Parental Mental Illness as an Adverse Experience: How Three Individuals Became Resilient

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According to the National Institute of Mental Health, 1 in 5 adults in the U.S. live with a mental illness, and approximately 11.4 million adults have a serious mental illness. A serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities (National Institute of Mental Health, 2019). Major depressive disorder, bipolar disorder, and posttraumatic stress disorder (PTSD) are examples of serious mental illnesses. While there is growing research on mental illness and its impact, an effected population is often left behind: parents and the impact their mental illness has on their children. Children in this situation are at risk for experiencing mental health issues, attachment issues, and academic and behavioral problems (Foster, O'Brien, & Korhonen, 2012), but this is not the case for everyone. Many children of parents with a mental illness have been able to gain control over their life and live happily and successfully. However, there is a lack of research on this population and their resiliency. This study aims to determine protective factors that aid a child's ability to thrive or become resilient, despite their adversity of parental mental illness.

Parental Mental Illness

An estimated five million children in the U.S. have a parent with an SMI (Sherman & Hooker, 2018). In fact, the Center for Disease Control and Prevention named parental mental illness an adverse child experience (2019). An adverse experience is a traumatic event that can have long-term negative effects on an individual's well-being. The CDC states that parental mental illness can create an environment that undermines the child's sense of safety, stability, and bonding. The CDC also reports that children experiencing adversity, in general, are linked to risky behaviors, health conditions, low life potential, and even early death (2019). When

someone is diagnosed with a mental illness, many precautions are taken to ensure their safety, but their family and children's well-being is often overlooked.

According to the existing literature, children experiencing parental mental illness face several hardships that could cause long-term damage to their well-being. For instance, children with mothers who have a mental illness are more likely to be maltreated throughout their childhood and experience higher rates of foster care placement (Kohl, Jonson-Reid, & Drake, 2011). About one-third of children of mothers with a mood disorder and almost half of children of mothers with a personality disorder were placed in foster care at one point in time (Kohl, Jonson-Reid, & Drake). Not all children who experience parental mental illness have such a daunting outcome, but other stressors exist even if their parent is not neglecting or abusing them. Dam & Hall (2015) state that children of parents with a mental illness often take on responsibilities such as household chores, caring for the parent, or concealing their daily struggles to outsiders. This immense level of stress can pose unnecessary challenges to children.

Shalev et al. (2019) explored the long-term effects on children raised by a parent with bipolar disorder. The researchers gathered participants with a parent with bipolar disorder and participants with healthy parents as a control group. Each participant was followed for over four years and asked to complete multiple assessments and questionnaires to determine family functioning, communication, and conflict behavior at follow up sessions. Results from the longitudinal study indicated that children of a parent with bipolar disorder were more likely to have depressive or anxiety disorders, attention-deficit/ hyperactivity disorder, and disruptive behavior disorders compared to the control group. Children of a parent with bipolar disorder were also more likely to have issues with attachment and adaptability.

Researchers have also explored the effects on children of mothers with depression. Kessel et al. (2017) found that offspring of mothers with a history of depression had a stronger reaction to aversive emotional images, as shown through an EEG. They also found that children of mothers with a history of depression may face difficulties processing emotions, and therefore become irritable quicker than others. Burkhouse, Seigle, & Gibb (2014) also studied emotional processing in the children of mothers with depression. When shown a sad face, compared to a happy or angry one, these children displayed increased pupil dilation, which is hypothesized to indicate movement in the amygdala. In other words, the picture of a sad face triggered memories and emotions in these children indicating the frequency and knowledge of that emotion over others.

Resilience

Most individuals are capable of "springing back" after an adverse experience. Individuals are resilient when they routinely adapt and recover following a severe risk or threat (Masten, 2014). Many people identify resilience differently; however, Masten argues that an individual may be seen as resilient when their community considers them to be successful, competent, and flexible under their common standards. While there is no certainty on what contributes to an individual's ability to "spring back", it is theorized that factors such as social support, self-efficacy, a sense of relatedness to others, and even some physiological aspects play a role (Saetren, Sutterlin, Lugo, Prince-Embury, & Makransky, 2019).

