyova & Stephens, 2004).

Sample

A total of 2048 caregivers supplied data for the national evaluation study. When their children entered the system of care, many families were economically disadvantaged, with 47% having annual incomes at \$15,000 or less. Only 77% of caregivers were employed 6 months after enrollment, but labor force participation had increased to 80% at 18 months after intake (Krivelyova & Stephens, 2004). We realize that the sample size may vary from question to question, depending on the number of caregivers and children with complete data for each of the proposed study variables.

Measurement and Data Collection

Each variable was measured using items from instruments that are part of the CCMHS national evaluation study. We will be examining data measured at each of the seven times of measurement, with the exception of the basic demographic questionnaire. The chart below identifies the instruments to be used in this analysis and the timeframes available for analysis.

Analysis

We will begin by conducting a descriptive analysis of the major variables indicated in the chart above, looking for major patterns relating to our research questions and examining the extent of missing data. Next, we will explore the data in relation to our questions using correlations, and logistic regression analyses for the first two questions with the goal of predicting caregiver employment status. Finally, we will approach the third question using multiple regression analysis with the goal of predicting caregiver strain levels. To address the third question, we will also consider using structural equation modeling if the data meet the requirements of the analysis (e.g., sample size, amount of missing data, multivariate normality).

Work-Life Integration Instruments

Instrument	Timeframe (s)
Demographic Information Questionnaire (DIQ) All items	1
Child Behavior Checklist (CBCL) Total Problem Score (both <u>T</u> -scores and raw scores) Two Broadband scores (both <u>T</u> -scores and raw scores) Narrow band scores All Competency scores (both <u>T</u> -scores and raw scores)	1 through 7
Child and Adolescent Functional Assessment Scale (CAFAS) 8 role composite scores	1 through 7
Caregiver Strain Questionnaire (CGSQ) Individual items Objective strain subscale score Subjective externalized strain score Subjective internalized strain score	1 through 7
Family Resource Scale (FRS) Caregiver All items	1 through 7
Family Satisfaction Questionnaire (FSQ) – Caregiver Version, All items	1 through 7
Multi-sector Service Contacts (MSSC) – Caregiver, All items	1 through 7

Results

We expect we will be able to establish clear patterns of relationship among the variables of family structure, child functioning, child care services, transportation services, and child’s engagement in education, the employment of caregivers and their reports of caregiver strain. Ana Maria Brannan, the developer of the Caregiver Strain instrument, will consult with our project and co-author a paper with us which we anticipate will help us extend our research model to include this key variable, along with others we have identified in the analysis. We intend to use these results to inform the survey in component 1 (c), and the training materials in the second phase of the project.

Component 1 (b) Focus Groups on Human Resource Issues. A key goal of this research is to increase knowledge and understanding of the perspectives, practices, and experiences of the different stakeholders involved in work-life issues for parents of children with emotional and behavioral disorders.

Design

The focus of this research is on parents and organizational representatives, such as human resource managers, whose organizational role involves gate-keeping of the knowledge and resources that might support employed parents. Since it is evident from previous research that work-life issues are affected by organizational culture, and both formal and informal policy and practice, qualitative methods are appropriate for data collection in this phase of the research.

Sample

Using existing contacts with family organizations and WorldatWork, snowball sampling methods will be used to identify both parents of children with emotional and behavioral disorders (who are employed, or wish to be employed) and participants from the field of human resources. Family members will be in separate focus groups from HR professionals, since these groups will explore their

knowledge and experience from their particular perspectives. Since these data will contribute to the generation of the research questions appropriate for further investigation via a survey that can target a larger sample, additional outreach efforts will be conducted as required to recruit participants from diverse groups.

Data Collection

The use of focus group methodology is an appropriate way of gaining insight into participants' perceptions and opinions (Krueger, 1994; Morgan, 1988). This approach will also facilitate the exploration of the experiences of parents at different stages of the process of finding and maintaining employment, and human resource professionals in different organizational contexts.

Based on the goals of the research, open questions to address participant positive and negative experiences, attitudes, beliefs, and knowledge will be prepared to guide the focus group discussion in collaboration with the project advisory group which includes both family members and HR professionals. Once consent procedures have been completed, the researcher will moderate the discussion during the focus group, and an assistant will take notes and audiotape the data.

