

12-31-2024

## **A Mother's Understanding of her Adolescent: A Social Anxiety Study**

Cheronda Pinkard  
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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Cheronda Pinkard

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University

2024

Abstract

A Mother's Understanding of her Adolescent: A Social Anxiety Study

by

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MSW, Loyola University Chicago, 2013

BS, University of Illinois at Chicago, 2008

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February 2024

## Abstract

Social anxiety disorder (SAD) affects 1% to 13% of adolescents, often placing significant demands on their caregivers. Mothers frequently adapt their behaviors to accommodate their child's anxiety, which may impact their well-being and the parent-child relationship. This qualitative study explored the lived experiences of mothers accommodating adolescents with SAD to understand better the emotional and relational toll of this caregiving role. The problem addressed is the limited understanding of how maternal accommodation affects mothers. Mental health practitioners, educators, and policymakers may benefit from this research by gaining insight into these families' challenges and informing family-centered interventions and support services. Guided by Bowen's family systems theory, this phenomenological study used semi-structured interviews with 5 mothers of adolescents diagnosed with SAD. Thematic analysis was conducted to identify key patterns and experiences. Three primary themes emerged: (1) emotional exhaustion and caregiver burnout, (2) shifts in maternal identity and competence, and (3) development of coping strategies and resilience. These findings underscore the need for targeted mental health resources and parental support. The implications for positive social change include the potential for mental health practitioners, school counselors, and policymakers to develop interventions that reduce caregiver stress and foster family resilience. Supporting mothers may lead to healthier family environments, benefiting adolescents with SAD in their developmental journey.

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## Dedication

These works are dedicated to my children who inspire me to be the best.

## Acknowledgments

Thank you to Dr. Oren. Shtayermman, Dr. Doug. Crews, and Dr. Debora Rice who helped me develop a deeper connection to my topic of interest. Thank you to my mom and dad, Charles and Gwendolyn Carson, who have supported, loved, and pushed me to be my best self. Thank you to my Husband and children, Keith, Elyja, Isaya, and Josiya, who have been patient and encouraging throughout this journey.

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## Section 1: Foundation of the Study and Literature Review

### **Introduction**

Social anxiety is among the most prevalent adolescent mental health problems; however, it is often unrecognized due to its comorbidity with other anxiety problems, such as generalized anxiety (Zeytinoglu et al., 2022). As the diagnosis of social anxiety is slowly brought out of the shadow of generalized anxiety disorder, it is important to look at certain protective factors that may positively affect adolescents who have received this diagnosis. In this study, I was particularly looking at maternal relationships.

Vandevivere et al. (2015) further reported how maternal support is a protective factor during infancy, childhood, and adolescence. As children enter adolescence, their world opens even more than when they entered middle school, and peers become an essential part of their meso system. Adolescence is characterized by changes in several domains, e.g., biological, and psychological, with subsequent challenging developmental tasks like developing independence (Vandevivere et al., 2015). With the addition of these new stimuli, some adolescents become more isolated and have a much harder time navigating these new social situations.

This is when the attachment figure begins to be needed even more than before. Mikulincer and Shaver (2005) wrote how interactions with attachment figures which are available and responsive, especially in times of need, promote optimal functioning of the attachment system, create a core sense of attachment security (a sense based on expectations that key people will be available and supportive in times of need), and result in the formation of positive working models (mental representations of self and others).

This study aims to determine whether maternal relationship with their adolescents is impacted by how much the mother can understand their child and provide positive support.

### **Problem Statement**

This study is unique because it addresses a poorly researched area of study (de Jesus, 2012) of social anxiety disorders (SADs) and how it can impact the mother-child relationship. Previous research has focused on the impact of parent behaviors on youth anxiety rather than the impact of child behavior on parental responses. However, there is growing support for bidirectional influences in the youth anxiety treatment literature (Settipani & Kendall, 2017). Johnco et al. (2020) reported that childhood anxiety also has a significant impact on the child's parents, siblings, and extended family, primarily by increasing burden, stress, and conflict relating to family accommodation of anxiety. Parents of anxious youth might engage in accommodation in response to a child's direct request, or because it is an effective way to reduce child distress in the short term; however, in the longer term these behaviors maintain anxiety and facilitate further avoidance through negative reinforcement processes (Thompson-Hollands et al., 2014). Research has long supported a link between children's anxiety disorders and symptoms of anxiety in their parents, particularly mothers. (Jones et al., 2015).

Observational studies of mothers and anxious children show that anxious mothers tend to grant their children less autonomy than non-anxious mothers (Thompson-Hollands et al., 2014). Jones et al. (2015) stated children become highly distressed, angry, or aggressive when their parents do not accommodate, and more anxious mothers may

have more difficulty tolerating these behaviors. Jones et al. further reported how family accommodation mediated the relationship between maternal anxiety and child anxiety are positively correlated. Not only might maternal anxiety be fueling child anxiety through increased accommodation, but also child anxiety might be provoking the need for more accommodation, thus increasing maternal anxiety (Jones et al., 2015).

Akbay and Gunduz (2020) understood the importance of the family and the role their support plays in the basic psychological needs of adolescents seems to support the idea that poor parenting will adversely impact adolescents and make it harder to navigate and mitigate some of the external influences on their anxiety, such as poor self-esteem and well-being. Thompson-Hollands et al. (2014) relayed that overprotective and/or overinvolved parenting that restricts children's autonomy and therefore denies children key opportunities to practice and independently master their experiences of distress has been most strongly linked with child anxiety.

### **Purpose Statement and Research Questions**

The purpose of this qualitative study is to explore and examine the experiences of mothers or maternal figures who have been deploying accommodations for their adolescents with social anxiety since the onset of their initial symptoms. The study investigated the specific behaviors, emotions, challenges, and coping strategies employed by mothers or maternal figures in response to their adolescent's social anxiety symptoms. This study focused specifically on how a child's behavior may impact parental responses, more specifically, what are the experiences of mothers or maternal figures who have been

deploying accommodations for their adolescents since the onset of their initial social anxiety symptoms?

### **Nature of the Doctoral Project**

A basic research design was used to answer this study's research question. The viewpoints and research of attachment theory was used. The methodology was used to organize and understand the data derived from this study's research participants. My goal was to understand how mothers who have been raising adolescents diagnosed with SAD have been managing these tasks as well as balancing their own lives. This study also revealed not only how they manage or do not manage to balance their lives, but what has gotten in the way of this balance, what clinical interventions they have used, and what clinical interventions need to be developed to better assist this population.

This was accomplished through semi-structured interviews with 10 maternal figures who are currently raising adolescents diagnosed with SAD. Moran and Gutman (2020) supported the use of interviews to provide valuable feedback as qualitative research. The qualitative approach continues to offer researchers the opportunity to develop questions and ideas for topics that can be differentiated at a higher level of inquiry (Counelis, 2000).

### **Significance of the Study**

By investigating the impact of maternal accommodation and its interplay with attachment and parenting styles, this study has the potential to contribute to a deeper understanding of how dynamics between mothers and daughters can affect the direction of the adolescent's anxiety disorder development. Henry et al.'s (2020) research found

that children of depressed mothers are exposed to higher levels of family stress than children of nondepressed mothers. It is plausible to believe that this has an impact on how the maternal figure can respond to the adolescent's needs. Depressed mothers tend to vacillate between disengaged and intrusive parenting, and the unpredictability of maternal behavior can be a source of child stress (Henry et al., 2020).

While maternal distress can impact the direction of the adolescent's anxiety, it is also possible that children's distress on their maternal figure can influence their parenting style and response to the adolescents. The role of child distress in parental accommodation is an important consideration because research suggests that parents of youth with anxiety disorders are more likely to intervene when their child exhibits negative emotions or distress in anxiety-provoking situations (Settipani et al., 2017). This current research study will emphasize the importance of considering the family system when assessing and treating adolescent anxiety. Social workers can integrate this knowledge into their practice by involving parents in the therapeutic process, educating them about the potential impact of their accommodating behaviors, and empowering them to adopt more effective coping strategies.