Social Factors. Individuals rely on their environment and those that make up their environment for growth and development (McDevitt & Ormrod, 2015). When coping with a traumatic event, resilient individuals similarly rely on others in their environment to move forward and grow. Social support can stem from many different sources. Individuals who seek

social support and trust their social relationships are more likely to remain psychologically healthy as they age (Halevi, Djalovski, Vengrober, & Feldman, 2016). While both family and friendship support are important, van Harmelen et al. (2017) found that friendship support predicted resilience more than family support in an adolescent group, indicating the importance of peers to young children. van Harmelen et al. also discovered that family support increased levels of resilience only if experiences with the family were positive. This finding implies that social support is subjective and entirely dependent on the individual's perception of their close relationships.

In a study on women with PTSD, Guyon-Harris, Ahlfs-Dunn, and Huth-Bocks (2017) found that ongoing social support is more beneficial than support only in times of need. Therefore, not only is the source of social support important, but the timing and length is as well.

In addition, evidence-based therapies have been deemed beneficial, and at times necessary, to patients with PTSD. Cognitive-based therapies, relaxation-based psychotherapies, and exposure-based interventions are all popular treatments (Lancaster, Teeters, Gros, & Back, 2016). Therapists administering these treatments can also be considered a source of social support due to the stability they can provide to an individual.

Personal Factors. The ability to thrive after adversity is also due to each individual's personality and strengths. Literature on personal factors affecting resilience remains consistent. Individuals who succeeded after adversity, such as financial strain and overall stress, shared common protective factors including emotional awareness, emotional regulation, a sense of purpose, optimism, and psychological endurance (Hamby, Grych, & Banyard, 2018). These protective factors can apply to other examples of adversity as well. Moreover, Saetren, Sutterlin, Lugo, Prince-Embury, & Makransky (2019) found that individuals capable of using adaptive

strategies, such as cognitive reappraisal, for emotion regulation were more likely to function emotionally, behaviorally, and cognitively, and have good mental health. Cognitive reappraisal refers to an individual's ability to interpret a stressful situation positively. In other words, those who can think optimistically about an unfortunate situation are more likely to exhibit good mental health over a pessimist.

In a study conducted on adolescents who have a parent with a mental illness, Van Loon, Van de Ven, Van Doesum, Hosman, and Witteman (2015) found that high self-esteem, self-disclosure, and active coping strategies lowered the risk of internalizing problems. Therefore, adolescents who cope healthily are more likely to "spring back" after the traumatic experience of parental mental illness.

The literature suggests that personal strengths and social factors aid an individual in the journey towards resilience and can serve as a protective factor against adversity.

Methods

Data for the study were retrieved from semi-structured, face-to-face interviews. Interviews were conducted at a place chosen by the participant, such as a coffee house or a library. Each interview lasted about an hour. Questions were pre-selected, but the interviewer followed the participants' lead and only asked questions that flowed with the conversation. The interviewer spontaneously added new questions as responses to the participants' answers. The participants permitted to be audio recorded for the use of direct quotes but were reminded that their identity would be kept confidential, and pseudonyms would be used.

The study included three female participants ranging from ages 23 to 35. Participants volunteered by responding to an Instagram post detailing the study. Each individual needed to have a parent who suffers or suffered from a mental illness and be considered resilient to

participate. Two of the participants had a parent with bipolar disorder, and one had a parent with depression. Participants in this study were considered resilient if they had stable relationships and had completed their bachelor's degree.

Katy

Katy is a 35-year-old Hispanic female. She grew up in Santa Ana, California, with her three sisters, mother, and father after immigrating from El Salvador at seven years old. Katy shared that her mother suffered from depression throughout Katy's life, and as a result, was emotionally distant. As kids, Katy and her sisters often battled with their feelings towards their mother because they felt she was "cold, moody, and rigid." Her mother still performed her parental duties such as feeding them and taking care of them but lacked affection. Katy admitted that she constantly thought, "Why can't my mom be warm and loving like other moms?" Katy eventually learned that her father had been unfaithful to her mother and had another family in El Salvador, which she believes to be the reason for her mom's ongoing depression. Although Katy knew her father hurt her mother, she never felt negative feelings towards him because he provided the love and affection her mother could not.

