Negotiating Accommodations at the Workplace: Perspectives of Human Resource Professionals and Parents of Children with Mental Health Disorders

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Negotiating Accommodations at the Workplace: Perspectives of Human Resource Professionals and Parents of Children with Mental Health Disorders

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Research Team

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Work-Life Integration Project

- Continues a decade of federally funded research focused on families caring for children with serious emotional disorders
- Phase I: Caregiver workforce participation study
- Phase II: Focus groups: Parents and HR professionals
- Phase III: Work-Life Flexibility and Dependent Care Survey
- Phase IV: Design and offer training to human resource professionals
- Phase V: Resource development for families and businesses
Work-Life Integration Project

Overall Goal: To improve awareness and access for families with dependent care needs to employment based supports that promote work-life integration--participation in the workplace while permitting them to take part in family and community life and roles.

Objectives:

- To identify HR policies & practices that support employees with dependent care responsibilities, particularly children with special needs.
- To provide information & resources to HR professionals about best practices that support employees caring for children with mental health disabilities.
Children with Special Needs

- 20% of U.S. households care for children with special needs (Child & Adolescent Health Initiative, 2004).
- Nearly 20% of children experience symptoms of a mental health disorder over the course of a year; 5% are considered to have serious emotional disorders (U.S. Department of Health & Human Services, 1999).
- According to Mass General Hospital, in any given company about 9% of employees have children with special needs (Center for Child & Adolescent Health Policy, 2004).
Approximately 5% of the total population of preschool-aged children in 2000 received services under IDEA*.

From 1992/93 to 2000/01, the number of children receiving services increased:

- 3 year-olds, up 44%;
- 4-year olds, up 37.6%;
- 5-year-olds, up 22.4% &
- 6-11 year-olds, up 19.3%

230,853 children ages birth to 2 years received early intervention services under IDEA representing approximately 2% of the total population of infants and toddlers in 2000.

*IDEA: Individuals With Disabilities Education Act
Special Needs Reach the Workplace

🎉 Ceridian LifeWorks Services reports that 10-15% of all requests involve some aspect of raising a child with special needs.

🎉 LifeCare® has seen a 25% increase in special needs cases since 2003 when they provided 23,000 special needs referrals.

🎉 This year, the Working Mother “100 Best” application included questions about support for children with autism.
Concept: Work-Life Integration

🔗 Refers to the degree to which people are able to find a functional and satisfactory level of assimilation in their work and personal lives.

🔗 Acknowledges that at times the amount of time spent in either domain will be different across different stages over the life span (Rapoport, Bailyn, Fletcher, & Pruitt, 2002).

🔗 Is affected by disclosure, stigmatization, and flexibility arrangements experienced by the parents (Brennan et al., 2005).

🔗 Impacted by the availability of community resources and demands for both families and workplaces (Voydanoff, 2002).
Concept: Flexibility

Flexibility is a cross-domain concept: workplace flexibility, family flexibility, and childcare flexibility are necessary to maximize work-life integration (Emlen, 1999).

Employee-driven workplace flexibility permits family members to have a degree of autonomy to control work location, timing, and/or process (Kossek, Lautsch, & Eaton, 2005).

Workplace flexibility can be either formal or informal (Eaton, 2003):

- Formal flexibility is approved by HR professionals and written into organizational policy.
- Informal flexibility is not documented as policy, but available to some employees based on supervisory discretion.
Flexibility and Work-Life Integration

Employees who have children with disabilities are reluctant to ask for flexibility, fearing negative job consequences (Lewis, Kagan, & Heaton, 2000).

37% of employees say it is hard to take time off during work when personal or family issues arise and 39% report that using flexibility jeopardizes their advancement (Families & Work Institute, 2004).

54% of employed parents say they cannot take time off for sick children without losing pay, using vacation days, or making up an excuse (Families & Work Institute, 2004).
Disclosure of child’s mental health status at work comes with risks and benefits.

Benefits include greater support, such as social support or formal supports such as flexibility, and in some cases protection from job loss.

Risks include negative reaction from supervisors or coworkers and the potential of job insecurity or job loss. (Rosenzweig & Huffstutter, 2004).
Concept: Stigmatization

Mental health stigmatization refers to, “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness” (President’s New Freedom Commission on Mental Health, 2003).

