Managing Communication at the Work-Life Boundary: Parents of Children and Youth with Mental Health Disorders and Human Resource Professionals

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Using qualitative methods, this study explored communication challenges experienced by parents of children or youth with mental health disorders when seeking family support in the workplace and by human resource professionals when responding to parents' requests. Five focus groups of twenty-eight employed parents and three focus groups of seventeen human resource professionals included participants who were predominantly female, European-American, and middle-aged. A communication boundary management model emerged from transcripts: parents communicated across the boundary between family and work and drew upon past experiences with disclosure and courtesy stigmatization in the workplace as they made decisions about revealing family information to human resource professionals. As parents and human resource staff grew in communication competence from prior experiences, negotiation regarding possible workplace supports progressed to more satisfactory outcomes. Recommendations for mental health service providers include exploring family members' work-life integration experiences and providing information about workplace supports and effective communication strategies.

When parents first observe that their children or youth are experiencing social, emotional, behavioral, or academic challenges beyond those of peers of similar ages, everything in their lives begins to shift. These parents focus their resources on understanding what is happening with their children or youth, first through comparisons with other children's development and conversing about parenting practices with other parents and family members. The sense that something is wrong marks the beginning of the "experience trajectory" for parents of children or young people with mental health challenges (Rosenzweig & Kendall, 2008), a process that unfolds over time as parents make sense of what is taking place, involve professionals, live on an emotional roller coaster, and craft a new vision of family life. In the earliest stages of the trajectory, employed parents continue working, proceeding as normally as possible, attending to job responsibilities and communicating with coworkers. Initially, the parent is distracted during work by concerns for the child or youth. When it becomes necessary to receive phone calls at work from care providers or school personnel and to take the child or youth to multiple health-care appointments, these distractions can turn into frequent work interruptions (Jett & George, 2003).

At the point when family life has clearly spilled into work life, the parent faces a series of decisions about how to respond to the rapidly emerging mental health–care needs of the child or young person while effectively sustaining employment. In addition to the practical dimensions of these decisions, there are significant personal dimensions as well. For instance, the parent strategizes about how to take time away from work for the child's or youth's multiple appointments and respond to the unpredictable care responsibilities that arise, while carefully considering to whom and what to disclose within the workplace regarding the child's or young person's mental health challenges and care needs. Concerns about courtesy stigmatization (Goffman, 1963) and fears about workplace questions of loyalty and performance can inhibit the parent from seeking formal workplace support, such as requesting a flexible work arrangement, or pursuing emotional support from the supervisor and coworkers (Lewis, Kagan, & Heaton, 2000).

Information about what strategies these parents use to balance their concerns with their needs for workplace support to meet exceptional caregiving responsibilities (Roundtree & Lynch, 2007) is largely unknown (Rosenzweig & Huffstutter, 2004). Likewise, the level of organizational knowledge about the exceptional caregiving needs of parents of children or youth with mental health disorders and responses to associated workplace support requests is largely uncharted. This article discusses the results of an exploratory study by the Work-Life Integration Project to identify the communication concerns and resolution strategies used both by employed parents of children or youth with mental health disorders

when seeking support within the workplace and by human resource (HR) professionals when responding to the parents' requests for support. By means of an exploratory focus group study employing qualitative methods, three basic questions were examined:

1. How do parents of children with mental health disorders manage the boundary between home and work by deciding to disclose or conceal their families' needs?
2. What factors affect parents' negotiation with HR professionals about work adjustments and employment-based supports?
3. What are the outcomes of workplace negotiations or concealment of family needs reported by parents and HR professionals?

Boundary/Border Theory

Historically, the domains of work and home were separated by gender, place, roles, and responsibilities. In contemporary society, these dimensions of work and home have become increasingly less constrained. The concepts of boundaries and borders are used by work-family scholars to describe and examine an individual's experience when the domains' dimensions are held separate or converge (Ashforth, Kreiner, & Fugate, 2000; Clark, 2001, 2002; Desrochers & Sargent, 2003), and to look at the related outcomes for the individual and the organization. Although there are some conceptual differences between boundaries and borders, their similarities help identify important mechanisms of boundary/border construction and transitions between the domains of work and home. Boundary theory is conceptualized as a general psychological perspective related to the meaning individuals assign to their roles and responsibilities within various life domains and how they negotiate transitions between them (Desrochers & Sargent, 2003), whereas border theory was formulated within work-family studies by Clark (2000, 2002), who defined borders as "lines of demarcation between domains" that can be physical, temporal, or psychological" (2000, p. 756). Boundaries and borders alike are characterized by properties of permeability, flexibility, blending, and strength. Desrochers and Sargent (2003) discuss work-family boundary blurring, which involves confusion in demarcating work and family roles when one or both of these domains is highly permeable. The extent to which a worker can create boundaries through rituals that signify psychological transitions between home and work (Ashforth et al., 2000), as well as the frequency of border crossing can create boundary blurring or provide a better sense of integration between work and non-work domains. According to border theorists, work and family are considered to be separate domains, with individuals crossing over the borders of each proactively in order to create a meaningful state of balance (Clark, 2001, 2002). Borders do not exist in a fixed state but can contract or expand according to needs and demands of the domains.

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Communication across and within domains is a core activity utilized by individuals to negotiate the separation and integration of work and family responsibilities. Research suggests that permeability and flexibility in the boundary/border of the work domain are associated with greater cross-border communication about home life (Clark, 2002) and that supportive workplace communication is correlated with job satisfaction (Lambert, Kass, Piotrowski, & Vodanovich, 2006). Individuals have different preferences and needs about the degree of permeability and flexibility of work and family boundaries/borders (Desrochers & Sargent, 2003). Communication strategies to manage boundaries/borders are developed by individuals both proactively and reactively, depending on needs and circumstances in each domain.