Katy constantly struggled with the fact that she did not feel love from her mom and coped in unhealthy ways such as cutting herself, banging her head on the wall, and attempting other methods to hurt herself. She admitted that she originally coped in an unhealthy way because she was taught to deal with struggles by avoiding them. Signs of struggles were seen as something to be ashamed of in her family. However, at the age of 16, she became pregnant and decided she needed to be the mom her son deserved and did everything she could to be the opposite of what her mother was. She went to therapy, pushed her mom to seek therapy, and together, they worked through their struggles.

Katy went on to get her bachelor's degree and recently graduated with her master's degree in college counseling. She is in a healthy relationship with her husband and is grateful for the love he provides her and her son, who is now 19. She plans to further her education by achieving a Ph.D. in a mental health-related field. She is a strong advocate for vocalizing mental health and practicing self-care.

Alex

Alex is a 26-year-old, European American female. She grew up in Florida as the youngest child with her sister, brother, mother, and father. She currently lives in Fountain Valley, California. Alex's father had bipolar disorder, but she did not know his diagnosis while she was growing up. She explained that her father often portrayed severe mood swings, and she "never knew when there was going to be an explosion." Alex also mentioned that she learned to avoid him when she sensed "an explosion" coming. While she admitted she felt uneasy for parts of her childhood, she stressed that she loved her dad and that he was a very supportive, present father. She did not know life any other way and assumed her childhood experience was joyful and ordinary.

During Alex's sophomore year of high school, her father committed suicide as a result of his mental illness. This was a very confusing time for her because she was not yet aware that he had bipolar disorder. After his death, Alex's mom slowly released more information about her father's struggles. Alex admitted that it was difficult to find out the truth, but her life experiences seemed to make more sense as she pieced the puzzles together. Through all the confusion, her mother always reassured her and her siblings that their father loved them. Because of that, she does not have negative thoughts about her father and will always remember what a great, charismatic man he was.

Alex conquered her struggles and received a double bachelor's degree in communication and anthropology. After she graduated, she joined the Peace Corps and met her current boyfriend through that experience. In 2018, she moved in with her boyfriend in Fountain Valley to be closer to his family. Now that she is acclimated to her new community, she is excited to find a career that suits her and reflects her degrees.

Maya

Maya is a 23-year-old African American female. She grew up in Chino Hills with her mother, father, and two older brothers. Maya expressed that her mother has always struggled with bipolar disorder for as long as she can remember. She remembers times when her mother would lock herself in the bathroom, cry, and yell. Maya often thought, "she's just in one of her moods again." She recalled her mom acting "moody" and "angry" for much of her childhood, but the anger was only directed towards her father. Maya and her siblings knew their mom had "issues" and was taking medication to feel better, but they did not learn why until they were older. While Maya struggled living with her mom in these conditions, she noted that her mother did a great job masking her illness from her children. She still cleaned the house, cooked for them, and showed up for every school event. Maya also shared that her father is a baseball coach, and because of his career, he was gone many months out of the year. Maya has a lot of respect for her mother because she feels she was a great caregiver despite her illness and being a "single mom" at times.

When Maya was 15, she was diagnosed with depression and sought therapeutic help. While going to therapy, she learned more about her mother and leaned on her for support and advice. Maya felt closer and more connected to her mom during this time. However, during her sophomore year in college, she and her brothers received a text from their mom saying, "I love you guys." Maya's mother had overdosed on sleeping pills and was admitted into a psychiatric ward for 72

hours. Maya deeply struggled with her mother's suicide attempt and found herself spiraling into her mental illness again.

Maya portrayed resiliency despite her traumas. She graduated with a double bachelor's degree in management and accounting and currently holds a job as an Auditor at an accounting firm. She spends a lot of time with her friends and family and values those close relationships in her life. She feels as though she is succeeding and "really doing this thing," referring to life.

