4-24-2025

African American Adolescent Depressive Symptoms and Caregiver Perceptions

Katerina Marroquin
Walden University

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Katerina Marroquin

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.

Review Committee
Dr. Sandra Caramela-Miller, Committee Chairperson, Psychology Faculty
Dr. Carolyn King, Committee Member, Psychology Faculty

Chief Academic Officer and Provost Sue
Subocz, Ph.D.

Walden University
2025

Abstract

African American Adolescent Depressive Symptoms and Caregiver Perceptions

by

Katerina Marroquin

MA, Florida International University, 2016

BS, Savannah State University, 2014

Dissertation Submitted in Partial Fulfillment of

the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2025

Abstract

African American adolescents with untreated mental health problems can have symptoms of depression. Depressive symptoms can persist in adulthood if untreated. Caregiver recognition is the strongest predictor of adolescent behaviors and depressive symptom outcomes. Caregivers can identify depressive symptoms in African American adolescents by focusing on met and unmet needs. The purpose of this qualitative phenomenological study was to ask about caregiver perceptions of African American adolescent depressive symptoms with focus on physiological needs, safety, love, esteem, and self-actualization. The theoretical framework for this study is Maslow's hierarchy of needs. Data analysis was conducted using NVivo to enhance the interpretation and understanding of participant responses. All participants identified sadness, emptiness, negative attitudes, sleep disturbance, loneliness, and boredom as depressive symptoms which were expressed by their adolescents. Caregivers reported the majority of adolescents remained at home or had limited social interactions. They also observed many adolescents experienced frustration and anxiety when faced with problem-solving challenges. The findings highlight urgent need for culturally competent mental health interventions, increased community resources, and policy initiatives to address systemic disparities. Future research would benefit from focusing on developing targeted support systems to promote resilience and well-being among African American adolescents in low-income communities. Understanding the experiences of caregiver perceptions can address African American adolescents mental health in low-income communities which is critical to fostering positive social change and promoting overall well-being.

African American Adolescent Depressive Symptoms and Caregiver Perceptions

by

Katerina Marroquin

MA, Florida International University, 2016

BS, Savannah State University, 2014

Dissertation Submitted in Partial Fulfillment of

the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

May 2025

Dedication

Dedication is granted to my amazing father, Lucio Marroquin. He was the one who taught me that no matter what, if I put my mind to something, I could achieve it. Lucio said, “Grab the bull by the horns and run with it.” The quote has helped me continue pushing and preserving throughout this journey. Thank you, dad, for all your guidance and for being there in spirit to continue pushing me. A promise is a promise, and we did it! I love you!

Dedication is also granted to my incredible mother. My biggest support system since coming into this world. You have always believed in me and told me that if I put my mind to it, I could achieve it. On days when I did not feel like I did well enough, you would ask me if I gave it my best, and that would always be enough. On days when I wanted to give up, all I had to do was call you, and you continued to keep me grounded. There will never be enough words to express my gratitude to you! Thank you for believing in me and helping me become the woman I am today.

Acknowledgments

I would like to start by thanking God for helping me with the strength to achieve my Ph.D. My family has been amazing, understanding that there would be many days of late nights, and less time spent. My family has been supportive and helpful. Their encouragement is always needed, and they are my biggest “cheerleaders.” I want to give a special thank you to my classmates. There were many calls and questions; we all pulled together and finished the work. Best of luck as you continue your growth in life.

To the Walden faculty, the biggest thank you for allowing me this incredible opportunity. Thank you for your support and encouraging words. The biggest thank you goes to my Chair; without your help, I would not be graduating! Florida International University, thank you for being a springboard to graduate school. Savannah State University, there would be none of this without you, and you can indeed get anywhere from there! Thank you again to everyone named above; I am beyond humbly and forever grateful.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

African American adolescent depressive symptoms are frequently comorbid and consequential in terms of daily functioning (Chen et al., 2023; Rivers et al., 2022). Depressive symptoms arise from unmet needs, such as living in hostile environments and experiencing physical assault, separation, divorce, or family death (Maslow, 1943). Ethnic minority families experience discrimination, social barriers, and bias (Contreras et al., 2022). Racism involves assaults in terms of actions, biases, and prejudices (BostonLeary et al., 2024). Individuals encountering racism face moral suffering. African American families face societal barriers (Swai et al., 2024). Adolescents struggling with depressive symptoms due to societal barriers can also express suicidal ideation.