The findings from this study can inform the development and implementation of family-focused interventions for adolescent anxiety within social work practice. Social workers will be able to incorporate strategies that target maternal accommodation, attachment, and parenting styles to promote healthier family dynamics and reduce anxiety symptoms in adolescents. These interventions can help families develop adaptive coping mechanisms, enhance communication, and strengthen the parent-child bond. Overall, the

study contributes to positive social change by enhancing social work practice in the realm of adolescent anxiety. By recognizing the influence of maternal accommodating behaviors and advocating for family-centered approaches, social workers can foster resilience, improve mental health outcomes, and promote positive family functioning. This, in turn, can lead to better overall well-being and quality of life for adolescents and their families.

### **Conceptual Framework**

Attachment theory is the joint work of John Bowlby and Mary Ainsworth (Bretherton, 2000). Attachment theory suggests that children's attachment insecurity plays a key role in the development of anxiety (Colonnese et al., 2011). In attachment theory, Bowlby identified the quality of child-parent attachment as the main influence on a child's social and emotional development (Keresteš et al., 2023). How a child perceives their relationship with their mother versus other attachment relationships through adolescence and adulthood results in specific internal working models of attachment, that is how they can understand attachment and relationships. Colonnese et al.'s (2011) research reported that these working models play a key role in guiding interpersonal behavior and regulating affect during adolescence and adulthood representations. According to Keresteš et al. (2023), their research found numerous studies showing that lower quality child-parent attachment is related to a higher risk of developing internalizing problems such as depression and anxiety. Dagan et al. (2020) reported anxiety may arise from interpersonal interactions that are perceived as threatening, which contributes to anxiety disorders such as social anxiety.

Attachment theory provides an understanding of how the parent-child relationship and attachment dynamics may shape the experiences and behaviors of both mothers and adolescents in the context of social anxiety and accommodations (Stroebe, 2021). Anxiety often entails difficulties managing emotional arousal and the intense experience of negative emotions (Gross, 2015). Dagan et al.'s (2020) research explained how attachment behaviors are at their core geared toward regulating negative emotions (e.g., seeking comfort) and how insecure attachments early in life may lead to a chronic inability to mitigate distress and arousal).

Degan et al. (2020) shared how a suboptimal parent–infant attachment relationship is not a time-limited risk factor, as it will continue to form a template for the developing child's expectations of future relationships (Manassis, 2001). The research has suggested if a child is not able to develop a bond with their maternal figure during infancy, then this will eventually impact their ability to regulate negative emotions while at the same time negatively impacting their ability to form positive interpersonal relationships. Carcedo et al. (2023) reported this may result in the development of psychopathology, including social anxiety.

## **Review of the Literature**

### **Anxiety Disorders**

It is commonly known that fears are widespread during childhood. However, when these fears or the anticipation of future threats cause an uncontrollable negative response with physiological symptoms and important distress in the children's lives, we are probably talking about an anxiety disorder (Canals et al., 2019). These disorders must

be taken seriously in children and young people as they are highly prevalent, have a negative impact on educational, social, and health functioning, create a risk of ongoing anxiety and other mental health disorders across the life span, and are associated with substantial economic burden (Creswell et al., 2020). Xie et al. (2021) reported how anxiety disorders mainly manifest as excessive fear, worry, and avoidance that induce severe emotional distress, somatic diseases, cognitive and behavioral impairments, and in turn damage normal social functioning and negatively affect the quality of life. Canals et al. (2019) related that separation anxiety disorder and specific phobias were more prevalent in younger children, while social phobias increased in adolescents

SAD or social phobia is a debilitating disorder that emerges during adolescence and confers a significant burden on interpersonal functioning and often is characterized by pronounced and persistent fear of one or more social or performance situations as well as excessive avoidance of these feared situations (Carlton et al., 2022). The hallmark of social anxiety in Western contexts is an extreme and persistent fear of embarrassment and humiliation (Jefferies & Ungar, 2020). The diagnostic criteria for SAD, located in the DSM 5-TR, highlights that children must experience social anxiety during interactions with peers, as well as adults, with this difficulty typically lasting for at least 6 months. It also states that the persistent and intense fear of social situations is disproportionate to the level of threat posed by the actual and causes significant personal distress especially in social situations (e.g., meeting new people, speaking in public, eating in public, school attendance, working in groups and speaking in meetings; Pickering et al., 2020.)

Common concerns involved in social anxiety include fears of shaking, blushing, sweating, and appearing anxious, bored, or incompetent (Jefferies & Ungar, 2020). Recognizing difficulties can lead to dread of everyday activities such as meeting new people or speaking on the phone (Jefferies & Ungar, 2020). Experiential avoidance has been linked, among others, with a SAD (Urbán et al., 2023). Individuals with social anxiety symptoms worry that they will behave in a particular way or show anxiety symptoms (e.g., blushing or a trembling voice) that will elicit negative evaluation by others (Danneel et al., 2019). When symptoms persist for an extended period and impair everyday functioning, this profile can lead to a diagnosis of SAD (Pickering et al., 2020).

### **Impact of Social Anxiety Disorder on Individuals (or Individuals' Well-Being)**

SAD can lead to individuals reducing their interactions or shying away from engaging with others altogether (Jefferies & Ungar, 2020). Danneel et al.'s (2019) research stated adolescents with social anxiety symptoms tend to avoid social situations or endure social situations with intense fear or anxiety. Ranta et al. (2007) also reported that in adolescence social anxiety may cause significant impairment in both educational activities and in making friendships. Individuals with SAD may experience difficulties in school and thus fail to meet their full educational potential (Vilaplana-Pérez et al., 2021). Urbán et al. (2023) reported how adolescent social anxiety is a key factor affecting academic/school learning in secondary education, and thus can be associated with poor life outcomes, such as lower occupational attainment, restricted social relationships, and increased risk for substance abuse.

Pickering et al. (2020) conveyed the impact of anxiety disorders on educational outcomes. They found that nearly half (48.8%) of the individuals with anxiety disorders reported having left school prematurely and that 61.2% of these individuals had a diagnosis of SAD. For example, the student who never volunteers to answer frequently turns in assignments full of eraser marks and missing information or often leaves class in the middle of the day due to a headache or stomachache is likely experiencing classroom anxiety (Urban et al., 2023). Anxiety in adolescents was found to be strongly associated with adverse outcomes at age 30, with adolescent anxiety significantly predicting poorer adjustment in adulthood, lower life satisfaction, poor coping skills, and high chronic stress (Pickering et al., 2020).

SAD is frequently comorbid with both alcohol abuse and dependence as well as cannabis dependence (Buckner et al., 2008). Pickering et al. (2020) also concluded adolescents with SAD have been found to be twice as likely to have severe alcohol use disorder than their non-anxious peers, with socially anxious females more likely to develop alcohol problems in late adolescence and early adulthood compared with early to mid-adolescence in males.

### **Developmental Stage: Adolescence and Social Anxiety Disorder**

The adolescent years have been identified as a high-risk time for the escalation of social anxiety symptoms and the onset of the disorder, with the median age of onset typically reported to occur at or before age 15 (Zimmer-Gembeck, 2021). In epidemiological samples, the onset of SP has been found to occur in early to mid-adolescence, with the mean age of onset being 10 to 16 years of age (Ranta et al., 2007).

Research presented by Lorenzo et al. (2022) also concluded that even though anxiety can emerge early, social anxiety slowly increases in children starting at age 9 and peaks in adolescence (Deardorff et al., 2007).