The nature of exceptional care responsibilities in which parents of children or youth with mental health disorders are engaged require that domains' boundaries/borders be flexible and permeable. Work-life integration rather than segmentation is necessary to meet care needs and fulfill work tasks. In general, work-life integration focuses on the extent to which a person is able to weave together personal, work, and leisure time in a way that brings satisfaction and meaning and contributes to the overall quality of family life and individual well-being (Rapoport, Bailyn, Fletcher, & Pruitt, 2002). As a construct, work-life integration includes an analysis of the ways in which work responsibilities, family life, and leisure time are organized and structured in the context of the family at any particular point in time (Lewis, Rapoport, & Gambles, 2003). Any one particular aspect of integration is connected to one's stage within the life course and supports available for the individual within the family system, the work system, and the larger community.

Organizational Support for Work-Life Integration

Flexibility in when and where work and family responsibilities are met, family leave policies, and dependent care supports are crucial for employed parents with exceptional care responsibilities to facilitate work-life integration. According to Emlen (2010), flexibility is a broad-based concept and, in the context of work-life integration, it is the ability of family members to alter some part of the work/family/child-care system. This definition is particularly pertinent to parents of children or young people with mental health disorders. A lack of relevant community-based supports forces these parents to rely primarily on employment-based flexibility in order to achieve greater work-life integration (Rosenzweig, Brennan, & Ogilvie, 2002). Among the most significant missing resources appropriate for these families are: inclusive child-care providers; appropriate public transportation; and evening or weekend appointment availability from providers of health care, mental health care, social services, and special education. Unable to find or afford community-based services and resources, an employed parent may seek formal or informal support from the workplace, making requests for flexibility that may require disclosure of the child's or youth's mental health challenges.

Flexible work arrangements typically involve the alteration of work hours and/ or places of work in order for employed family members to meet their work and family responsibilities. Flexible work arrangements can be formal or informal. Formal arrangements are written into company policy and generally approved through a formal process involving a manager and the HR professional in the company, while informal arrangements are utilized on an as-needed basis and may need approval by the direct manager (Eaton, 2003) or include a worker-to-worker request. The benefits of work flexibility for both organizations and family members are well documented. With respect to organizational benefits, a meta-analysis demonstrated that flextime had positive effects on productivity, job satisfaction, satisfaction with work schedule, and employee absenteeism (Baltes, Briggs, Huff, Wright, & Neuman, 1999). Benefits to organizations of flexible work options include employee retention and engagement (Galinsky, Bond, & Hill, 2004; Richman, 2006). Family members who use flexible work arrangements, particularly those who have high levels of family responsibility (Shockley & Allen, 2007), report lower levels of work-family conflict as well as lower levels of stress and burnout (Grzywacz, Carlson, & Shulkin, 2008), demonstrating the effectiveness of flexible work arrangements as both an organizational and family best practice.

The HR professional can be a pivotal source of formal and informal support for the employed parent of a child or young person with a mental health disorder. Although roles and responsibilities may vary depending on the size of the organization, HR professionals can enhance work-life integration for employees through direct contact, policy and program development, and enhancement of the workplace culture (Sutton & Noe, 2005; WorldatWork, 2005). In addition, they can serve as mediators between supervisors and/or managers and employees struggling with work and exceptional caregiving responsibilities; assess the work-life needs of employees caring for children or youth with disabilities; disseminate information about work-life policies, programs, and community resources; and advocate on behalf of employees to upper management about work-life issues related to caregiving (Milliken, Martins, & Morgan, 1998; Unger, Kregel, Wehman, & Brooke, 2003).

HR professionals are key influencers of organizational culture through working with top executives as strategic business partners and interacting with managers, supervisors, and the employees they supervise. Organizational culture has been shown to mediate the use of work-life benefits (Thompson, Beauvais, & Lyness, 1999), establishing that the availability of policies that purportedly endorse family-friendly practices does not indicate that employees will utilize them (Goshe, Huffstutter, & Rosenzweig, 2006). Employees are sensitive to the verbal and nonverbal messages in the workplace that shape the family-friendliness of an organizational culture. Kirby and Krone (2002) call for an examination of the communicative nature of work-life policy implementation, noting that utilization of supports for managing dependent care, in particular, is a function of discourses across all levels of employees.

Unfortunately, employed parents of children with mental health challenges and HR professionals often face barriers to finding common ground on which to build solutions that address both the parent's work-life needs and business objectives. The workplace is not immune to the stigmatizing social-cultural narratives about mental health disorders that are present in the larger community. Parents of children with mental health disorders are acutely aware of the stigma surrounding mental health disorders and have experienced blame for their children's problems (Corrigan, Watson, & Miller, 2006; Corrigan & Miller, 2004). It is not surprising that parents are reluctant to disclose their children's mental health status to people outside the family (Corrigan et al., 2006; Larson & Corrigan, 2008), let alone to their coworkers, because it may mean risking their jobs to care for their children. HR professionals are confronted with dilemmas of their own, including how to equitably respond to all employees (Grandey & Cordeiro, 2002) and what questions to ask employees when family issues are interfering with work.

Boundary Communication Management

Access to workplace formal or informal supports by the parents of children with mental health disorders involves a reciprocal process of communication between the employee and the HR professional—and often times a supervisor. The knowledge and use of effective interpersonal communication strategies by all parties are crucial for parents to improve their level of work-life integration and for the organization to meet its goals. The concept of communication competence has been gaining increased attention by organizations as a means of improving job performance (Payne, 2005). Although a comprehensive definition of communication competence is somewhat elusive, most scholars rely on Spitzberg and Hecht's (1984) two primary dimensions of effectiveness and appropriateness as foundational (Gross, Guerrero & Alberts, 2004; Lobchuk, 2006; Payne, 2005; Schrodt, 2006; Thompson, 2009). Contributors to the discussion also agree that communication competence is contextual and influenced by situations and goals (Cegala, Socha McGee, & McNeilis, 1996; McNeilis, 2001; Query & James, 1998). Payne (2005) defines organizational communication competence as:

> The judgment of successful communication where interactants' goals are met using messages that are perceived as appropriate and effective within the organizational context. Communication competence in organizations involves knowledge of the organization and of communication, ability to carry out skilled behaviors, and one's motivation to perform competently (p. 65).