Courtesy stigma (Goffman, 1963) refers to mental health stigmatization of family members and others associated with the person with mental illness (Corrigan & Kleinlein, 2005).
Work-Life Integration Issues for Parents of Children with Mental Health Disabilities

Combining work and family responsibilities while parenting children with mental health disabilities is complex and stressful (Brennan, et al., 2007; Rosenzweig, Brennan, & Ogilvie, 2002).

Supports in the workplace have typically been designed to address the needs of women entering the workforce who are of child bearing age and assume that the needs will be relatively short-term (Lewis, Kagan, & Heaton, 2000) and thus leave out the growing portion of the workforce who are caring for children with special needs.

A lack of community supports commonly available to parents of typically developing children, such as child care and after school programs—force parents of children with emotional or behavioral disorders to accommodate their child’s needs mainly through employment adjustments (Rosenzweig et al., 2002).
In addition to typical parenting activities, parents of children with mental health disabilities:

- Arrange for and participate in their children’s ongoing mental health treatment.
- Provide consultation to school personnel about their children’s special educational needs.
- Face significant obstacles in locating and sustaining adequate child care.
- Are the primary, if not the only, source of their children’s transportation.
- Respond to frequent mental health crises, sometimes requiring hospitalization of the child.
Competing demands of work and family can lead the employee to seek assistance from human resource (HR) professionals (Brennan et al., 2005).

HR professionals act as gatekeepers to supports in their organizations. They attend to the needs of employees and business goals of the organization, shape policies and practices, resolve workplace problems, and manage organizational supports (Society for Human Resource Management, 2000).
Research Questions

- Do parent employees and HR professionals have comparable perspectives on negotiation of workplace accommodations?

- Which workplace supports are viewed as helpful by each group and why?
Methods: Sampling

• Purposive sampling (Patton, 1990) of two groups:
  • Human Resource (HR) Professionals.
  • Employed parents of children with emotional or behavioral disorders.

• Goal to reach HR professionals and parents from a variety of employment contexts with HR staff.

• Recruitment of HR personnel through professional network and computer listservs.

• Recruitment of parents through children’s mental health conferences and parent support networks.

• Study information provided with invitation to contact research team with questions or to sign up.
Methods: Procedures

- Focus group discussion topics derived through prior research and literature reviews.
- Prior to start of group, informed consent collected and demographic questionnaire administered; permission to tape session obtained.
- Protocol began with more general questions to familiarize participants with the topic, then proceeded to more specific questions (Kreuger, 1997).
- Moderators supported discussion and probed to clarify information or deepen the conversation (Kreuger, 1998).
Methods: Analysis

- Audiotaped, transcribed, entered in to NUD*IST.
- Systematic coding process using grounded theory approaches (Charmaz, 2006).
- Open coding by three researchers working independently.
- Preliminary coding and agreement established through meetings of research team to discuss and compare interpretations, first for parent groups, then HR groups.
- Secondary/axial coding focused on establishing substantive themes and relationships among them (Strauss & Corbin, 1998).
Results: Participants

3 groups of HR professionals ($N = 17$)

- Female (87.5%)
- Middle aged ($M = 45.2$ yrs, $SD = 8.4$)
- European American (88.2%)
- Experienced in HR profession ($M = 15.6$ yrs, $SD = 9.1$)
- Held certifications in HR field (58.8%)
- Supervisors (82.4%)
Results: Participants

6 groups of employed parents ($N = 28$)

- Female (100%)
- Middle aged ($M = 41.5$ yrs, $SD = 9.1$)
- European American (68%)
- Jobs providing benefits (68%)
Results: Major Themes

Four major themes emerged:

- Boundaries of Communication
- Management of Expectations
- Employee Performance
- Flexibility and Workplace Supports
Boundaries of Communication

Parents:
- Disclosure of sensitive information about their children’s mental health status.
- Risk of stigmatization at work or possible dismissal from their jobs.
- Some self-censorship.

HR professionals:
- Concerned about knowing too much mental health information.
- Breaches of confidentiality.
- Feeding the rumor mill.
Boundaries of Communication: Parent Perspectives

One parent notes, “I also get a lot of people who don’t understand a lot, or who say, ‘Oh, it is just one day, what is the big deal?’ Or who say, ‘I had ADHD. That is just baloney. Everybody is overmedicated. Nobody needs Zoloft’...I think that is the difficulty, but it usually just comes out because of necessity, just having to say something because you have to maneuver and manage things, and don’t have any other choice.”