Adolescence is a challenging developmental period that is characterized by multiple social, physical, and cognitive changes (Steinberg & Morris, 2001), which may explain the increased prevalence of internalizing symptoms during this phase of life (Danneel et al., 2019). Ohannessian et al. (2017) shared their findings on how, given the considerable number of changes that take place during adolescence within such a small window of time, it is not surprising that the prevalence of psychological problems, including anxiety problems, increases dramatically during adolescence.

### **Family Accommodation: Decision-Making Processes for Parents**

Childhood anxiety also has a significant impact on the child's parents, siblings, and extended, primarily by increasing burden, stress, and conflict relating to family accommodation of anxiety (Johnco et al., 2022). Parental, family, accommodation refers to the involvement of caregivers in facilitating child avoidance of anxiety-provoking stimuli or in alleviating the distress caused by anxiety (O'Connor et al., 2020). Kendall et al. (2020) wrote that some common examples of accommodating behaviors include providing reassurance and facilitating youth avoidance of feared stimuli. O'Connor et al. (2020) wrote that more frequent forms of parental accommodation also include providing reassurance, allowing the child to skip activities when distressed, modifying family routines, and adhering to child-assigned rules around anxiety-provoking stimuli.

Studies have shown that accommodation is common in samples of anxious youth, with as many as 95–97% of caregivers engaging in some form of accommodation (Kendal et al., 2020). Phillips et al. (2020) also discovered that accommodation occurs in nearly all families with a child or adolescent with an anxiety disorder, with most parents experiencing distress resulting from said accommodation. Although accommodation may decrease a child's distress at the moment, this parental response may reinforce the child's perception that the feared situation or stimulus warranted their anxious response (O'Connor et al., 2020). Phillips et al. (2020) found that parents tend to react to their child's anxiety in protective ways, but this protectiveness becomes maladaptive when these reactions allow the child to avoid anxiety-provoking situations. Some studies have shown that parents accommodate more during times of increased child distress and that maternal anxiety and distress are associated with increased accommodation (Kendal et al., 2020).

O'Connor et al. (2020) reported a wealth of literature documenting that higher levels of parental anxiety consistently relate to higher levels of accommodation. Parents with anxiety and depression may have limited social resources and, as a result, a reduced capacity to help their offspring cope with stressful social situations, which may in turn increase the risk of anxiety disorders (Narmandakh et al., 2021). O'Connor et al. described taken together, the literature linking parental anxiety, depression, and stress to increased accommodation behaviors suggests that parents experiencing increased negative emotions may be at heightened risk for accommodating when their child is experiencing anxiety. Family accommodation, although well-intentioned, can create a

“protection trap” that reinforces the child’s anxious behaviors and ultimately increases symptom severity (Johnco et al., 2022).

### **Factors Influencing the Intensity and Frequency of Accommodations**

Anxiety severity may be most closely linked to problems across these domains of social functioning for those anxious youth who are highly accommodated by their parents (Etkin et al., 2022). Etkins et al. (2022) reported parents tend to deploy accommodations more when their child does not want to go to school or speak in public due to their social anxiety. There does not seem to be a lot of research on which situations or symptoms of anxiety cause the most maternal accommodating behaviors.

### **Impact of the Condition on Gender**

The developmental course of anxiety symptoms may differ between girls and boys. Adolescent girls consistently have been found to have a higher risk of experiencing anxiety disorders (Kessler et al. 2012; Merikangas et al. 2010, as cited in Ohannessian et al., 2017). Danneel et al. (2019) also found in their research that for social anxiety symptoms, the existing research also suggests higher mean levels for girls compared to boys from early adolescence onwards. Pickering et al. (2020) reported approximately 4% of adolescent boys and 5% of girls had a clinically recognized anxiety disorder. Narmandakh et al. (2021) also concluded that anxiety disorders are more likely to occur in girls than boys. Canals et al. (2019) also found that as far as gender is concerned, the previous findings have reported higher rates of anxiety disorders in females than males and that these differences occur as early as childhood and can reach ratios of 2:1-3:1 in adolescence.

## **Summary**

Mothers whose children have been diagnosed go through a tremendous amount of stress trying to keep themselves together while at the same time making sure their child is functioning well. Mothers tend to carry the weight of their family's emotional as well as physical well-being on their shoulders, necessary or not, which can often impact their parenting. This study aimed to understand how having an adolescent who is dealing with social anxiety has impacted their experience as a mother. The next section will focus on the methodology of the study and how data were collected.

## Section 2: Research Design and Data Collection

### **Introduction**

This section presents the findings from the qualitative study, which explored the lived experiences of mothers or maternal figures who have accommodated their adolescents' social anxiety since its onset. The focus of the research was on identifying the specific behaviors, emotions, challenges, and coping strategies employed by these maternal figures in response to their adolescents' social anxiety. Additionally, it examined how the adolescents' behavior influenced parental responses and the overall experiences of these mothers or maternal figures in managing and supporting their adolescents' anxiety while also managing their own lives and other responsibilities. Section 2 will highlight the rationale for using a qualitative descriptive design to address the research problem, outline the researcher's role and the research methodology, and addresses trustworthiness issues, such as credibility, transferability, dependability, confirmability, and ethical issues about the study.

### **Research Question**

The study focused on the following research question: How do mothers or maternal figures accommodate and respond to their adolescents' social anxiety, and what are their experiences in managing the challenges and coping strategies associated with their child's social anxiety since its initial onset?

### **Research Design and Rationale**

A qualitative research design was chosen for this study to allow participants to share their experiences richly and deeply. Qualitative methods have emerged as

indispensable tools for garnering deep insights and understanding complex phenomena (Lim, 2024). The explorative nature of this design allows participants to describe their experiences about the phenomenon freely, enabling the researcher to make meaning from their responses (Ravitch & Carl, 2016). Rogo (2024) shared that the purpose of this design is to provide descriptions of the experiences and perceptions of the participants, with little or no interpretation by the researcher, to begin understanding an experience within the context of everyday life.

Within qualitative research, there are five ways in which a researcher can obtain data. The varying methods include ethnography, narrative, grounded theory, case study, and phenomenological methods (Ravitch & Carl, 2016). Phenomenology applied in research is an approach that explores lived experiences by focusing on what was experienced and how it was experienced (Given, 2008). The selection of phenomenological approach was the most effective way to explore the essence of the mother's experiences, to uncover universal themes or patterns that represent the phenomenon of accommodation for social anxiety. The phenomenological method is suitable for capturing the essence of their emotional, behavioral, and cognitive responses as they navigate these challenges. Phenomenological method allowed me to deeply examine the subjective experiences of participants, focusing on how they interpret and respond to their adolescent's social anxiety symptoms.

### **Role of the Researcher**

As a researcher, I played two roles: the instrument and the catalyst of the data analysis. The role of the researcher as a (post hoc) analyst of interview data the researcher

may consciously adopt a narrative perspective in the analysis of interview data (The Handbook of Narrative Analysis, 2015). My position was both interviewer and researcher. Ravitch and Carl (2021) defined positionality as how the researcher's role and identity intersect in relationship to the context and setting of the research. In this study, the role of the researcher was to act as a neutral observer and facilitator, guiding the data collection process without imposing personal biases. As the researcher, it was my role to conduct in-depth interviews with mothers or maternal figures to gather qualitative data on their experiences of accommodating adolescents with social anxiety.

Throughout the process, my responsibility was to build rapport with participants, ensure confidentiality, and maintain ethical standards. Data analyses were approached through a phenomenological lens, meaning, as the researcher, I focused on capturing the essence of participants' lived experiences while remaining aware of any potential influence they may have on interpreting the data. This is why it is important to understand my positionality within this research study. My positionality was both interviewer and researcher. Ravitch and Carl (2021) defined positionality as how the researcher's role and identity intersect in relationship to the context and setting of the research. As the researcher, this topic was important to me because of my relationship with two adolescents who struggle with social anxiety and their mothers. This relationship is a potential source of bias because of my interaction with families already dealing with social anxiety. One way to mitigate potential bias was to understand that each adolescent and family experiences the phenomenon differently and honor their differences.