While work-life scholars discuss communication as a vehicle for managing boundaries/borders of work and non-work domains, there has yet to be an in-depth examination of the communication competent processes or strategies that are effective in achieving the individual's or organization's preferred level of integration or segmentation. In addition, it is crucial that the examination of communication competence at the work-life domains' boundaries/borders include

the processes and management of private information disclosure. In Petronio's (1991) discussion of communication boundary management, the nuanced process of disclosing private information delineated the vulnerabilities for both the revealer of the information and receiver of the information. Further exploration of this dyadic exchange, especially when the disclosed information is unsolicited, could greatly assist in further understanding the experience of a parent strategizing about how to disclose a child's/youth's mental health status within the workplace and the organizational response to receiving the information. Although disclosure decisions across domains have not yet received a thorough examination, a limited investigation exploring employee disclosures about a child's mental health disorder in the workplace has indicated that parents weigh benefits and risks before sharing with HR professionals, supervisors, or coworkers (Rosenzweig & Huffstutter, 2004). This risk-assessment process allows the individual to create a necessary protective boundary to manage the flow of information (Petronio, 1991).

The notion of risk assessment is further supported by Edmondson and Detert's (Edmondson & Detert, 2005; Detert & Edmondson, 2006) discussion of verbal communication from an employee to a person in a position of power and the necessary use of an upward voice. Speaking up, particularly when an upward voice is necessary, depends upon whether an individual perceives that it is psychologically safe to do so and whether speaking up will make a difference (Detert & Edmondson, 2006). The person in authority who is the recipient of the employee's communication is influential in the employee's decision about giving voice to opinions or needs.

A particularly high-risk situation for parents of children or youth with mental health disorders is asking a supervisor or human resources professional for flexibility in their work schedules to meet the caregiving needs of their families. Parents' disclosures about their children's or youths' mental health challenges may enhance access to necessary support for work-life integration (e.g., gaining a flexible work arrangement) or may negatively affect their work experience through increased incidents of courtesy stigmatization, which can involve isolation, shame, and silencing because of their relationship to a person with a stigmatized identity (Goffman, 1963). Stigmatization associated with a mental health disorders in general, and courtesy stigmatization in particular, are contextual variables across work-life domains that prevent parents of children with mental health disorders from speaking up.

Methods

Because the research questions in this study are new to the fields of work-family studies and children's mental health, and are exploratory in nature, investigators utilized qualitative approaches. Data collection involved the use of focus groups to gather data and a grounded theory approach (Strauss & Corbin, 1998) for data analysis. A focus group approach was selected since it provided the opportunity to collect the language used by participants individually and collectively to

frame their experiences of workplace discussions about the family situations and to examine the emerging social creation of meaning from the statements of participants, which is not possible from individual interviews (Smithson, 2006). Grounded theory is an inductive research method where theory is developed on the basis of the researchers' coding of transcripted materials (Strauss & Corbin, 1998); it is appropriate for exploratory research that aims to develop a conceptual model.

Participants

Participants for the focus groups were recruited through parent support and advocacy networks and human resource professional organizations in the Pacific Northwest and through the Research and Training Center on Family Support and Children's Mental Health (RTC) Web site. Participants who indicated an interest in participating were given information on the study purpose and were invited to contact the research team to sign up for the focus groups and obtain further information on any questions they may have had regarding the study. Parents and HR professionals were paid $25 for their participation in the focus groups.

Twenty-eight female caregivers of children with emotional or behavioral disorders participated in a total of five parent focus groups, ranging in size from two to 12 participants, that were conducted between March and May 2005. Parent ages ranged from 30 to 57 years ($M = 39$, $SD = 9.1$), and their median family income was between $30,000 and $39,000 per year. Family members cared for a total of 59 dependents, aged one to 36 years, of whom 43 (75%) had emotional or behavioral disorders. Approximately half (52%) had two children under 18 years at home, and half (54%) shared parenting duties with another adult. Participants were European-American (68%), African-American (15%), Hispanic (7%), and mixed race (2%). Most (68%) had high school as their highest level of education. Parents spent between five and 83 hours per week in care activities and between seven and 60 hours in paid work. Of those who reported a job with benefits (68%), most had flexibility (79%), sick leave (75%), vacation time (71%), Family Medical Leave Act coverage (64%), and health insurance (61%). Table 1 contains information about the parent participants' education, type of job, level of employment (full-time vs. part-time), and size of the employing organization.

Three focus groups were conducted with 17 HR personnel who shared their perspectives about workplace issues and practices specific to employees meeting care needs that compete with work obligations; the groups ranged in size from five to six participants. Participants were generally in their mid-adulthood ($M = 45.2$ years, $SD = 8.4$), female (87.5%), European-American (88.2%), and experienced ($M = 15.6$ years in HR, $SD = 9.1$). The majority held professional certification (58.8%), supervised others (82.4%), worked in organizations employing 100 workers or more (81.2%), and were employed full-time in HR (87.5%). A more complete demographic breakdown of HR participants can be seen in table 1.

Table 1   Summary of Focus Group Participant Characteristics

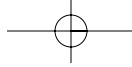| Participant Type	Characteristic	N	%
Parent	Education		
	Less than high school/GED	3	10.7
	High school diploma/GED	16	57.1
	Associate degree	4	14.3
	Four-year college degree	2	7.1
	Graduate degree	3	10.7
	Type of job		
	Executive/manager	2	3.6
	Professional	23	82.1
	Administrative	2	7.1
	Service	1	3.6
	Organization size (four parents did not respond to this question)		
	under 100 employees	16	66.7
	100–499 employees	4	16.6
	500–999 employees	2	8.3
	1,000–10,000 employees	2	8.3
	Full-time vs. part-time work		
	Full-time	20	71.4
	Part-time	8	28.6
HR Professional	Education		
	High school diploma/GED	1	5.9
	Four-year college degree	11	64.7
	Graduate degree	5	29.4
	Type of HR job		
	HR Director/Manager	10	58.8
	Consultant	3	17.6
	Recruiter	2	11.8
	Specialist	1	5.9
	Retired	1	5.9
	Years in HR Field		
	less than 5 years	1	5.9
	5–10 years	5	29.4
	11–25 years	8	47.1
	more than 26 years	3	17.6
	Organization size (one HR professional did not respond to this question)		
	under 100 employees	3	18.8
	100–499 employees	5	31.3
	500–999 employees	2	12.5
	1,000–5,000 employees	6	37.5
	Have direct contact with employees (one HR professional did not respond to this question)		
	Yes	14	87.5
	No	2	12.5
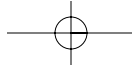
Procedure