Another parent states simply, “But you still have to let people know what is going on, because it is impacting your ability to do your job and do it well, and to keep up with the things that are at the highest priority.”
Boundaries of Communication: HR Perspectives

An HR manager explains, “When the other employees don’t know and don’t understand the circumstance, then the rumor mill gets cranked up, and then the peer pressure and the backbiting and the whining and moaning goes on. This person is put into a really tight position and the company is sitting there saying, well, I can’t say how come she is not showing up for work...the government says you can’t do it anywhere.”

Another HR professional explains, “It seems that there are issues out there that you really don’t, from a professional standpoint always acknowledge that exist. Part of that may be motivated by the fear that in a situation that is highly personal like this, you have conflicts with confidentiality issues and you have how much [as an employer] should I know, and how much do I dare ask.”
Management of Expectations

**Parents:**
- Advised supervisors and HR personnel about anticipated disruptions to their workdays.
- Put crisis plans in place to manage unexpected absences.

**HR professionals:**
- Made expectations explicit to prevent employee misuse of accommodations and accomplish work tasks.
Management of Expectations: Parent Perspectives

One parent explains, “I just let them know right up front that I was on a one-to-one basis with the police, one-to-one basis the the emergency room, one-to-one basis with almost anybody who would be emergency personnel, the principal also…I said my child does get into trouble…If I need to go, is it okay if I go?”

Another parent voiced, “Typically I assess what’s happening. I find out what the problem is, find out what my options are with the school—whether he has been suspended, restrained, what the situation is…I made a decision based on the information that is coming in. If I can’t get a family member to get him, if he has to leave school right then, I leave.”
One HR professional explained, “One situation which I had to do, which was very difficult, but it turned out to be successful, is I had an employee who had a lot of family issues, and wasn’t really dealing with them, and it became a performance issue and it became a contract problem, where our contract was in jeopardy because this person wasn’t fulfilling the requirements. I had to put him on a performance plan…We want to be supportive, we want to help you, but you have to step up, and this person did.”
Employee Performance

Parents and HR professionals:

- Accommodations resulted in employee loyalty and retention, and competent, if not superior, performance.
Employee Performance: Parent & HR Perspectives

A parent’s perspective: “There is an understanding of that. When I am there, I work 110 percent. I think that says a lot, too. If I wasn’t doing a quality job when I was there, I’m sure I wouldn’t have the lenience that I do.”

An HR professional explains, “You earn a lot of loyalty from your people, as an employer, when you do work through these difficult times with them. You have had their babies with them, and you have been through their cancer treatments, and that, I think, goes a long way in building loyalty in your employees.”
Flexibility and Workplace Supports

Parents:
- Counted on informal support and coverage from supervisors and colleagues.
- Reported backlash from some resentful co-workers.

HR Professionals:
- Willing to grant flexible scheduling or working at home for adequate reasons.
- Identified formal supports such as the Family Medical Leave Act were important.
One parent comments, “Our organization is family driven, so it caters to the needs of the family as well as yours. I don’t have that problem where it is like a 9 to 5 and so forth. It is very flexible. As a matter of fact, if we have problems we all talk about what we go through with our children and so forth and exchange information and so forth. We are very supportive with each other on that.”

Another parent notes, “In my ideal world flex time wouldn’t just be a word, it would be real. If you flexed, you weren’t screwing somebody else. If you weren’t there to do your job, somebody else doesn’t have to do your job and their job too. There would be a substitute pool list, and there would be somebody sitting in the wings to step in and do.”
Flexibility & Workplace Supports: HR Perspectives

One HR manager explains, “We have had a variety of instances where things have come up. Managers really do look at it on a case-by-case basis and have been very flexible. We had a woman who had a daughter who was developmentally disabled and was missing for several days, so they gave her plenty of time off.”

On the importance of FMLA, “We had a really rigid attendance policy. You had so many occurrences and you were out. We lost some good employees… I think with the development of OFLA and FMLA that has shifted for most employers, because we went through a little labor shortage… They kind of look at the culture and see how much do we show that we care… If you take care of them, then they take care of our customers.”
Conclusions

Results relate to theories of
- Work-life integration (Lewis, Rapoport, & Gambles, 2002).
- Socio-ecological nature of disability (Pledger, 2003).

Importance of stigmatization reduction in the workplace.

Service providers in systems of care must support family members in their struggle for workplace accommodations.
Funds to support this activity come from The Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services; and from The National Institute on Disability and Rehabilitation Research, U.S. Department of Education.
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