As a Walden doctoral student, knowing how my history and experiences with social anxiety may influence my decision in how I analyze the data is important. It is important to consider potential biases when coding the data collected. As the researcher who chose the interview method to collect data, it was important to create notes or field notes to make sure all the information outside of just words is included in the analysis. Ravitch and Carl (2022) noted how field notes allow the researcher to maintain and comment upon impressions, environmental contexts, behaviors, and nonverbal cues that may not be captured through audio recording.

Another responsibility I took on as a researcher as well as a student researcher was to seek approval from the Institutional Review Board (IRB) to ensure that all ethical guidelines are followed in protecting participants' rights and well-being. The IRB approved the study on 6/28/2024. Given the sensitive nature of the topic, special attention was given to ensuring informed consent, minimizing emotional distress, and safeguarding participants' confidentiality. Participation was voluntary, and participants were allowed to withdraw at any time without any consequence. Data was securely stored, and identifying information was removed to protect the privacy of participants.

### **Ethical Considerations**

This study involved working with human participants, specifically mothers or maternal figures of adolescents diagnosed with social anxiety. All participants involved were provided with clear, detailed information about the purpose of the study, the procedures involved, potential risks, and the expected outcomes. Participants were reminded that their involvement was voluntary, and they could withdraw from the study

at any time without penalty. Additionally, the emotional sensitivity of the topic will be handled with care. If participants were to express discomfort, they would have been referred to appropriate mental health resources. I remained aware of the potential power imbalance between the researcher and participants, particularly when discussing personal and potentially emotional topics.

I practiced reflexivity, actively reflecting on how their own biases, experiences, and assumptions may influence the research process, and took steps to minimize any potential impact on the participants or the data (Burkholder et al., 2020). By addressing these ethical considerations, I aimed to respect participants' rights, protect their well-being, and ensure that the highest ethical standards are conducted in the study.

### **Sample Strategy and Sample Size Justification**

Purposive sampling is a method whereby the researcher intentionally selects participants based on their experiences and characteristics (Rojo, 2024). Also known as judgmental, selective, or subjective sampling, purposive sampling relies on the judgment of the researcher when it comes to selecting the units (e.g., people, cases/organizations, events, and pieces of data) that are to be studied (Rai and Thapa, 2015). The purposive sampling method could be used in the interpretive description to select key informants that may range between five and 30 in number (Banamwana, 2024). The population of interest for this study was mothers who are raising adolescents between the ages of 12 and 20 years old and who have been diagnosed with SAD. Purposive sampling was used to identify participants who have direct experience in this area. Researchers seek to accomplish this goal by selecting "information-rich" cases, that is, individuals, groups,

organizations, or behaviors that provided the greatest insight into the research question (Devers & Frankel, 2000).

### **Participation Selection and Saturation**

Before participating in recruitment, I requested permission from the IRB. Upon approval on June 28, 2025, invitations were sent out via social media as well as to professional contacts. Professional contacts were asked to share the information with others. For the social media part of my recruitment, I created digital flyers and posted them on LinkedIn, Instagram, and several groups on Facebook. All advertisement flyers included the title, research description, and purpose of the study. The advertisements also included participant criteria and my contact information.

Once participants were recruited, they were sent the IRB-approved consent form. Snowball sampling was not required as enough participants volunteered for the study. Snowball sampling involves the identification of one participant who is relevant to the study, and that participant should lead the researcher to another participant who is of the same characteristics until the planned sample is achieved (Nyimbili & Nyimbili, 2024).

Akkas and Meydan (2024) argued how qualitative techniques prioritize saturation, which involves continuous sampling until no new significant information is obtained to gain a complete understanding. Burkholder et al. (2020) further stated that the appropriate number of participants is smaller than in some other types of qualitative studies. As this is a phenomenological-focused study, the sample size stopped at five participants, as the goal was to obtain enough data from a sufficient number and variety of individuals. The sample consists of mothers or maternal figures who have been providing

accommodations for adolescents since the onset of social anxiety symptoms. Purposive sampling was used to identify participants who have direct experience raising adolescents between the ages of 12 and 20 who have been diagnosed with SAD. Mothers or maternal figures were selected based on criteria such as the age of the adolescent, the duration of their social anxiety, and the active role the parent played in providing accommodations.

The inclusion criteria included mothers or maternal figures of adolescents (aged 12-20) who have been diagnosed with SAD. A total of five participants reached out to me and expressed interest in volunteering for the study. Three of the five participants connected with me through colleagues and the remaining two reached out through my flyer on Facebook. The five participants chosen for the study were sent the IRB-approved consent form via email. They were encouraged to read the form in its entirety and then reply “I consent” if they agreed to the consent form and would still like to participate in the study.

## **Instrumentation**

### **Interview Protocol**

The instruments used in this research included an interview protocol (see Appendix B), digital transcripts, audio recordings, and written interview notes. A semi-structured approach was used to help the interviewee share as much information as they could about their experience. A semi-structured interview allows the researcher to prepare questions in advance to stay focused on themes and to explore specific topics or research questions the researcher intends to explore (Shoozan & Mohamad, 2024). All the participants were allowed to openly share their experiences based on the questions

asked, and I used probing questions to elicit further in-depth information (Lim et al., 2017). The interview protocol was developed and focused on the research question: How do mothers or maternal figures accommodate and respond to their adolescents' social anxiety, and what are their experiences in managing the challenges and coping strategies associated with their child's social anxiety since its initial onset?

To obtain the data necessary to answer the research question, I focused on creating (1) questions that focused on experience or behavior questions, (2) sensory questions, (3) opinion or value questions, (4) knowledge questions, (5) feeling questions, and (6) background or demographic questions (Rosenthal, 2006). These concepts helped me focus on closeness, understanding, frustration, and acceptance. The questions were open-ended to gain depth and knowledge of participants' relationships with their adolescents. Qualitative research can offer insights into "why" people engage in actions or behaviors (DiCicco-Bloom & Crabtree, 2006).

Interviews allowed me to gain insight into the experiences of the individuals who experienced the phenomenon and make meanings of these experiences (Ravitch & Carl., 2016). Xu (2024) wrote that during the interview the interviewer is present, involved and responsive and actively manages the depth of data collected, moving the participant from typical generic and superficial ways of talking to the more detailed and experiential. The interviews were conducted either in person or via videoconference. The in-person interviews were conducted at a library to maintain confidentiality as well as in a professional setting. According to Lim et al. (2017), an in-person interview is widely acknowledged as a suitable technique for qualitative inquiry to seek insights from those

who have experienced or are experiencing the phenomenon. Jacob and Furgerson (2012) suggested that building a good rapport with the participants could facilitate better responses (Lim et al., 2017). I began my interviews using social conversation to get to know my volunteers and the adolescents they were going to speak about. I asked them about their day or their family. We also talked about their jobs, if they were working. These conversations often led to talking about their families; this helped ease some of their tension and helped us move into the semi-structured interview part of our meeting.

After our initial contact to verify their interest in participating in the study, we set up a time for the interview. The participants were interviewed either in person (study room in a public library) or via a videoconferencing service (Google Meet). The semi-structured interviews took approximately 35 minutes to 45 minutes to complete. Before the interviews, the participants who preferred to be interviewed on video were asked to choose a quiet, private place to share their experiences. Sturges and Hanrahan (2004) discovered through their research that a comparison of the interview transcripts (between in-person interviews and telehealth) revealed no significant differences in the interviews, and they were able to conclude that telephone interviews can be used productively in qualitative research. As such, I felt it was okay to allow those who preferred to be interviewed via video this accommodation.