Because within-group homogeneity allows participants to discuss topics in terms that are familiar to the other focus group members (Hughes & DuMont, 1993), two separate types of focus groups were conducted: (1) those consisting of employed parents of children with mental health disorders, and (2) those made up of HR professionals. Participants in both types of groups were asked to complete three forms upon arrival: (1) a general consent for participating in the focus group; (2) a consent to be audiotaped; and (3) a short questionnaire to collect demographic, job-related, and caregiving information. Two facilitators were responsible for conducting the groups by asking the research questions and guiding the group discussions. The focus groups began with facilitators' welcoming participants, introducing the study, addressing participant questions, and following procedures for informed consent. Facilitators introduced basic group ground rules and then introduced the first question. Focus group questions differed between the two types of groups but stayed the same within the parents' and the HR professionals' groups.

Data Collection

Prior to running the focus groups, the research team met with project advisors who were parents of children with emotional and behavioral disorders and HR professionals to determine a set of loosely structured questions to be used to guide the discussion in each of the five parent groups and three HR groups. The goal of the focus group guides was to orient participants to the topics and then to proceed to more specific questions that would add to the validity of the study by allowing "thick, rich descriptions" of study themes (Creswell & Miller, 2000, p. 128). In each focus group guide, discussion emerged from six general questions that explored the ways in which family and work domains intersected or had sharp boundaries. Parents were asked to reflect on their workplace experiences with people or programs that made it easier to care for their children with mental health disorders and to manage crises that arose with their children. Parents also responded to questions regarding their communication at work about their children's situations and what assistance they received from HR professionals. The HR focus group participants were asked how they would work with employees who were having difficulty managing both work duties and their children's mental health problems and to discuss both successful and challenging experiences related to this set of employees. Both types of groups ended with questions to participants regarding the resources that would be most helpful to them.

During the sixty-minute, audio-recorded focus groups, participants were encouraged to share their individual experiences and to build on the discussion of the other participants. The focus group facilitators supported the discussion and used probes to clarify responses as appropriate (Morgan, Krueger, & King, 1998).
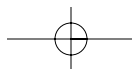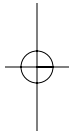
Any changes, additions, or modifications were made to the flip-chart notes as needed. Questions were considered exhausted when participant responses slowed or stalled in the discussion. When this occurred, one of the facilitators would reiterate the question and prompt participants for any additional thoughts (Krueger, 1994). Multiple sources of data (audio transcripts, field notes, flip-chart notes) were collected for each focus group, helping to insure the validity (credibility) of researcher interpretations of the data (Creswell & Miller, 2000).

Data Analysis

Written focus group transcripts were prepared from the taped focus group discussions, and the text was entered into NUD*IST (Non-numerical, Unstructured Data Indexing, Structuring, Theorizing) software (Qualitative Solutions and Research Pty Ltd & La Trobe University, 1993) to manage the qualitative coding and analysis. Researcher field notes were also added to the data file to aid in the analysis, and flip-chart materials were consulted. Four members of the research team met in pairs first to establish initial codes using an iterative approach, beginning with careful reading of each transcript. The identification of preliminary codes was followed by meetings of the research team to discuss and compare interpretations of the first level of data coding, and to develop more substantive coding based on themes. Once the secondary/axial coding was established, a model that was used to explain the major themes and relationships among them was developed. This model was informed by the theoretical and empirical literature on boundary/border theory. During this process, the research team worked both independently and collaboratively to define and redefine the categories by immersing themselves into the data again to validate the emerging structures and ensuring confirmability of the findings. This process was considered complete once all the major codes and their relationships had been accounted for in the model.

Results

The transcript analysis revealed that negotiating the permeability and flexibility of work-home boundaries/borders within the workplace setting is challenging for both parents of children/youth with mental health disorders and HR professionals. The conceptual themes that emerged as central are represented in figure 1, a model of communication boundary management, which was developed from the parents' and HR professionals' discussions of the negotiation process for workplace supports. Past experiences with disclosure of personal information and courtesy stigmatization weighed heavily on both groups. Parents reported basing their decision to disclose or conceal their family's situation on these prior experiences; disclosure was also related to the communication competence they had developed based on past experiences. If employees decided to disclose their family's needs and entered into negotiation at their workplace for flexible work

Figure 1. Model of Boundary Communication Management by Parents
           of Children/Youth with Mental Health Disorders and Human
           Resource Professionals

Note. Model of boundary communication management derived from analysis of transcripts of focus groups involving 28 parents of children/youth with mental health disorders and 17 human resource professionals.
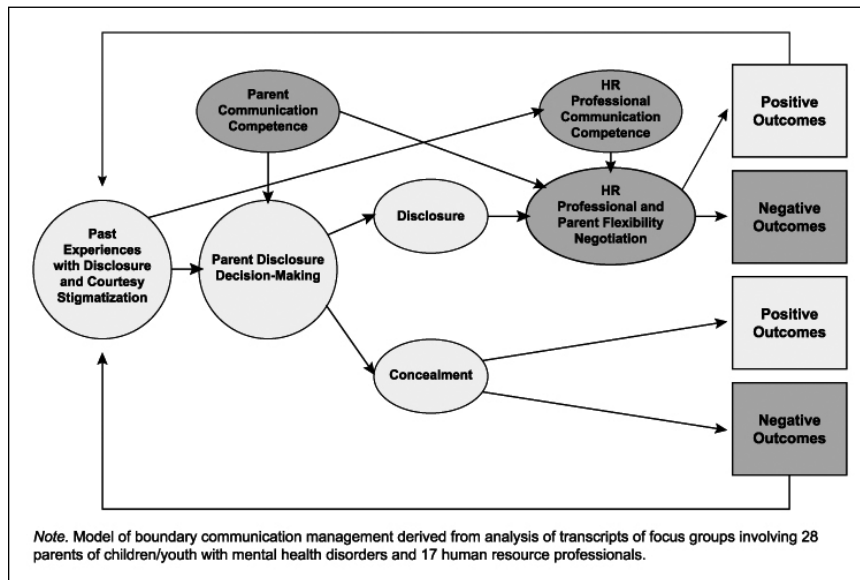
arrangements, both positive and negative outcomes resulted. This negotiation was affected greatly by the levels of communication competence the parents and the HR professionals had achieved through past experience. On the other hand, parents and HR personnel discussed the decision of some employees to conceal their family's situation, which also resulted in positive and negative outcomes. Each of the conceptual themes will be discussed in greater depth.