Adolescents experiencing depressive symptoms are challenging to identify as there are frequent misinterpretations. Adolescent untreated mental illness has long-lasting effects impacting mental and physical health. Untreated mental illness affects social, behavioral, and academic functioning, as well as health problems and suicidal thoughts throughout adulthood (Phan et al., 2022). Family dynamics can be disrupted by consequences of untreated depressive symptoms. Untreated adolescent depressive symptoms cause chaos within family units and become detrimental to mental health (Chen et al., 2023; Rivers et al., 2022; Phan et al., 2022). Families adapt to hardships differently depending on their situations by avoiding certain situations, accepting the reality of their circumstances, and exploring alternative coping skills (Swai et al., 2024). Family hardships can be difficult to navigate based on lack of knowledge regarding resources and life circumstances.

Caregiver recognition of adolescent behaviors is the strongest predictor for seeking help (Bourret et al., 2023; Murphy et al., 2022). Caregivers play a significant role in shaping characteristics and behaviors of adolescents. Caregiver characteristics include warmth, encouragement, and engagement (Curran et al., 2021). Caregivers who lack positive characteristics can negatively influence adolescents' perceptions and overall psychological development. The caregiving role has a significant impact on adolescents' daily functioning. Caregiver perceptions of African American adolescent depressive symptoms have not been extensively explored. Caregivers serve as important role models for adolescents. Caregivers influence adolescents' social behaviors, values, and beliefs (Curran et al., 2021; Jia & Yu, 2021).

Efforts are being made in various settings to reach African American families with mental health conditions. Settings include schools, juvenile detention centers, and welfare systems (Cooper et al., 2022). Adolescent depressive symptoms have wideranging effects on school performance, social interactions, risk-taking behaviors, selfharm, and suicidality (Zhong & Chen, 2021). Symptoms are characterized by feelings of hopelessness, worthlessness, emptiness, and sadness (Zhong & Chen, 2021). Adolescent depressive symptoms often develop as a result of living in neighborhoods with poorquality housing, low-income, and unsafe conditions (Zhong & Chen, 2021). African American populations have additional factors associated with depressive symptoms including stigma, bullying, family rejection, and victimization (D'Agati et al., 2021). The developmental trajectory of adolescents is fundamentally shaped by their living

environments and social contexts. Adolescents do not always verbally express themselves and will instead isolate or act out due to lack of emotional regulation.

African American adolescent depressive symptoms may lead to risk-taking behaviors. Caregivers who are authoritarian can increase the risk of depressive symptoms (Romm et al., 2021). Effective communication and validation are essential for fostering positive caregiver-adolescent relationships. Adolescent depressive symptoms may manifest as sadness, loneliness, insecurity, boredom, apathy, aggressiveness, hypochondria, antisocial behavior, and inadequate social engagements (Bihun et al., 2022). The family unit plays a major part in adolescent depressive symptoms (Xu et al., 2023; Zu et al., 2023). Adolescents who have high-quality relationships with supportive caregivers show lower levels of depressive symptoms. Adolescents who do not have high-quality relationships with supportive caregivers show higher levels of depressive symptoms (Schwartz-Mette et al., 2021; Xu et al., 2023; Zu et al., 2023).

Caregiver perceptions and depressive symptoms regarding African American adolescents are addressed in Chapter 1. African American adolescent depressive symptoms may be better understood via caregiver perceptions. Caregivers are able to provide guidance once they notice mental health concerns. Adolescent behaviors regarding caregiver recognition are the strongest predictor of seeking help (Eigenhuis et al., 2021). Unmet needs contribute to depressive symptoms for adolescents in lowincome areas. Failure to address mental health issues during adolescence can result in the persistence of these issues into adulthood (Radez et al., 2021; Tam Chi Phan et al., 2022). The hierarchy pyramid was used to understand caregiver perceptions regarding African

American adolescent depressive symptoms. Maslow's hierarchy pyramid serves as the framework for comprehending fulfilled and unfulfilled needs among African American households with adolescents and caregivers.

Background

Adolescent behaviors are shaped by external stimuli and impulses (Maslow, 1943). Adolescents struggle when it comes to managing their emotions. Maslow's hierarchy involves arranging needs in ascending order of importance. Basic needs are essential for every individual (Maslow, 1943). African Americans are disproportionately targeted based on race, particularly in low- and middle-income areas, which impacts their access to services to fulfill these needs (Osborn et al., 2022). Caregivers play a crucial role in terms of protecting adolescents, influencing their safety, adjustment, self-esteem, and depressive symptoms in daily life (Hochgraf et al., 2021). Caregivers can be unstable, causing additional concerns in households. Adolescents living in unstable households are impacted by mental health. Adolescents pay attention to those around them for guidance especially their cargivers.