### **Data Analysis**

All the interviews were recorded using the Heidi Scribe website (Heidi Health, n.d.). The use of this website allowed me to record the interview, write relevant notes throughout the interview and after the interview, as well as provide a written and audio

transcription of the interview. All five of the volunteers were asked the same question using the interview protocol created specifically for this research study. Four of the five volunteers were interviewed within a two-week timeline, while one was conducted about 2 months prior. The transcriptions were saved on the secured Heidi server within my account.

After the interviews were transcribed, I listened to the audio as I read through the transcriptions to ensure they accurately reflected what the volunteers shared. After carefully reviewing and interpreting the qualitative information to identify patterns and insights, I was able to create my initial codes as well as the larger themes. The qualitative data were examined using thematic analysis which is a method to analyze qualitative data. Castleberry and Nolan (2018) also described thematic analysis in their research as a way to identify, analyze, and report patterns (themes) within the data. It involves the identification and reporting of patterns in a data set, which are then interpreted for their inherent meaning (Braun & Clarke, 2006; Liebenberg et al., 2020; Xu & Zammit, 2020, as cited in Naeem et al., 2023).

### **Summary**

The purpose of this study was to explore the experiences of mothers raising adolescents diagnosed with SAD. The study used a qualitative approach to gain a deeper understanding of these experiences, aligning with a phenomenological design. The primary focus was on mothers' lived experiences and the ways they accommodate their adolescents' needs as the principal phenomenon under investigation. Constructivist

philosophy was present in this study, as it was the meaning that individuals made of their experiences that were explored through the interview process.

Data collection was completed by interviewing mothers who shared their lived experiences raising adolescents between the ages of 12 and 20 years old who were diagnosed with SAD. Data collection involved a semi-structured interview that I developed using the interview protocol refinement framework. As the researcher, being aware of my biases and allowing myself to remain reflective made it possible for me to see my impacts on every stage of the research process, including issues of trustworthiness and ethical procedures. My goal was to ensure and address every aspect of the methodology that was addressed before I began the research phase of my study. This was to ensure I was able to fulfill the purpose of this study.

### Section 3: Presentation of the Findings

#### **Introduction**

The purpose of this study was to explore and understand the experiences of mothers who have implemented accommodations or changed their routines or lives to be present for their adolescents with SAD. Specifically, this research examined how raising an adolescent with social anxiety impacts maternal decision-making, daily routines, and emotional well-being. To gain an in-depth understanding of these experiences, I employed a phenomenological research design, which was well-suited to capture the subjective, lived experiences of the participants.

Data collection involved a 20-question semi-structured interview guide, designed to elicit rich, experiential data on mothers' emotional responses, parenting adaptations, and coping mechanisms. This approach provided participants with the flexibility to share personal insights while maintaining focus on the core areas of interest, ultimately enabling a comprehensive analysis of how social anxiety in adolescents influences maternal roles and family dynamics. The findings provide valuable insights into the emotional, relational, and practical accommodations mothers make, deepening our understanding of family resilience in the context of adolescent social anxiety.

#### **Data Analysis Techniques**

Once all the interviews were completed, the data were gathered to be analyzed for common themes and categories. The data were coded manually. To analyze the data, I used thematic analysis. Among the more common techniques used by qualitative researchers, thematic analysis involves the identification of recurring patterns that are

presented by researchers as overarching statements on themes (Lochmiller, 2021). According to Lochmiller (2021), this definition presumes that an analyst produces a generalized understanding of coded data based on the recurring application of codes and the patterns associated with those codes. The more frequently codes appear in the data set, the more likely it is that the analyst will state that code as the basis of a theme (Lochmiller, 2021). Once the audio-recorded interviews were transcribed, I was able to begin the thematic analysis.

Lochmiller's (2021) research reported thematic analysis customarily includes three components: individual codes, categories, and researcher-produced themes. A code is the most basic element derived from raw data that may be interpreted by the analyst in a meaningful manner (Christou, 2022). Once the research has been coded, it can be divided into categories. Coding entails organizing and labeling your data to help with analysis (Ravitch & Carl, 2021). Codes are, quite simply, "a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data" (Saldaña, 2015, as cited in Lochmiller, 2021).

For instance, a few of the code words used in my research defined anxiety, what it means to be a mother, and being social. I had to go deeper to identify interesting and meaningful aspects of my data to discover if it could create ideas and patterns that could be the basis of a theme (Christou, 2021). An open ("floating") reading of each transcribed interview was carried out in the familiarization stage, and then a new reading was performed for the generation of codes, in a process of "line-by-line open coding" (Gibbs

2007, as cited in de Farias, 2021). After choosing the code words, I placed them into separate categories under the theme of a mother's perception of social anxiety. Ravitch and Carl (2021) stated that a theme reflects important concepts in the data and is often understood as “a generalized feature of a data set.” Reading the data collected from all the participants, a few important messages began to become apparent, which formed the formation of the codes used. Each source of information talked about their need to accommodate or respond to their child when they are experiencing social anxiety diagnosis, generating one of the themes Accommodation and Parenting Adaptations.

### **Findings**

The participants in this study were five mothers of adolescents diagnosed with SAD. Four of the mothers identified as Black, and one identified as Caucasian, representing a range of backgrounds and perspectives within a shared caregiving context. The participants were in their late 30s to early 50s, each balancing the responsibilities of parenthood with their careers as working mothers. In addition to the adolescents with social anxiety, each participant had at least one other child, adding complexity to their parenting roles and daily routines. This diversity in age, race, and family structure allowed for a nuanced exploration of how social anxiety affects individual caregiving experiences and broader family dynamics, enriching the study's findings on maternal resilience and adaptability.

### **Developing Codes and Themes**

Thematic analysis is a research method used to identify and interpret patterns or themes in a data set; it often leads to new insights and understanding (Lochmiller, 2021).

This method allowed me to create the codes within my interview data. As I read through the data, I created codes relevant to my research questions, such as describing anxiety, being patient, using coping skills, and feeling disconnected. I also decided as I was conducting my analysis of the data that I would not go into the process with preconceived themes but be more open to where the data or lived experience took me. This process of analysis is called inductive analysis. Christou's (2022) research reported that inductive analysis (also acknowledged as a "bottom-up" way) is data-driven and involves coding data without fitting them into specific pre-existing coding frames. Codes developed for ideas or themes are applied or linked to raw data as summary markers for later analysis, which may include comparing the relative frequencies of themes or topics within a data set, looking for code cooccurrence, or graphically displaying code relationships (Jnanathapaswi, 2021). By the end of my review, I had more than 30 codes (see Appendix A), which I could now organize into categories and themes. Themes or categories are formed by grouping related codes, producing a network of associations (Jnanathapaswi, 2021).

Codes when compared to each other to determine possible relationships based on their patterning, they give rise to generalizations, referred to as categories (Jnanathapaswi, 2021). After the generation of a large volume of codes (such as "being pushed away," "accommodating his anxiety," "making changes," and "feeling disconnected"), the codes were grouped by similarity and classified with descriptive functions, such as "Emotional Strain and Patience" and "Routine Adjustments and

Flexibility” (de Farias, 2021). Once I was able to group the codes into categories, broader themes were created.

Christou (2022) wrote the theme development part of the thematic analysis process involves a focus on a broader level of themes, essentially entailing a combination of codes to form overarching themes. Content referring to categories such as “Routine Adjustments and Flexibility,” “Adaptations,” and “Supportive Interventions and Encouragement” were grouped under the theme “Parenting Adaptations.” The theme of Coping Mechanisms was derived from the categories “Emotional Strain and Patience,” “Self-Care and Stress Management,” and “Resilience and Understanding.” The final theme of Relationship Dynamics was developed from the categories “Relationship Challenges and Disconnection,” “Relationship Challenges and Disconnection,” and “Navigating Inconsistent Interactions.”