Boundary Management: Lessons from the Past

Family members were asked to reflect on experiences they had in their workplaces that helped them meet their responsibilities. The employed parents revealed the lasting impact of their past experiences with crossing the boundary between work and family and the way these experiences shaped their willingness to tell HR professionals, supervisors, and coworkers about their children's or youths' mental health problems and their families' needs.

Past Disclosure

Some employed family members had positive experiences as a result of past disclosures of their family challenges and needs. We heard from parents who were in workplaces where they were able to put plans in place to manage those challenges and garner a great deal of HR staff, supervisor, and coworker understanding, which made disclosure less stressful and more effective. "If I have to leave work
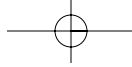
immediately, there are designated people that I talk to and that I trust, that I know will inform the other people that need to know, like my supervisor."

It helped to work in a family-friendly environment where others struggled to meet family needs and received flexible work arrangements. One mother who frequently was able to get workplace flexibility commented, "For the most part, I think it has helped working in an office where the majority of the women are mothers. . . . I think along with just having a place with [coworkers having] various issues . . . it has made them more understanding and accommodating." However, she went on to say that she still got "that leery feeling" and that "I don't want to feel like it is [seen as] a problematic issue and happening constantly."

Past Courtesy Stigmatization

Time and again parents in focus groups talked about the courtesy stigmatization they felt in the workplace and the chilling effect that it had on their willingness to cross the boundary from family to work and to disclose their children's mental health issues to HR professionals, supervisors, or coworkers. One mother felt judged when she disclosed her sons' problems and asked for flexibility:

> When my problems kind of first started with my boys, my boss was good about letting me off, but they always made me feel like they were looking down on me. . . . They would say, "Here she is, having trouble with those kids again." I just felt it when I talked to them, so I stopped. I finally quit the job.

In some cases, parents reported being direct targets of courtesy stigmatization and heard their employers or coworkers label them as ineffective parents, professionally incompetent, or lax workers because of their children's difficulties and their requests for workplace supports. One mother reflected on workplace attitudes as being part of a wider societal misconception about parental responsibility for children's mental health problems: "Most of this isn't just from the workplace, but the attitude of, 'What did you do wrong as a parent?'—that judgmental attitude. Like when something comes up, 'Why didn't you anticipate it?' 'Why didn't you fix it beforehand?'" Working parents also reflected that their professional competence was under heavier scrutiny: "If you can't handle your child, can you do your job?" HR professionals commented that in some working environments, there was little tolerance for those who took time off for any reason. An HR staff member at a manufacturing business commented: "They are physical workers, and they don't have a lot of patience for allowing employees, who are supposed to be there working hard, to be off for whatever reason."

HR professionals also reported that family members watched what happened to their coworkers to see whether others were being negatively labeled or sanctioned due to their caregiving responsibilities for children with difficulties. For example, one parent explained, "Other employees will watch how their peers are treated, and they pick up on that." Another mother said:

> [I have a coworker] who misses more time than I do, so I think I kind of watch to see if she's going to get into trouble. . . . The phone rings, and I am holding my breath. If it is for her, I am like, "Whew!"

Although family members may not have had either direct or indirect experiences of stigmatization, they still talked about being concerned about the possibility that they would experience negative appraisals from peers. An employed parent lamented that her colleagues really misunderstood the nature of children's emotional or behavioral problems and felt that she was seen as shirking her work responsibilities when she asked for flexibility. "But still [coworkers] don't look at mental illness like a broken leg. That's hard, because I think that sometimes people do think . . . you are just trying to get out of work."

For some parents, their history with courtesy stigma was so overwhelming that they accepted blaming messages and applied them to themselves. "I believed that anybody who knew what was going on with my child was right, that my kid was just bad. Eventually that worked into, 'I must be a bad mom, too.'"

Boundary Management: Communication Strategies and Competencies

Communication is an integral component of the management of the boundary between work and family. Both employed parents and human resource professionals must have a set of communication strategies that they successfully apply to negotiations for workplace flexibility. Communication competence reflects the ability to communicate one's view and needs as well as the ability to understand the perspectives and needs of others. There are two primary dimensions of communication competence: relational development and information exchange. Both dimensions are usually present in negotiations between parents and HR staff. For example, when parents disclose their children's mental health status to an HR professional or supervisor, they may share information about diagnosis and what is involved in the care/treatment. It is important to note that parents often make a decision about *how much* information to share, reflected in the levels of disclosure discussed above. In response, the HR professional is likely to share information about workplace policies and available flexibility options. Relational development includes promoting an atmosphere of warmth, trust, and support. Both parents and HR professionals contribute to this relational development by actively listening, being honest, and by being responsive to requests and suggestions.

In our analysis, communication competence emerged as a central concept that was both informed by previous experiences with disclosure and stigmatization, and also served as an aid to both parents and employers in their negotiation process.

Developing Communication Competence

The past experiences of both parents and human resources personnel related to disclosure and stigmatization were critical in the development and application of communication competence. For parents, past experiences informed their current communication strategies for when and how to disclose their family situation. In some cases, their previous experiences had been so negative that it led them to conceal, rather than disclose their situation. One parent's previous

experience disclosing to her supervisor was met with a lack of understanding and stigmatization:

My direct supervisor is not very family-oriented. She doesn't have small children. She has a stepdaughter who is older. She doesn't seem to have that sensitivity that some of us who have got kids in the household have. She tends to say more things like, "Can't somebody else handle that?" "Isn't there something else you can do?" In order to kind of get around that sometimes, I just don't talk to her.