Findings

Katy, Alex, and Maya each considered themselves resilient and shared the protective factors that they perceived led to their successes. Four common themes arose between them: motivation, close relationships, distractions, and therapy.

Motivation

All of the participants agreed that they were resilient and proud of how their life was going. More importantly, they all gave themselves credit for their successes. Their motivation can be referred to as self-efficacy. Self-efficacy is an individual's own belief on how well they will perform in a particular situation (Park & John, 2014), or their confidence to perform well. Katy portrayed this idea well when she found out she was pregnant:

> I could not be like my mom. My son deserves better. He needed an affectionate and honest mom, and I was going to be that for him. I felt so motivated to change my habits and be the opposite of what my mom was. I loved him so much, and I just knew he deserved better than who I was at the time. I didn't have the strength to fix my problems before, but this was just different.

Katy realized she had the "strength" to "fix her problems" and believed in herself for the first time. Her pregnancy motivated her to seek therapy to be a good mother to her son. She was

finally able to reach out for help once she instilled confidence in herself and had a reason to be

motivated.

Like Katy, Maya found that she had the "strength" to move on. Maya displayed self-

efficacy when she graduated college and realized she was "stronger than she thought she was."

She thought:

I can actually do this, and I am strong enough to do this. I can be independent; why not?

Maya gained confidence in herself after she graduated because she proved herself wrong. Her

accomplishment motivated her to continue being "independent" and "strong." She landed a job

and moved out of her house to continue her journey of independence. Maya's confidence and

belief in herself determined how well she performed in her life after her struggles.

Moreover, Alex demonstrated self-motivation when she chose to "become something"

after her trauma. Alex admitted she was motivated to be successful because she viewed her older

siblings as role models. Her siblings both had reputable careers, were happy, and "didn't become

victims" to their trauma. Aish, Asare, and Miskioglu (2018) found that an individual is more

likely to perceive someone as a role model and possess their qualities if they can relate to them

and that a relatable role model could influence self-efficacy in that individual. Alex has many

reasons to relate to her siblings, such as experiencing the same trauma and wanting to make the

same people proud. Alex supported Aish, Asare, and Miskioglu's findings because she felt her

siblings were the most relatable role models in her life and, therefore, she wanted to be

successful and happy like them. Their influence contributed to her self-efficacy as she

independently chose and was motivated to follow their steps rather than "fall victim" to her

adversity.

Close Relationships

The participants also mentioned close relationships with others that helped them move past their adversity. They discussed relationships with siblings, friends, and their "healthy" parents. Simons, Schrager, Clark, Belzer, and Olson (2013) linked family support to a higher life satisfaction and lower depression in a trans and gender diverse population. However, support from family can yield similar outcomes in other populations. For example, Katy admitted that her sister, Alicia, was her biggest supporter through all of the difficulties she experienced and that she would not be where she is now without her:

> She encouraged me to go to therapy. She's the reason I got my shit together. She was the only one that accepted my mom's mental illness for what it was and understood my issues.

Katy stated that Alicia was the only person in her family who had "faith" in her and is certain she would not be the "successful woman" she is today without Alicia's love and support.

Alex also attributes her success story to close relationships with her family. Alex mentioned that her relationship with her siblings served as unintentional support. While they did not talk about their father's mental illness, they spent a lot of time together. When talking about her siblings, Alex stated:

> I don't know if they know how much they mean to me. Even though they weren't purposefully trying to help, since we didn't know the extent of my dad's problems when we were kids, their presence was enough. It's comforting knowing someone else went through my same experiences.

Alex also mentioned the effect her close relationship with her mother had on her resilience. She described her mom as "a constant stability" in her life and appreciated her continuous

reassurance that her "dad still loved [her], even when he was angry." Her relationship with her mother flourished after her father's death because her mom shared more details as time went by. Alex stated that her mother often helped her understand her father's illness when she was feeling down about it, which encouraged her to think more "logically" about her father rather than "emotionally." As Simons et al. (2013) suggested, Alex's familial relationships may have contributed to a higher life satisfaction since she always had them to lean on.