### **Theme 1: Coping Mechanisms of Mothers**

Many mothers describe how emotional it can be when raising an adolescent with social anxiety as a continuous struggle. They expressed feelings of inadequacy, often questioning whether they were doing enough to support their child while managing their emotional responses. The theme of Coping Mechanism focuses on the emotional impact mothers experience and the coping strategies they use to cope with challenges. Mother expressed how they must take time for themselves, or they would not be able to be present for their adolescent. Mother 2 shared: “It takes a lot of patience and understanding to parent a child with social anxiety.” Mothers described coping strategies

that allowed them a brief respite from their caregiving roles, acknowledging that these moments, though rare, were essential for their emotional resilience.

Mother 3 stated her coping strategy for how she deals with the emotional toll that comes with raising an adolescent with SAD: “To deal with my stress, I have a fish tank that I like to watch. I also enjoy driving, traveling, and being outside. Listening to oldies music helps me reset and get back into my comfort zone.”

The coping strategies revealed how some mothers are aware of the need to take time for themselves to truly be present for their adolescents. This need for personal reprieve illustrates the ongoing emotional challenge mothers face and their strategies for mitigating stress—emphasizing the often-invisible labor involved in caregiving. According to the findings, mothers seem to find it hard to take time for themselves and often indicate the difficulty.

Even though they were able to take the time, sometimes it was difficult to stay in the mindset. They talked about how guilt played a role in why they struggled to take time away for themselves. Taking time for themselves often led to feeling like they were not giving their all to the adolescent and the other dependents in their lives. While all mothers struggled with feelings of guilt, one mother specifically described her self-care practices as essential for keeping her grounded, emphasizing the balance between caregiving and personal needs. Mother 4 talked about how they had to actively work on processing their guilt: “I started having to find time instead of feeling guilty about me having time...Because when I go have that adulting time, I can look at whatever she's stressing over from a slightly different lens.”

The responses by the mothers suggest they understood the need to develop coping skills to mitigate the emotional toll that seemed to be inherent in raising adolescents with SAD. In addition to self-care and coping skills, I also found that mothers often reported feeling frustrated with their adolescents as well as feeling judged which can lead them to lose patience. Mother 1 shared: “It’s frustrating because people wonder what’s wrong with her. It pisses me off sometimes... Being in therapy, the first thing they want to know is how everything is at home. There’s nothing wrong at home.”

All of the mothers seem to indicate how they feel judged by other family members who do not understand their adolescents and their anxiety. This oftentimes can lead to feelings of isolation and missing out. Said Mother 3: “My son's social anxiety impacts my other relationships... It holds me back, especially when he was younger, and I couldn’t leave him home alone.” The mothers seem to work hard to maintain a relationship with their children that often leads to them making certain accommodations within their lives that impact how they interact with the anxious adolescents but also others within their circle. The emotional toll and need for coping mechanisms naturally led mothers to make adaptations in their parenting, as they strived to accommodate their adolescent’s social anxiety needs, as outlined in the next theme.

## **Theme 2: Parenting Adaptations**

The theme of Parenting Adaptations focuses on how mothers adapt their parenting practices and daily routines to accommodate their adolescent's social anxiety, balancing between supporting the child and promoting growth. Mothers spoke about constantly adjusting their schedules and family dynamics to accommodate their adolescent’s social

anxiety. Whether it meant limiting social engagements or communicating with teachers, these adaptations were driven by a deep desire to support their child's emotional well-being.

The most common thing to note is the desire all the mothers had to create a safe space for their socially anxious child as well as their desire to be responsive. Mother 4 said, "I usually pull her to the side when she's getting anxious and talk her through it. If it gets too big, we just leave." Stated Mother 1: "If it's a bad episode, it changes everything. We've been out places, and we just kinda had to leave...so she could relax." The need or desire to be their safe space and freely change their routines shows how willing they are to accommodate their anxious adolescent. Mothers did not seem to hold any resentment – frustration yes, but no resentment. Most of the mothers plainly stated if their adolescents need to go then they go most times no questions asked. All the mothers seemed to agree that the best way to support or respond to their anxious adolescents is to remove them from the external stimuli that created anxiety, even if they are not ready to leave. This is when they decide their adolescent's sense of security is more important. According to Mother 3, "When [they] really, really anxious... we just leave. It's time."

Mothers reported how they try to stay attuned to their anxious youth when they are out in social situations, especially when they are in situations with unknown or large groups of people. Mother 1 said, "At a friend or family member's home, I respond to my son's anxiety by getting him to a comfortable space with fewer people." A mother describes how she intervenes during social gatherings to help her adolescents manage

their anxiety. Mother 5 stated, “Pauses whatever’s going on and walks her through it, gives her a safe space to sit down so they can talk, or have her use the car keys.”

The use of accommodation was prevalent throughout all the experiences shared by the volunteer mothers. They all seem to be used to the idea of last-minute routine changes: “When my son is feeling anxious, it pushes back our routine. I have to give him advance notice of events and be patient with him” (Mother 3). Along with being aware that their routines may change on a dime, they work hard to respond in a way that helps their adolescents feel safe. This needs to create a safe space and being able to adjust or make changes based on their adolescent's need exemplifies the study’s focus on how maternal accommodations shape daily family life. This helped show how important their relationships with their adolescents were. This would naturally flow into the theme of relationship dynamics and social connections.

### **Theme 3: Relationship Dynamics**

The theme of Relationship Dynamics reflects the impact of social anxiety on relational patterns and mothers’ efforts to foster connection within these dynamics. Mothers seemed to describe how the social anxiety experienced by their children often led to feelings of disconnection in the mother-child relationship. Mothers described feeling “pushed away” and isolated, even as they tried to maintain close bonds. Some expressed a deep fear of losing their child emotionally, while others reflected on how their other relationships, particularly with siblings, had been affected.

Mothers in the study shared their frustration with the back-and-forth nature of their relationship. This aligned with the code of inconsistent interaction patterns. This

code reflects moments when mothers experience fluctuating or unpredictable levels of interactions with their anxious adolescents. Mothers talked about how there are times when they felt their adolescents would be engaged and then they would withdraw. Said Mother 3, “Our relationship is back and forth. Sometimes he is very engaging and playful with me, but most of the time he wants to be left alone.” Mother 2 stated: “It gets very frustrating... when your child is hurting and you’re trying to understand what the issue is, but you get a lot of ‘I don’t know’ responses.”

They shared their experience of when their adolescents put up a wall or pushed them away from them due to their social anxiety. This shared experience revealed of the pain the mothers go through in their attempts to connect but face withdrawal from their adolescence. For example, as described by Mother 3: “I try to enter his space and connect with him, but he puts up a wall due to his social anxiety.” Claimed Mother 5: “She shuts down, and I don’t know how to pull her out of it. I want to help, but it feels like she doesn’t let me.”

The emotional distance their adolescents put up due to their social anxiety often leaves the mother floundering in how to connect with them and in a sense create emotional security for themselves. Mother 2 shared, “It’s a push and pull. Like, I’m pulling her to come out, but she’s pushing back, wanting to be left alone because it doesn’t make sense to her why I’m pushing.” The experiences shared by the mothers in the study speak to the emotional and relationship complexities mothers face while trying to connect with their children.

## **Trustworthiness**

### **Credibility, Generalization, Conformability**

Self (2019) stated that using different data types to better understand the phenomena being researched and observed will increase validity and dependability. Ensuring that the information collected comes from several sources and other circumstances is another way to ensure credibility within the qualitative research paradigm (Statistics Solutions, n.d.). Credibility refers to how the researcher accommodates the level of complexity in the data, both through choices in research design and in the instruments used to collect the data (Ravitch & Carl, 2016). When making sure the research is credible, the subjects from which the information is being taken must be within range of the research question parameters, which is important because, as Shenton (2003) stated in addressing credibility, investigators attempt to demonstrate that an accurate picture of the phenomenon under scrutiny is being presented. Credibility was further proven through the coding process as I used this time to organize my codes according to the semi-structured questions and then into broader themes

Trustworthiness represents how validity is treated in qualitative research, corresponding to the extent to which a study is rigorous and accurately represents what the participants have shared (Ravitch & Carl, 2016). Another part of ensuring the presented research is trustworthy is that the analysis is transferable: it would be generalizable in qualitative terms. In contrast to the internal focus on credibility, transferability embodies the applicability of the study to other external contexts (Ravitch

& Carl, 2016). Typically, transferability is not a central goal in qualitative research (Ravitch & Carl, 2016), and yet an area of transferability was somewhat present in this study: it was the role of social context in accommodation and knowledge.