Caregiver perceptions of African American adolescent depressive symptoms have not been extensively explored using Maslow's pyramid. Caregivers play a crucial role in shaping various aspects of African American adolescents' social behaviors, values, and beliefs (Curran et al., 2021). Families who do not seek help with depressive symptoms often suffer with stigma (Lespine et al., 2022). Caregiver recognition of adolescent needs is crucial for identifying depressive symptoms and providing valuable insights.

Connections between adolescents and caregivers serves as a protective factor against negative psychosocial outcomes (Johns et al., 2021). Caregivers who experience stressors may become emotionally unavailable, negatively impacting their adolescents (Johns et al., 2021; Wepf & Leu, 2022). Information regarding African American adolescent depressive symptoms in the context of met and unmet needs as framed by Maslow's hierarchy, have been limited and require further research.

Adolescent depressive symptoms not addressed can have long-term consequences, leading to mental health problems in adulthood (Radez et al., 2021; Tam Chi Phan et al., 2022). Depressive symptoms are more prevalent in socioeconomically disadvantaged areas (Reck & Kogan, 2021). The depressive symptoms can result from hostile environments, physical assaults, separations, divorces, or family deaths (Maslow, 1943). The research problem is about the hierarchy of physiological needs, safety, love, esteem, and self-actualization (Maslow, 1943). Caregiver perceptions of African American adolescent depressive symptoms were examined through the lens of met and unmet needs. Family stressors can exacerbate depressive symptoms (Reck & Kogan, 2021). Caregiver perceptions provide a foundation for identifying alternatives to address depressive adolescent symptoms in low-income areas.

Problem Statement

Adolescents with depressive symptoms are common in low-income areas (Hochgraf et al., 2021). African American adolescents with untreated mental health problems can exhibit depression, anxiety, and suicidal ideation, which can persist into adulthood (Davis & Leon, 2022; Radez et al., 2021; Stelmach et al., 2022; Tam Chi Phan

et al., 2022). Adolescents' depressive symptoms result from hostile environments, physical assaults, separations, divorces, and family deaths (Maslow, 1943). Depressive symptoms are associated with exposure to community violence (Lambert et al., 2021). Adolescents residing in low-income areas may be at a heightened risk of experiencing depressive symptoms due to socioeconomic stressors. African American adolescents often reside in communities with high rates of crime and violence (Lambert et al., 2021). African American adolescents family stressors, low-income households, and community crimes may negatively impact their mental health.

Caregiver recognition is a strong predictor of adolescent behaviors and depressive symptoms (Eigenhuis et al., 2021). Caregivers seek services for adolescents when their problems are perceived as biological rather than influenced by psychosocial factors. Psychosocial factors are peers, personalities, or relationships (Tulagan & Eccles, 2021). Caregivers may fear seeking help due to concerns about being labeled as bad parents. Caregivers not seeking help can contribute to neglect and increase depressive symptoms in African American adolescents (Corley et al., 2022). The African American population with untreated mental health illnesses can have significant consequences on social, behavioral, and education (Radez et al., 2021; Tam Chi Phan et al., 2022). African American adolescents are facing barriers seeking mental health treatment. The barriers include fear of being taken away from home, parental disapproval, judgment, logistical challenges, and limited access to services (Astleitner et al., 2023). Caregiver influences have lasting impacts on their adolescent behaviors.

Adolescent depressive symptoms often manifest in unique ways and can be challenging to identify. Depressive symptoms are frequently misinterpreted as introversion, aggression, or attention-seeking behaviors (Phillips & Williams, 2022). Parenting styles associated with less depressive symptoms involve incorporating warmth, structure, and autonomy support (Lionetti et al., 2022). Parenting styles characterized by rejection, chaos, and coercion are linked to higher levels of depressive symptoms (Lionetti et al., 2022). African American adolescent depressive symptoms can have multiple underlying motivations such as lack of time, love, experiencing trauma or abuse, and inadequate access to basic needs (Maslow, 1943). Adolescent depressive symptoms when left untreated can contribute to adverse health outcomes, academic difficulties, social problems, substance abuse, self-harm, and suicidal behavior (Radez et al., 2021; Tam Chi Phan et al., 2022). African American adolescent depressive symptoms are difficult to detect and address especially for their caregivers.