Furthermore, Maya's relationships were important factors that guided her past her adversity, but unlike Katy and Alex, Maya relied on her best friend for support. Maya admitted that she did not talk about her mother's illness with any of her family members, but her best friend, Val, was her most significant support system:

> Val knew everything that was going on. I would call her every time I was upset, but we didn't even have to talk about the reason why; she just knew. We were together all the time and talked on the phone for hours about nothing. I don't know how I would have survived without her.

Consequently, the three participants valued their close relationships and appreciated the effect they had on their lives. Support from their friends and family served as a protective factor that aided in their ability to be resilient. Research suggested that relationships with peers were more influential than familial relationships (van Harmelen et al., 2017). Still, the findings of this study indicate that relationships with anyone an individual perceives as "close" is sufficient.

Distractions

Both Alex and Maya described the positive impact extra activities had on their ability to "spring back" because it "distracted them" from what was going on at home. Alex stated:

> When my dad passed, I needed every outlet to get my mind off of everything, so I joined a lot of community service clubs, musical theater, and student government. It was really helpful to take my mind off of things.

Similarly, Maya spent a lot of time at her dance studio throughout high school to get away from her struggles at home:

> I would go to my dance studio even when I didn't have classes. I just wanted to hangout and be away from home. I was probably there like five times a week.

These extracurricular activities served as protective factors as they gave Alex and Maya a chance to be involved in something outside of their home. They were able to distract themselves from the issues at home and focus their energy and emotions into something meaningful.

Therapy

Katy, Alex, and Maya stressed the importance of therapy and raved about their experiences with the counseling services they received. They disclosed that their therapists taught them strategies to "cope" and "communicate effectively." Katy captured the importance of therapy as she perceived it:

> I found my voice through therapy. I finally gave myself permission to tell my story to my mom and everyone. I learned how to communicate with my mom and eventually brought her to therapy with me.

Ultimately, Katy's relationship with her mother improved because she learned how to "voice" her thoughts throughout her therapy sessions. Similarly, Maya expressed that her therapist helped her learn how to communicate with her mom "properly" because she "didn't know how to talk to her." Without their therapists, Katy and Maya's relationships with their mothers may have never been repaired.

Receiving therapy also encouraged the participants to feel empowered and in control of their own mind and body by teaching them coping skills. Alex emphasized how much she learned from therapy:

> The biggest take away was introspection. I learned how to process and understand my emotions and do what I needed to do to help myself. Understanding your emotions is a game-changer because it really allows you to cope properly.

Alex learned to cope by doing things she enjoys, such as baking and exercising. Katy also learned the art of introspection and learned to meditate as a coping mechanism. Maya learned how to express her emotions by journaling. She was taught to journal when she feels she needs to talk to someone or "put her thoughts somewhere else."

Katy, Alex, and Maya continued using strategies they learned from their therapists even if they stopped seeing them. Despite the lack of research on the effects of therapy on resilience, the participants valued their experiences in therapy. They considered it a turning point in their mental health and overall resilience.

Discussion

Children with a parent suffering from a mental illness are prone to risks such as depression and anxiety disorders, difficulty in processing emotions, and overall stress (Shalev et al., 2019 & Kessel et al., 2017). Although these children often experience high rates of stress and responsibility, many still become successful. Katy, Alex, and Maya are considered resilient because they were able to "spring back" from their adversity of parental mental illness. Common protective factors included motivation, close relationships, distractions, and therapy.

One factor they did not mention was help from school practitioners. In fact, the participants admitted that school practitioners were not aware of their situation, and if they were, they were not

useful. Alex specifically shared that she saw her school counselor, but the counselor "didn't know how to deal with her situation." Katy and Maya's school practitioners were not aware of their parent's mental illness. Parental mental illness may not always be physically visible; therefore, it may be difficult for teachers and staff to notice. However, staff should be aware of signs they may see in these children, such as increased behaviors, inattention, and symptoms of depression or anxiety. Given the detrimental effects parental mental illness may have on children, school practitioners can and should be involved in the healing process.