Analysis

Transcripts will be prepared and the content analyzed for key concepts and themes (Morse, 1994). The data will be coded, using recognized methods to establish trustworthiness of the data interpretation (Rodwell, 1988), with support of qualitative analysis software such as NUD*IST. We will begin data analysis after the first groups have been conducted in order to sharpen the questions to be asked in later groups.

Component 1(c) Survey of HR Professionals. The purpose of the survey is to establish the level of familiarity among HR professionals with the work-life integration experiences of families who have children with mental health disabilities and the workplace policies and practices that best enable them to fulfill both their work and family responsibilities. The objectives of the survey include: (a) to understand the current state of professional practice among HR professionals in handling work-life issues among employed parents who have children with disabilities (b) to discover the processes through which parents of children with disabilities and HR professionals negotiate work accommodations aimed at increasing work-life integration, and (c) to establish the best workplace policies and practices that support work-life integration for parents caring for children with mental health disabilities.

Research questions include:

1. What is the level of familiarity of work-life challenges faced by employed parents caring for children with disabilities among HR professionals?
2. What is the professional practice regarding work-life issues of employed parents of children with disabilities?
3. What are the most effective workplace policies and practices that enable parents of children with disabilities to increase their level of work-life integration?

Design and Sample

The design of the survey is cross-sectional and will utilize a random sample of 5,000 members of a human resources professional organization (WorldatWork) with whom our project is collaborating. WorldatWork consists of approximately 23,000 members throughout the United States representing HR professionals in Fortune 1,000 companies in 40 industries. The typical member is a middle-aged female with a college degree working for a manufacturing or finance/insurance firm. Membership is evenly distributed within the Eastern, Western, Southern and Central regions of the United States (R. Johnson, personal communication, July 14, 2004).

Measurement

The survey will consist of measures created through collaboration with WorldatWork and will be designed to discover the nature of the knowledge and perceptions of HR professionals pertaining to: (a) the work-life challenges encountered by employed parents who have children with mental health disabilities, and (b) the policies and practices in their workplace designed to address such challenges. The survey will also incorporate items adapted from the Family Stigma Questionnaire (FSQ) created by Corrigan, Watson, and Miller (2004) in order to address workplace stigma affecting parents of children with disabilities, and items on flexibility adapted from the Employee Survey (Neal et al., 1993). In addition, the creation of questions for the web survey will be directly informed by family members through the utilization of results from focus groups with parents of children with disabilities (see focus group methodology section), and direct input from family members in our advisory committee.

Data Collection

WorldatWork currently surveys random samples of its membership on a monthly basis using the worldwide web. This sampling methodology provides an accurate reflection of diversity among HR professionals within the U. S. They have agreed to collaborate with us on collecting data through the use of a web survey addressing policies and practices within workplaces designed to address the unique work-life issues of family members.

Analysis

Data analysis will consist of descriptive analyses of survey results and the use of multivariate methods that will enable us to explore the relationships among workplace stigma, the use of flexible policies and practices in the workplace, and the perceived levels of work-life integration of family members.

Results

Information gleaned from the survey is designed to inform the creation of a professional development intervention for HR professionals to improve the ways that they address the work-life issues of parents caring for children with mental health disabilities. Since HR professionals are responsible for training managers and supervisors within their organization, we believe that this information will be used to guide that training as well.

Phase 2, Intervention to Promote Work-Life Integration

Component 2(a) Training Intervention for HR Professionals. During the training intervention phase materials will be developed and tested that are designed to enhance the human resource professional's capacity to improve the quality of work-life integration for employed parents of children with mental health disabilities. The overall aim of the training is to furnish HR professionals with information, resources, and strategies that can meet the needs of both the family with the child and the employing organization. The training will include knowledge and skill building components. After field testing, the training materials and training protocol will be revised and packaged as a curriculum module for HR departments and inclusion in work-life professional certification courses.

Research Questions

8. To what extent has the training changed the knowledge and attitudes of human resource professionals regarding families of children with mental health disabilities?
9. Does exposure to training materials decrease the stigma attributed by HR professionals to employees who are caregivers of children with mental health disabilities?
10. After the training, are HR professionals better equipped to respond to work arrangement and benefit package requests from employees who are caregivers of children with mental health disabilities?