This reflects the notion that the decision-making process itself around disclosure and concealment involves communication competence, in that a parent takes in information regarding who is a safe person to talk to and who is not. On the other hand, sometimes parents had positive experiences that led them to feel comfortable communicating with their supervisors and HR personnel:

My workplace, because of my work environment, which is a family support center, I think everyone knows my story. I think that gives me support that I need, because if I am having a difficult time, I can go to my boss, and because of her education, she can give me the support I need.

Further past experiences helped parents to develop communication skills they could use when choosing what and when to disclose:

I knew what I needed to ask, in order to put it upfront, prior to me saying that I would do the job, was I have learned through the years what kind of flexibility I need and what might cause a problem with an employer.

HR professionals and supervisors also drew on their previous experiences when communicating competently with their employees. In some cases they drew on their own personal experiences:

Being a parent myself, I guess I can empathize [with] and understand the demands. For example, friends who have children with special needs, I see what they have to do in their work life, and I can always apply what I understand from that to our employees as well.

Others drew on the past experiences and expertise of their colleagues:

When there is an issue, I [find] it very important and helpful to get the EAP [Employee Assistance Program] involved with me, to get ideas, brainstorm with them on what I should suggest as solutions to the person, besides just steering the employee to them.

Another said, "I know that a week doesn't go by, seriously, that I don't make at least a couple calls to the other . . . benefit managers and say, 'You guys have this situation? How have you handled it?'" When HR professionals or supervisors did have some prior experience that guided their responses to workers, it did not go unnoticed by employees. One parent said:

> I worked where two of the men in higher ranking positions had children with special needs of one type or another. They knew what it was to have to juggle a schedule for doctor's appointments or mental health issues. One of them also had a child that was severely emotionally disturbed, and there were frequent calls to the school for his wife. They understood. That made them more tolerant of me.

Communication Competence and Disclosure

The communication competence that employed parents develop becomes very important in their decisions about disclosure in the workplace. Communication competence that reflects skills having to do with information exchange were frequently mentioned by parents. In particular, the acknowledgment of the need to educate their employers was stressed:

> I think that is one of the hardest things that I've had to do, is explain my position in order to help my son, and it goes into the workplace, as well . . . they just see a child who has emotional and behavioral problems, and they don't understand that there is a root to it. It is hard, but I am determined to get through it.

This was a skill they enacted even if they did not want to: "You end up almost having to educate people about what you are going through on a regular basis. It is like, I don't want to educate anybody." Part of communicating competently is providing the information that will best help the parents address their needs and cope with any potential crisis. In other words, they anticipate what they may need and communicate the information to set the stage:

> I could say, "I need to leave," and I could share later, if that is what I needed. I wasn't questioned, but because they knew a little bit about my family background, they realized it was a crisis, and I could get up and leave.

The relational development dimension of communication competence was also important in decision-making. One parent spoke of her strategy of being very open about her child's disability in an effort to avoid stigmatization by her coworkers:

> I am just a person who is very open about my situation. I don't try to hide it or keep it a secret, and I have pictures up around my desk, and people ask me about her. I talk very openly about it. I think that that takes away the stigma of mental illness, so that when there is a situation, other coworkers are not getting jealous, or, 'Why does she get special privileges?' or things like that.

Decisions to Disclose or Conceal Family Needs

HR professionals and employed parents both reflected on the difficult boundary management involved in disclosing personal circumstances about one's family life. An experienced HR staff member said of his employees, "They are afraid you are going to categorize [them] if [they] tell you that [they] have a mental health issue in [their] family, or whatever."
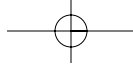
Human resource focus group participants were also aware of the requirements for confidentiality imposed by federal regulations. "More and more the government is requiring [us] to say less and less to anybody about the circumstances of their employee." A parent employed in a large health-care organization said:

> Over the years . . . I've watched processes change where now we try to ensure confidentiality, that I am not asked as I am being hired or being interviewed, "Do you have children?" "Are there going to be any challenges that you may face?" Because no one asks me, then the burden on me is to choose to tell or not to tell.

HR participants made it clear that despite the difficulties they might face, it was important for employees who were having difficulties at work due to family caregiving responsibilities to disclose their need for flexibility and to work through their issues and needs:

> [Employees say,] "Oh, I need to take this time off. I have to work this short shift." They think there is only one solution to the problem. Part of what I feel is my job is as an HR person, and just as a human being, is to help them identify other options that may be available to them.

Employed parents took very different approaches to disclosing their children's mental health problems and their need for flexibility, primarily due to their prior experiences with disclosure and stigmatization present in the workplace. Three types of disclosure on the part of parents were identified through transcript analysis: (1) full disclosure, (2) limited disclosure, and (3) full concealment.

Working in a human services organization, one mother opted for full disclosure of her family situation, "You have to let people know what is going on, because it is impacting your ability to do your job and to do it well, and to keep up with the things that are the highest priority." Another said, "I've just now become very upfront. 'This is how I live . . . I know I can do this job, but I have to have some flexibility."

Some parents were able to get the help they needed at times of crisis using limited disclosure. One parent recalled of her strategy during a crisis, telling her supervisor, "I have to get my son out of restraints . . . that would be the code that I would say to [her] . . . I think that would be it, as far as me having to leave immediately." This mother understood that her supervisor would cover for her, but she did not have to detail what the crisis was, and why she needed flexibility.

Other parents chose full concealment and practiced self-censoring of information about their families. A few participants reported that they did not disclose their family situation during the job search or at the beginning of their employment until they had built a solid work history in the organization:

> If you ask for that flexibility upfront, and they have two candidates and one of them isn't asking for a whole bunch of time off and saying that they may need this and need that, they are probably going to weigh in on the one with less baggage.