It is important to remember that students are the first priority; however, since a parent's mental health affects their children, practitioners may find that they need to support parents as well. Supporting them may include sharing resources, linking them to outside help, and supporting their child. The National Association of School Psychologists (NASP) does not yet share tools or strategies for supporting a child of a parent with a mental illness, but they do share general tools on supporting students' mental health. Given a student's increased likelihood of experiencing anxiety, depression, or high levels of stress, school psychologists must be willing to introduce tier-one preventative strategies and tier-two and three reactive strategies for coping. For example, tier-one strategies may include general awareness of mental health, providing a safe and supportive environment at school, teaching children how to ask for help, and teaching children how to regulate their emotions (NASP, 2019). By implementing these first-tier interventions, the majority of struggling students have the tools necessary to cope with stress and prevent serious impairments to their mental health. NASP also outlines second and third-tier interventions for children's mental health, such as counseling through play, art, and storytelling, and relaxation training. These interventions may encourage a child to express their feelings in a manner that is appropriate in a school setting. While specific support strategies for children experiencing parental mental illness

are not yet available, school psychologists can utilize general strategies for mental health maintenance.

Future Directions in Research

There is a lack of research on the resiliency of children of parents with a mental illness. The participants in this study identified four protective factors: motivation, close relationships, distractions, and therapy. Further research is necessary to confirm and expand on the effects of these factors. For example, some of the participants felt "motivated," but they could not explain the foundation of the feeling. In contrast, Alex was motivated by the success of her older siblings and saw them as "role models." Motivation could stem from a role model, a supportive relationship, or could be a personality trait. Therefore, where individuals receive motivation from may be an important factor in research as it could reveal more protective factors in this population.

As discussed earlier, research regarding the role of school psychologists, or school practitioners in general, in the resilience of children experiencing parental mental illness is scarce. However, all of the participants felt that their therapist played a significant role in their journey because they taught them coping strategies. Katy specifically said she felt "empowered" by her therapist. School psychologists or counselors can play this role for their students as they have the tools and resources to teach coping strategies and provide counseling. By doing this, psychologists and counselors can influence a safe and supportive environment, prevent a student from needing outside services if not necessary, and overall better serve their students.

America lacks in research on the influence a school psychologist can have, but other countries are more advanced. For example, Canada's mental health association created social groups for children of parents with a mental illness to instill confidence and increase their social network through recreational activities (Here to Help, 2019). School staff can refer children to

these groups. Schools in Canada also implement other strategies to break the mental health stigma, such as showing a short film about parental mental illness and introducing children to resourceful websites. They also share books such as "My Happy, Sad Mommy" and "Sometimes My Mommy Gets Angry" (Here to Help). Further research outlining what school practitioners can do and their effects on children is necessary to support students. American researchers can start by replicating these Canadian studies and strategies or implementing similar ones.

Limitations

This study found useful information regarding the protective factors that led three individuals experiencing parental mental illness to resilience. However, readers must be cautious and avoid overgeneralizing the findings to other individuals. First and foremost, the study only included three participants who lived in the Orange County area and were all female. Individuals living in different regions may have different experiences due to their environment. In addition, the perspective of a male might be entirely different than that of a female. While the three participants were generally representative of race (Hispanic, European American, African American), future studies should aim to be representative with a larger sample and include participants from other races, sex, and geographic areas.

Moreover, the participants volunteered to share their stories because they knew the researcher either first-hand or through a friend. Even though the researcher promised confidentiality, the participants may have left out details if they felt uncomfortable, or they may have done the opposite and shared what they thought the researcher wanted to hear, otherwise called social desirability bias.

Despite the limitations, this study found that children of parents with a mental illness can become resilient with protective factors in place. The participants all commonly reached resilience

due to their motivation, support from close friendships and their therapist, and distractions such as extracurricular activities. This study can serve as a basic model for future researchers to compare and contrast their findings. Future research may confirm the findings in this study or add to them.