Design

Using the results of the secondary analysis of CCMHS data, focus group findings, WorldatWork survey results, and the research base developed in earlier work-life studies, training materials for human resource professionals will be developed in conjunction with our collaborative partners, and with the HR professionals and family members on our advisory committee. The training is designed to address the professional development needs of human resource personnel by increasing their understanding of work-life issues of families with children who have serious emotional or behavioral disorders. Both knowledge building and skill development will be included in the objectives of the training. Specifically, the training activities will increase knowledge and awareness about: (a) family support and children's mental health; (b) the work-life experiences of parents caring for children with mental health disabilities and (c) employment-based strategies that improve work-life integration for these parents. Secondly, recipients of the training will gain proficiency in assessing the specific work-life needs of family members and designing work arrangement and benefit packages to improve work-life integration.

The training materials and protocol will be field tested with human resource professionals employed by a large corporation. Pre and post-tests will measure changes in the participants' attitudes, knowledge, and skills related to the work-life integration needs of employees caring for children with mental health disabilities.

Sample

Project staff will consult with the advisory committee to select a corporation for participation in the field testing of the training materials. Criteria for selection will be further refined in the following areas: (1) the number of employees; (2) diversity of employees including supervisors and management; (3) number of human resource personnel, including certified work-life professionals; and (4) the presence of a well-established training program for HR professionals.

Data Collection and Analysis

Pre and post tests will be developed to measure changes in participants' knowledge, attitude and skill level in key areas of work-life integration for employed caregivers of children with mental health disabilities. The measurement instrument will include multiple choice and open-ended questions. Key areas include:

Knowledge and awareness:

- Challenges and rewards experienced by families with children who have mental health disabilities
- Barriers to work-life integration for family members
- Employment-based strategies that facilitate work-life integration
- Work-arrangements and benefit packages that support work-life integration
- Relevant community-based resources

Skill:

- Work-life needs assessment
- Coaching employment strategies

Attitude:

- Stigma

Parametric and non-parametric statistical analyses will be conducted to compare scores from pre-test to posttest regarding the participants' knowledge, skills, and attitudes. Results will enable us to determine which areas of the training were most and least effective.

Results

Findings from the pre/post analysis will be used to modify the curriculum. Following the field testing and data analysis, a complete training module will be produced. The design of the curriculum and protocol will be done in collaboration with the AWLP. The final product will include a statement of need, a brief overview of the employee's experience and challenges, a description of the training curriculum, standard protocol, curriculum materials, and pre/post measures. The final product will be available for use in HR departments and inclusion in the national work-life certification curriculum. Research project staff will be available for technical assistance to those conducting trainings in HR departments and work-life courses.

Component 2 (b) Work-Life Resources for Families and Workplaces. The final component of the project will be based on our research results, and some of the training materials prepared for HR professional development. The aim of this component is to produce easily accessible materials that will provide family members, family organizations, employers, and the general public with information on work-life integration for families of children with emotional or behavioral disorders. The materials will also be designed to be useful for work with family members of children having other types of disabilities.

Design and Data Collection

Project staff will develop materials that will be accessible to our target audiences in a variety of formats, and in English and Spanish. We will collaborate with our advisory committee and with the Federation of Families in the preparation of materials to assure that they are family-friendly, and will use cultural consultants to insure that they provide information that will be widely useful. We plan to make videotapes, to construct informational brochures, and to design packets that can be mailed to interested parties. However, the primary medium will be the development of a website that will be family-friendly and that will be easily accessed by the general public. The usefulness of videotapes and print media packets will be assessed using an evaluation questionnaire that we will send with materials, along with a return envelope. The website will be assessed using a brief evaluative web survey that we will request our users to complete and submit through the website.

Sample

The participants in the evaluation will be people who have received our materials or visited our website and who elect to fill out the anonymous form. We will assure confidentiality by stripping any information regarding the origin of the form submitted through the web.

Measurement, Analysis, and Results

Standard questions adopted from training evaluation protocols will be used, and subjected to descriptive analysis. The evaluation of materials will proceed in a formative manner, so that modifications to packets and website can be used to increase accessibility.

Training Activities

There are three major training activities incorporated into the *Work-Life Integration Project*: (1) a training with Human Resource (HR) professionals; (2) workshops for service providers on the work-life integration issues of parents and employment strategies they can offer to help the parent increase a desirable level of integration of their work and family lives; and (3) workshops for parents aimed at increasing their level of work-life integration. Training activities of the project represent a culmination of the extensive research in this area conducted by the research team over the course of three previous research projects, and also will be based on the findings of research activities during Phase I of the project.