Some family participants revealed that they told edited and altered stories about their families to their coworkers so that they did not expose their personal struggles. "Bending the truth" also allowed relief from the chaos of family life that the structure of the workplace can offer. After a particularly stressful vacation, one family member said in response to coworkers' inquiries, "'Oh, it was lovely, thank you' . . . I live it 24/7, so sometimes at work is my time to not have to deal with it."

HR participants discussed what happened when employed parents faced struggles at home but wouldn't disclose them at work. "Sometimes I hear it from a performance problem. [Supervisors] may not know there is an issue going on, and then we find out that it has to do with a family issue." One HR professional commented, "Sometimes women feel that they can't bring it forward because they will be viewed as not being able to manage their family plus their work. So a lot of women will just try to suck it up and get through it."

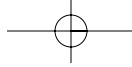Communication Competence and Negotiation

Just as communication competence affects a parent's decisions and strategies around disclosure, it also comes into play during the actual negotiation process itself. A particularly relevant concept that parents were skilled at communicating was reciprocity. For example, one parent knew that, not only did she have to explain and share information about her situation, she also had to communicate her commitment to her job and take into account the needs of the workplace:

> I found out . . . that I have to verbally say, "Look, we've had three bad nights. It is not good. Something is not working, and I am going to have to focus on that or I am not going to get back into business." They are able to accept that because they know when I get back to business, I am going to get the job done and that there is a balance . . . I give everything I can give but have to recognize there is a certain point where you have to say, "Look, I have to take care of this, or it is not good for any of us."

One parent was well informed and approached the negotiation with clear knowledge of what she could expect from her employer:

> I am pretty familiar with my specific employer's workplace policy, so I know how far I can push, and I know what my rights are, and I know what I can't ask for or shouldn't ask for. . . . Yeah, I get twelve weeks a year [Family and Medical Leave Act], and every July I submit paperwork to the doctor and [say], "This is a lifetime, ongoing condition, so expect this paperwork every year."

A parent expressed her own concern about how to balance the needs of her child and the needs of her job, reflecting the honesty component of relational development:

Open communication—"This needs to be done by this date," and "My son just had an episode at school, and if I have to leave, this is what I have right now on my desk, and I will get to this tomorrow." . . . This is what is really helpful for me.

The communication competence of HR professionals is also reflected in the negotiation process. As would be expected, an important part of an HR professional's communication competence is information-sharing:

I found my role this time just providing resources and information. "This is what is covered under mental health, under our health plan. Here is the information. Here is the EAP. Here are a couple of other resources you can call." Because this employee, the daughter is 18–19 and is having a lot of behavioral and mental health issues.

Many HR participants described the more relational aspect of communication competence. They felt active listening was a major part of the negotiation process:

I think I've found that one of the most important qualities for me, as an HR person, was the ability to just sit and listen. The employees would sometimes come in and talk to me, and they just want to talk. You get done with the conversation, and they are, "Thank you for listening. I don't need to do anything about this. I just needed somebody to talk to."

And: "My resources, I guess, are being a good listener, and not just piping in and telling them what to do, but really listening." Similarly, one HR professional stressed the need for actively involving employees in the discussion: "But, really, we would involve the employee in those discussions very regularly because they are going to give us the best indication of what their need is. I think where we go astray is where we don't involve them." An HR participant approached the situation with a more holistic perspective, understanding that the employee's challenges would not disappear solely as a result of flexible work arrangements and recognized the stress associated with the situation:

Even if you get your hours changed and you get your schedule accommodated, you are still going to be under a great deal of stress. You want to make sure that you try to help them figure out ways to deal with that as well, in addition to supporting their shift changes.

An employee's account of her negotiation at her workplace demonstrates the employer's relational communication competence and the support she felt she received:

If I need to go, "Is it okay if I go?" They said, "Oh, yes." I didn't believe them at first, but it is true. They not only let me have time, but they also offer to have somebody come with me, to support me. If I am out of time, and I am quite often now, they offer to call my husband and meet him someplace for my child. They have been very, very supportive.

Boundary Management: Outcomes of Disclosure and Concealment

A major consideration with regard to this research relates to the significant challenges these employed parents have in managing the boundaries of work and family, all the while acknowledging the skill it takes to manage exceptional caregiving and employment and, on the employer side, the organizational necessity for retaining highly skilled workers. Clearly, communication competence—on both the employee and the organizational side—is a critical factor in achieving some semblance of integration in work and family life. However, communication is complicated and nuanced for parent/caregivers, with both positive and negative consequences. Positive outcomes of full or partial disclosure include increased access to formal and informal supports, such as flexible work arrangements and social support from supervisors and coworkers. On the negative end of the spectrum, disclosure can be a pathway to courtesy stigmatization, concerns about equity, unfair scrutiny, resentment from coworkers, and even job loss. On the other hand, communication competence is also about knowing when not to talk. Positive outcomes of concealment included avoiding stigmatization, equity concerns, scrutiny, and resentment from colleagues. Maintaining employment, experiencing a break from home life, and the feeling of normalcy were considered benefits of concealment by parent/employees. Yet withholding information also was associated with negative practical outcomes such as the parents' inability to access flexible work arrangements or formal supports and some psychological disadvantages as well, such as feeling isolated and alone.

Discussion

This study has explored communication boundary management in the context of the workplace specific to the flexibility needs of employed parents of children or youth with mental health disorders. The study was based on small purposive samples of parents and HR staff members, and the focus groups were held in one northwestern metropolitan area of the United States, thus findings cannot be generalized to populations outside the region. The study does, however, contribute to an emerging knowledge base of how family members of children with mental health disorders and other disabilities seek out workplace supports and how the workplace responds to these employees' exceptional caregiving experiences and needs (Rosenzweig & Brennan, 2008; Malsch, Rosenzweig, & Brennan, 2008).