To allow transferability, they provide sufficient detail of the fieldwork context for a reader to decide whether the prevailing environment is like another situation with which they are familiar and whether the findings can justifiably be applied to the other setting (Shenton, 2003). Dependability is a third aspect of trustworthiness and delineates how the methodology allows the researcher to answer the research question by employing an audit trail (Ravitch & Carl, 2016). Meeting the dependability criterion is difficult in qualitative work, although researchers should at least strive to enable a future investigator to repeat the study (Shenton, 2003). By identifying and explaining the research design, methodology, data collection, and how reflexivity was employed in the study, future researchers can repeat this study, hence strengthening its dependability (Shento, 2004).

Confirmability is distinct from these other aspects of trustworthiness; it represents how researcher bias is managed (Ravitch & Carl, 2016). To achieve confirmability, researchers must take steps to demonstrate that findings emerge from the data and not their predispositions (Shenton, 2003). Do the results align with or confirm the research question? This research aimed to explore the participants' lived experiences (mothers) to lead to a rich understanding of the phenomena being studied. Therefore, the focus is not on the confirmability of the study but on the fact that the research seems to have achieved a comprehensive understanding of the phenomenon, revealed new insights, and offered

valuable themes related to mothers' experiences and their accommodations for adolescents with social anxiety.

### **Summary**

Through these interviews, a rich understanding emerges of how mothers navigate the complexities of parenting an adolescent with SAD. The emotional toll on mothers is evident, as they balance their stress with the needs of their children. Coping mechanisms like meditation, self-care routines, and seeking outside support help mothers manage the challenges they face. Accommodation includes adjusting routines and educational pathways, while relationship dynamics highlight the balance between advocating for their child and maintaining a loving, supportive connection. Through the lens of the emotional toll, adaptive parenting strategies, and shifting relationship dynamics, these mothers' experiences reveal the need for greater support systems and interventions that address both the child's and the caregiver's well-being.

The key themes identified in the lived experiences shared by all the mothers interviewed show how mothers actively deploy various strategies to accommodate their children while grappling with emotional distress. I was able to gather information on how mothers have learned to develop certain coping mechanisms, how they are inclined to adjust their routines, as well as the impact on how they manage social situations, all of which reveal the intricate ways mothers respond to their children's needs since the onset of social anxiety symptoms. The findings provided concrete evidence of the complexities and emotional toll mothers endure, validating the purpose of understanding the lived experiences of mothers accommodating adolescents with social anxiety.

## Section 4: Application to Professional Practice and Implications for Social Change

### **Introduction**

In this study, the need for social change and the reduction of stigma surrounding social anxiety in adolescents is highlighted by the mothers' shared experiences. These mothers often find themselves in protective roles, shielding their children from environments that may trigger anxiety, while also feeling isolated and in need of support themselves. The findings reveal the social and emotional toll on parents, who navigate a complex balance between fostering resilience in their children and dealing with a society that often lacks understanding and support for mental health issues like social anxiety.

### **Application to Professional Ethics in Social Work Practice**

The findings in this study can be directly grounded in the ethical principle of social work practice laid out in the National Association of Social Workers (NASW). The top most relevant principles are (1) the dignity and worth of the person, where social workers treat each person with care and respect, remaining mindful of individual differences and cultural and ethnic diversity; (2) the importance of human relationships, such that social workers recognize the central importance of human relationships; and (3) competence, as social workers strive to learn, grow, and educate themselves in terms of their knowledge and skills (NASW Code of Ethics, 2024). In the past, research has often focused on the lived experiences of the individual experiencing mental health disorder and, in this case, social anxiety, but this research has shown how important it is to also look at the impact of the mother and/or family. Social workers must understand and respect the complex dynamics in families where adolescents experience social anxiety

and ensure that both mothers and adolescents are supported in a nonjudgmental, empathetic manner.

The findings support the principle of dignity and worth of the person and how recognizing each client's inherent dignity and unique experiences. If one can learn anything from the lived experiences of these mothers, one needs to acknowledge the emotional and practical challenges they face just by being the mother to adolescents with social anxiety. Through respect and understanding, it is important to forward as social workers and advocate for tailored, respectful interventions.

The following quote illustrates the mother's acknowledgment of her daughter's need for emotional expression and support, reflecting her unconditional acceptance of her child's experience and her resilience as a source of support: "My daughter will call after a long day and say she made it through, then break down and cry on the phone... she's still her daughter's safe space, so she'll still break down and cry in those moments." This mother here recognizes the need for empathy and respect for her child's experience, demonstrating dignity and respect by adapting her approach to meet her son's unique needs. As she said, "It takes a lot of patience and understanding to parent a child with social anxiety. Putting myself in his shoes and asking what he needs from me helps a lot."

The amount of patience, emotion, and empathy it takes from these mothers daily deserves to be respected. If they can take the time and effort to put their children's needs oftentimes before their own, then as social workers we must respect that and take the time to help create programs tailored not only to the adolescent but also to mothers.

When thinking about the ethical principle of the importance of human relationships, it is important to be aware of how relationship dynamics are central to social work (NASW Code of Ethics, 2024). This study was able to showcase how family dynamics played a large role in why and how mothers provide and attend to their adolescents. This understanding underlines the importance of why social workers need to facilitate healthier family interactions and coping mechanisms. In the study, one mother expresses her desire to bond and connect with her daughter, acknowledging the importance of their relationship and the impact it has on her fulfillment as a mother. Mother 1 sharing her desire to bond with her daughter emphasizes the importance of maintaining meaningful family connections despite anxiety challenges: “At this age where she is right now, this would be the fun part for me. I'm all girly-girly, and I want to do all the fun things, the pedicures, the manicures, everything...you want that daughter figure.”

The principle of competence encourages social workers to seek knowledge and skills to provide the best support (NASW Code of Ethics, 2024). The findings support the principle of competence in that it is reflected in the mothers' dedication to learning about social anxiety and its management. They all expressed a desire to have a better understanding of social anxiety because it would help them be there for their adolescents. As a social worker, it is my responsibility to have this understanding or search out the knowledge to support mothers as well as others in their pursuit of this knowledge. This alignment with social work ethics provides a foundation for understanding the mothers' experiences through a professional and compassionate lens. The insights from the

mothers in the study can help social workers uphold these ethical principles in their work with families affected by adolescent social anxiety.

### **Recommendations for Social Work Practice**

#### **Implications for Practice**

Based on the study findings, I recommend providing psychoeducation and coping strategies to adolescents and their mothers. Providing them with this education of social anxiety can take the mystery out of the disorder and reduce the feelings of judgment, guilt, and inadequacy of both parties. To effectively adapt to stressors, individuals need to believe that they can exert influence and actively respond to adverse events (Juby & Rycraft, 2004, as cited in Benzies & Mychasiuk, 2009). Taking the mystery out of illness is a great way to give them back some type of control and this can be done through increased knowledge. Psychoeducation is an important complementary treatment method in providing active participation in treatment by making the patient and their family understand the illness (Duman & Dorttepe, 2017).

While each adolescent experiences social anxiety differently, the baseline is the same, and by helping mothers have a better understanding of what to expect when the adolescent is triggered and how to respond. Rodrigues et al. (2023) discussed how having a child with atypical presentation can be difficult for parents. They went on to report how parents must face additional demands on the level of care they must provide, high levels of psychological distress, economic consequences, and an impact on their quality of life (Rodrigues et al., 2023).