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Reflection

I felt extremely privileged that the participant's trusted me enough to share their stories with me. However, I was unprepared to hear the extent of the trauma the girls experienced. I was expecting a simple story of how each participant coped with their parent's mental illness, but each story was so much more complicated. I was overwhelmed at times as I battled how to respond appropriately, but then I felt important and proud that they felt comfortable sharing with me. The experience for them may have been empowering, but I felt empowered too because the experience confirmed the importance of the profession I have chosen.

I was inspired by how vulnerable and open the participants were with me. I watched a couple of them get emotional but find the strength to continue. I was also inspired at how happy and content they were with their current life because I knew what a difficult upbringing they had. Having not interviewed them, I would have never guessed they experienced such severe trauma. Their capability to be resilient was inspiring in itself.

Unfortunately, I have experienced similar adversity because my mom suffered from depression when I was younger, so there were a lot of connections I made with my own life. As they were talking, I realized that their protective factors were pretty common and that I even shared some of them, such as close relationships, motivation, and distractions. These connections made me realize that resilience really is ordinary magic as Masten (2014) argues. The protective factors that we rely on to get through trauma may be the same ones that we rely on to get through daily stressors. Even though I am not going through a traumatic experience at the moment, I realized that I should continue utilizing my close relationships as a support system, continue doing things that I enjoy and that distract me from my stress, and continue to motivate myself to

do the best I can because my protective factors can serve as preventative factors for any adversity

that may come my way. These protective factors are healthy to have in general.

There were a few challenges I faced as a first-time interviewer. For example, the stories

were so interesting that I was personally curious about the problem and the details. It was

challenging to keep my professional hat on and only focus on what was necessary to know. It

was also challenging to take notes while portraying active listening. In addition, given that I

shared a similar experience to the participants, it was challenging to stray away from

commenting about my experiences compared to theirs. However, I think my biggest strength was

that I was able to get past the challenges and manage to conduct a professional and productive

interview. I also think my ability to keep the interview conversational rather than rigid made my

participants feel more at ease about the situation, which I consider a strength as well.

I used some skills that I learned from Solution Focused Brief Therapy. Primarily, I guided

the interview from one step behind and allowed the participants to tell their stories how they

wanted to. I picked up on protective factors from their own story rather than asking "So what are

your protective factors?" I only asked questions when I wanted clarification and when the

interviewee needed guidance. I also used the skill of complimenting quite often as I made it clear

how impressed I was with their journey. Furthermore, I made small comments throughout the

interview such as "wow", "that's great", etc. to reassure the participants that I was listening.

Moreover, I believe I did a good job making the participants comfortable and asking open-

ended questions. By asking open-ended questions, the interview felt easy-going and

conversational which allowed the participants to open up and detail their story in their own

words. I also think I did well in staying professional while hearing the serious, and at times dark,

stories. For example, when the participants revealed something intense, I did not react in a

shocking or negative manner. Instead, I either complimented them for dealing with something so tough, agreed with them that that must have been a difficult time, or asked further questions. As I mentioned prior, it was difficult to keep my interviewer hat on and stay professional, avoid questions to fulfill my curiosity, and avoid giving my input regarding their experiences. However, I successfully avoided those temptations and think I did pretty good for my first interviewer experience.

Looking into the future, I hope to improve my ability in using words my interviewees or future clients use. Upon reflecting, I think I was looking for themes as I was talking to my participants and may have used my terms rather than theirs. When I was looking back at my notes and audio recordings, I noticed common phrases they used that I had not picked up on during the interview. When someone uses a specific word or phrase multiple times, I would like to pick up on it quicker and use it when asking for further details. This would allow my clients, or whoever I am talking to, to feel understood and heard. In addition, I would like to improve my ability to be completely present during an interview or counseling session. I was thinking of the outcome and what I needed or wanted out of the interview that it was difficult to be in the moment and just take it all in. I would like to be able to just sit and listen and do my "thinking" after. If I made this improvement, I would be more present and relaxed, and my interviewee would know I was fully interested and that I cared about what they had to say.