The training intervention is designed to enhance the capacity of HR professionals to increase the level of work-life integration among parents caring for children with emotional or behavioral disorders employed in their workplace. The training will include information about the unique employment needs of families caring for children with emotional or behavioral challenges, and resources and strategies that both the families and workplaces can draw on to meet their respective needs. Training products to be developed include a training manual to be pilot tested in a Fortune 1000 company, evaluated, and revised. This will lead to the creation of curricular materials for persons attending HR certification programs. All training and curricular materials will be developed in collaboration with two national HR professional organizations, WorldatWork, and Alliance for Work-Life Progress (AWLP). In order to enhance the accessibility of training products, the research team will utilize and expand (if necessary) existing diversity initiatives within the organizations with whom we are collaborating.

Workshops will be conducted on a minimum of two occasions at national conferences. One workshop will be targeted to an audience of service-providers in order to enable them to work with families their agency serves surrounding work-life integration issues. The second workshop is designed to provide information and resources to family members who may be experiencing challenges to work-life integration. Both workshops will integrate knowledge gained from our prior research in the areas of work-life integration and findings from Phase I of the current project. Training products will include family work-life integration resource packets that can be distributed at the conferences, family support organizations and at agencies serving families who have children with emotional or behavioral disorders. All products will be available on the web and in hard copy for those families who do not have access to the internet.

Dissemination

Our project staff plans to engage in a number of dissemination activities including conference presentations, writing journal articles, and creating work-life integration resources and training materials. Two members of our project team, Julie Rosenzweig and Eileen Brennan, have received a contract from Brookes Publishing to prepare a book on family support and work-life integration which will be published in 2006; results from the first year of the project will be included in chapters on employment and on family support. Activities unique to this project include the creation of a training manual for HR professionals that will be used to formulate curricular materials for certification programs of our project collaborators. In addition, our project utilizes multi-media formats to disseminate products; such as the world wide web, magazines, and videos. The chart below identifies and describes planned dissemination products.

Table (R-4.2) Work-life Integration Planned Dissemination Products	
Product	Dissemination Details
Conference Presentations	2 Work-Life Conferences; 4 family conferences
Journal Articles	4 articles in academic journals
Book	Book on family support and work-life integration to be published by Brookes.
Other Writing	Articles for HR magazines/web pieces
Work-Life Resources	Family packets; work-life website
HR Training Manual	Training for HR professionals
Curricular Materials	To be included in certification programs
Video for HR Professionals	Highlights family member success stories

As illustrated above, project staff will write journal articles reporting the results of: (1) the secondary analysis of the CCMHS data, (2) focus group data, (3) surveys of HR professionals, and (4) training activities. Project staff members plan to write pieces highlighting study findings for HR magazines and work-life web-sites. Work-life integration resources include the work-life website and family resource packets. Work-life integration family resource packets can be disseminated through a variety of channels including conferences, family support organizations, service providers, and through the work-life web-site. Project staff members will work with family support organizations to exchange links to the web-site and to distribute hard copies of the family resource packets for those family members who do not have internet access. Collaboration with research partners from two HR professional organizations will aid in disseminating training, curricular materials and the video project to their membership.

Technical Assistance

Our project staff will provide support to project collaborators, service providers, and family members. Project collaborators include two HR professional organizations and one Fortune 1000 company who will receive the training intervention. Technical assistance activities will involve support during the delivery of the training as well as serving as resource persons in the implementation of changes in the workplaces in which the training is provided. In addition, project staff will serve as resource persons to project collaborators after the development of curricular materials. Technical assistance activities with service providers will involve providing work-life integration resources for agencies and their staff who are working with family members. Utilization of feedback from project advisors will aid in providing appropriate technical assistance to project collaborators and service providers. Staff members plan to provide direct technical assistance to family members through the provision of work-life integration resources and support. Collaboration with family support organizations and feedback from project advisors will help to ensure the appropriateness of materials targeted to family members.

Technical assistance resources include the training manual for HR professionals, curricular materials for use in certification programs, and work-life resource packets. The curricular materials are a direct output of the training manual and are designed to be utilized to provide information pertaining to the work-life integration experiences of family members within HR certification programs conducted by project collaborators. Work-life resource packets are to be used by family support organizations, service providers and family members. The packets will provide information and resources to help enable family members to increase their level of work-life integration. Project staff plan to work with existing diversity initiatives of partner organizations to enhance the accessibility of products.