This is why providing training on coping strategies would be beneficial for both adolescents and mothers, promoting adaptive responses to anxiety-triggering situations. In families with a member with a psychological disorder, there was a direct relationship between a parent's education level and family adaptability (Greeff et al. 2006, as cited in Benzies & Mychasiuk, 2009). Strategies for cultivating a supportive family environment to boost adolescent self-esteem and reduce social anxiety are rooted in the foundational practices that promote the healthy development of a sense of self (Panhwar et al., 2023). Empowering parents, physically and mentally, improves their capability and affects chronically ill children's well-being and development (Rodrigues et al., 2023). Effective parental coping skills buffered financial strain, reducing a child's risk for poor cognitive development and externalizing behavior problems (Lloyd & Rosman 2005, as cited in Benzies & Mychasiuk, 2009).

Another recommendation I would make based on the study findings is to promote open communication and relationship building. Since social anxiety impacts relationship dynamics, social workers can facilitate communication strategies that allow mothers and adolescents to express their feelings openly. When parents actively listen and demonstrate genuine interest in their experiences, it fosters trust and strengthens family bonds (Panhwar, 2023). Techniques such as family therapy or guided communication exercises may strengthen these relationships and foster better mutual understanding.

In conclusion, addressing social anxiety requires a multifaceted approach that includes psychoeducation for both adolescents and their mothers and the development of effective coping strategies. By fostering a deeper understanding of the disorder and

encouraging open communication, families can strengthen their relationships and enhance emotional support. Ultimately, these measures can lead to healthier dynamics, reduced anxiety, and improved overall well-being for both adolescents and their mothers as they navigate the challenges posed by social anxiety.

### **Implications for Social Change**

The findings of these studies can provide insights into how social systems, community resources, and public awareness can be improved to support families managing adolescent social anxiety. This study showed how mothers struggle emotionally as well as socially within their role as mothers raising adolescents diagnosed with SAD because of the isolation they have to deal with on occasion.

Struggling to find a balance in parenting a child with a mental health diagnosis can be a challenge and not often understood. Ainbinder et al. (1998) reported these conflicts may leave the parent feeling estranged from a world in which normalcy and health are best understood and viewed as the optimum. Increasing awareness of the complexities of social anxiety—especially among adolescents—can reduce the stigma around mental health issues, making families more comfortable seeking support. Kakuma et al. (2010) talked about how stigma plays a major role in persistent suffering, disability, and economic loss associated with mental illnesses. People with mental illnesses are often victimized by their illnesses and face unfair discrimination, such as difficulties accessing housing, employment, and other societal roles (Kakuma et al., 2010).

At times, parents who have a child with a disability may be conflicted by personal feelings of love, understanding, and hope for their child and society (including

physicians, neighbors, school staff, and family members) that sees mainly the negative aspects of the disability (Ainbinder et al., 1998). Taking away the idea of stigma and showing the world the families as regular people who have struggles is important. Research over the past 20 years has demonstrated the importance of social support for families of children with special needs (Cmic et al. 1983; Pilon & Smith, 1985, as cited in Ainbinder et al., 1998)

By emphasizing these areas of change, this study's findings could serve as a catalyst for structural and systemic support tailored to families' needs. From workplace policies and community programs to public awareness and professional training, these shifts have the potential to create a more inclusive and supportive environment for adolescents with social anxiety and their families. Through targeted advocacy and community engagement, social workers can play a key role in pushing these changes forward, ensuring that families have access to the understanding, resources, and support they need.

### **Summary**

The study emphasizes the critical role of understanding and respecting the family context in social work. These findings advocate comprehensive support for both adolescents and their caregivers, suggesting that social work interventions should include psychoeducation, supportive relationship-building strategies, and resources tailored to the needs of mothers and families impacted by adolescent social anxiety. This study contributes to the growing understanding of social anxiety's ripple effects within

families, providing a foundation for future research and enhanced social work practices that honor family resilience and individuality.

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## Appendix A: Codes

Describing anxiety	Understanding/sad	Understanding/sad	Description of anxiety
Anxious	Type of mother	Description of symptoms	Meaning of relationship
Parenting	Symptomatology	Understanding herself as a mother	Advocacy
Parenting choice x3	Accommodations	Being social when you need to be	Accommodating
Patience with child	Disconnected	Accommodating social status when needed	Importance of socializing
Putting yourself in their shoes	Being social personally (or personality)	Type of mother	Self care/coping skills
Patience/emotional distress	Viewpoint on relationship	Making her aware that she is loved even if not understanding	Change in parental routine
Self control	Being pushed away	Making changes/missing out	Understanding adolescent's anxiety
Feeling lost	Accommodating his anxiety	Dealing with self	Relationship with child
Feeling disconnected x2	Being patient/understanding (x2), adjusting oneself to meet child's needs	Making accommodations/accommodating	Pushed away due to anxiety

Emotional distress	Coping skills x2	Being pulled in multiple directions	Creates a safe space
Hypervigilance	Feeling disconnected/frustrated	Understanding of her anxiety	Changes due to anxiety
Encouragement x3	Description of anxiety	Understands how anxiety works	Feeling lost/disconnected
Allowing people into her space	Connection/spend quality time	Making an effort	Accommodating anxiety
Self care	Pushes back routine	Feeling disconnected	
Bonding	Restricting social engagement	Trying to be engaging when she is pulling away	Belly open (very?) mindful/new ideas
Can only have friends over when she is not there	Being held back	Having a deep connection	Hard time with outside relationships
Fear of losing her	Sibling lost out due to anxiety	Knows her coping skills	Coping skills
Love	Awareness and being honest with people	Helping her while helping her siblings	Losing patience
Feeling judged x2	Meaningful relationship x2	Self care x2	Try to be understanding

	Disconnect	Impact on other relationships	Disconnected
Secure their future (i assume)	Responding/supporting to their anxiety	Relationship challenges	Always be there
Frustration	Takes care of herself	(skipped one)	Feeling secure but aware that growth is needed
Desire to be there for her		Having a good relationship	It's hard to know how to handle it
Not being enough	Self care for mom is often limited when the adolescent is experiencing anxious	Putting pressure unintentionally	Putting her needs first
Mother/daughter relationship	Ready to gain knowledge	Ownership/sense of responsibility	Coping skills
Judgment	Building a community	Pushing them to be more	Wanting to know—now educated
Keeps them at home	Pushy	Trying to be knowledgeable	Relationship means everything
No balance	Sacrifice (x2)/putting herself last	Expectations	Getting a breath to be better

## Appendix B: Interview Guide

### Interview Guide

1. Explain your understanding of social anxiety disorder.
2. Describe yourself as a mother to your adolescent.
3. What are your thoughts on being social?
4. What is your relationship like with your adolescence? Please Describe.
5. How does your routine change when your adolescent's is feeling anxious?
6. How do you deal with your stress?
7. How would you describe your adolescent's social anxiety?
8. When was the last time you felt disconnected from your adolescent?
9. When was the last time you felt connected to your adolescent?
10. What do you find helps when your adolescent seems stressed?
11. How does your adolescent's social anxiety impact your other relationships?
12. How does your adolescent's social anxiety impact your relationship?
13. How do you respond to your adolescent when they are anxious?
14. What does your relationship with your adolescent mean to you?
15. How do you respond to your adolescent's anxiety when you are at a friend or family member's home?
16. What improvements would you make to help your relationship with your adolescent?
17. How do you care for yourself while parenting an adolescent diagnosed with social anxiety disorder?

18. What are the skills you use to create balance in your life while parenting an adolescent diagnosed with social anxiety disorder?
19. What are the skills you use to create relationships in your life instead of giving out while parenting an adolescent diagnosed with social anxiety disorder?
20. Is there anything you would like to add?