Results from the focus group discussions have provided a greater understanding of communication boundary management strategies used by parents and HR professionals related to the employee disclosure decisions about their children or youth's mental health status and needs. Exceptional care responsibilities for a child or youth with significant mental health challenges often necessitate a high degree of permeability and flexibility in the boundaries/borders at the work-family interface. In part, the construction and management of these boundaries/borders is dependent upon the support that the parent can access within the workplace. A valuable source of support that the workplace may provide is flexibility in the time and location in which work tasks can be executed.
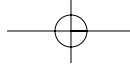
The very nature of asking for workplace flexibility brings personal life into the work domain. When parents of children or youth with mental health challenges disclose about their families' lives, the boundaries/borders between work and home are altered, regardless of reasons or goals for the disclosure. The decision process surrounding disclosure of personal or private information is shaped by multiple variables, such as prior experiences of disclosing the information, cultural beliefs about the information to be disclosed, the goal of disclosing, the context in which the disclosure will be made, and the recipient of the disclosure. Parents of children or youth with mental health disorders are acutely aware of being blamed by others for their child's or young person's condition; are expert monitors of stigmatizing comments; and carry with them a history of their voices being silenced, their concerns minimized, and their requests for support denied. It is not surprising that parents are frequently guarded about disclosing across contexts; nonetheless, the parent continually weighs the risk of self-disclosure, the need for privacy and protection, and the possible benefits of sharing.

Disclosure of children's or youths' mental health challenges and boundary communication management has also been examined through the lens of communication competence. Disclosure of personal information frequently takes place within a dyad. The communication competence of each dyad member, the discloser and the receiver, shapes the interpersonal interaction. Each member of the dyad employs boundary management strategies to regulate the flow of information across the interpersonal boundary (Petronio, 1991). The disclosure process needs additional study, including a closer examination of the receiver/responder's experience. This study indicates that the HR professionals employ certain strategies to maintain the communication boundary around work when the parent discloses personal family information. Such strategies inform the response and the outcomes of the interaction. Not only is the immediate communication boundary being managed, the HR professional is also managing boundaries of organizational confidentiality and privacy.

Communication competence includes motivation, knowledge, and skill dimensions, as well as contextual components (Payne, 2005). The data suggest areas of competencies across these dimensions that would enhance positive outcomes for the parent and the workplace. For instance, knowledge areas might include: children and adolescent mental health diagnoses, exceptional caregiving responsibilities, relevant federal legislation, and specific workplace policies and practices. Communication competencies in context and content, for example, specific to disclosure and requests for flexibility warrants further study. Additional research is also needed to understand the interaction between disclosure, communication competencies, and communication boundary management (Cowan & Hoffman, 2007).

This research is timely given current economic conditions and the aging of the workforce. Sound policies—both within organizations and with respect to supports designed to help families—need to be developed in order to help parents maintain employment and organizations retain workers. Indeed, parents of children with mental health disorders demonstrate high levels of creativity and
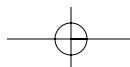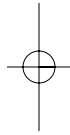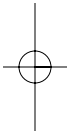
exceptional problem-solving skills. Current organizational research indicates that diverse employees make a significant contribution to organizational effectiveness (Cunningham, 2009; Van de Ven, Rogers, Bechara, & Sun, 2008). In order to reap the benefits of this "invisible" 9 percent of the workforce (Perrin et al., 2007), parents and HR professionals need support in developing communication competence. Furthermore, mental health and other helping professionals need to incorporate communication competence into their assessments and interventions in order to assist parents when they are struggling with employment and caregiving.

Recommendations for Service Providers

Any family, whether or not the child/youth has a mental health disorder, interacts in a variety of systems in the course of daily life (e.g., educational, employment, spiritual, and health care). Most often, working parents whose children deal with mental health challenges also utilize a mental health provider or family support professional to assist them in addressing a child's needs. Effective mental health practice with families affected by children/youth's mental health challenges must therefore involve thoughtful exploration of all key systems with which that family interacts, including the workplace. Parents walk a tightrope in balancing workplace responsibilities with caring for a child challenged by a mental health disorder. Often working parents are not completely aware of legal rights available to them in the work setting.

When a mental health practitioner or family support worker provides services to parents whose children have such challenges, they typically focus on educational issues or concerns. If that child or adolescent has an Individual Education Plan (IEP) or a 504 plan for accommodations, it would be reasonable to expect that professional to be informed about IEPs and/or 504s (Malsch et al., 2008) in order to coach parents to advocate effectively, on behalf of their child or youth. In the same way, therapists and family support professionals should make sure to initiate a discussion regarding how they are managing the child's or youth's care needs with their employment responsibilities. Because parents may not be aware of their legal rights in the workplace, professionals should also take steps to understand the specific legal work-family provisions to which employees are entitled, such as the Family and Medical Leave Act (FMLA), Americans with Disabilities Act (ADA) protections, Employee Assistance Programs (EAPs), or flexible work arrangements (Malsch et al., 2008). Equipped with this information, the mental health or family support professional can then empower working parents to advocate effectively by making use of those legal provisions that will allow for more productivity at work. They can educate working parents about their rights, but more important, explore areas where the worker could potentially speak up to exercise those rights.

Mental health and family support professionals must be clear that their job is to help working parents be aware of their legal rights. Giving specific advice to follow could result in detrimental outcomes, such as urging a parent to disclose a child's

diagnosis that results in stigmatization. It would be better for that professional to ask pertinent questions that will guide parents to make their own informed decisions. What follows is a list of suggested questions for mental health or family support professionals to use for best practices.

1. How do you perceive the balance between home and work demands?
2. How do you feel you are currently managing your job responsibilities? What is going well? Where are the greatest challenges?
3. What would make it easier to do your job?
4. Do you know what legal protections are in place for working parents?
5. What might get in the way of your exploring options for flexibility at work (e.g., part-time, flexible scheduling, job share, or working from home)?

Mental health and family support professionals need to view challenges in the workplace as a systemic issue, rather than as an individual's problem. Given that one of every eleven working parents has a child with some kind of disability (Perrin et al., 2007), probability is high that work-life issues will be a key area of concern. A thorough assessment must validate the workplace as one of many arenas in a person's life that need to be explored.

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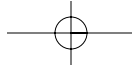
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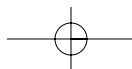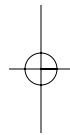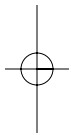
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