Caregiver perceptions of African American adolescent depressive symptoms were considered the research deficit. Maslow met and unmet needs encompasses physiological needs, safety, love, esteem, and self-actualization (Maslow, 1943). Adolescent depressive symptoms can help clarify potential negative impacts within the African American population. The adolescent population has unmet needs impacting their safety which is the most fundamental (Bucchio et al., 2021). Adolescent depressive symptoms frequently co-occur and have consequences on daily functioning influencing adulthood when left untreated (Chen et al., 2023; Rivers et al., 2022). Caregiver perceptions helped identify African American adolescent depressive symptoms. Caregiver perceptions of African

American adolescent depressive symptoms were crucial in addressing the deficit. Caregivers can struggle identifying adolescents depressive symptoms.

Purpose of the Study

Caregiver perceptions of African American adolescent depressive symptoms are shaped by their values, beliefs, expectations, and specific needs. Caregivers' perceptions were essential to addressing the gap in research. The phenomenological approach was employed to better understand experiences of adolescents. This included in-depth exploration of adolescents' lived experiences as perceived by caregivers. The interpretative approach is applied to understand how individuals perceive experiences (Morrissey, 2022; Vilanova et al., 2021). It involves addressing how individuals interpret and make sense of experiences (Vilanova et al., 2021). Key concepts were depressive symptoms, Maslow's hierarchy of needs, African American adolescents, low-income areas, and caregiver perceptions. Maslow's hierarchy of needs was used to explore unmet needs across multiple domains contributing to depressive symptoms.

Adolescents' mental illnesses can have enduring effects on social, behavioral, academic, and physical health when left untreated (Radez et al., 2021; Tam Chi Phan et al., 2022). African American adolescents living in low-income areas who experience depressive symptoms often struggle with identifying and expressing their emotions. Adolescents' mental illnesses when left untreated increase the risk of suicidal behavior into adulthood (Tam Chi Phan et al., 2022). Caregivers seek services for adolescents when they perceive problems as being of biological origin rather than influenced by psychosocial factors. Adolescents' psychosocial factors include peers, personalities, or

relational issues. Caregiver perceptions provided insight into how met and unmet needs impacted depressive symptoms. Caregiver perceptions of the lived experiences regarding adolescent depressive symptoms were crucial for developing effective interventions and support systems in low-income areas (Curran et al., 2021).

African American adolescent experiences as perceived by caregivers were employed by the qualitative phenomenological approach to gain a deeper understanding. Individuals' perceptions and experiences of a phenomenon was known as the phenomenology approach (Morrissey, 2022). Caregiver interpretations of African American adolescents' lived experiences were the central focus. African American adolescents lived experiences were based on depressive symptoms incorporating Maslow's pyramid. Phenomenological research involved in-depth interviews aimed at uncovering the phenomenon. Phenomenological research is participant-oriented and a sensitive approach to capturing lived experiences (Morrissey, 2022). Participants' experiences were explored in a pure, transcendental, and conscious way (Morrissey, 2022). The phenomenological approach used provided valuable insight. Caregiver perceptions were based on underlying needs and experiences.

Research Question

What are caregiver perceptions of African American adolescent depressive symptoms?

Adolescents are a vulnerable population. Caregiver perceptions of African American adolescent depressive symptoms were the focus. Adolescent depressive symptoms not addressed can lead into adulthood causing mental health problems (Radez

et al., 2021; Tam Chi Phan et al., 2022). Caregiver perceptions of African American adolescent depressive symptoms were determined by looking at met and unmet needs. Caregivers helped identify depressive symptoms in their adolescents' by focusing on their met and unmet needs. Adolescents' unmet needs were impacted by depressive symptoms. Maslow's pyramid was based on physiological needs, safety, love, esteem, and self-actualization (Maslow, 1943). Adolescents' depressive symptoms were determined by Maslow's hierarchy of needs which is further explained. Maslow's pyramid was used to help identify if there is a connection with depressive symptoms.

Theoretical Framework for the Study

African American adolescent depressive symptoms were identified using Maslow's hierarchy of needs. Caregivers play a crucial role in recognizing depressive symptoms by considering met and unmet needs. Adolescents who are not living with their biological parent's experience challenges in meeting safety and self-esteem needs (Maslow, 1943). Hostile environments, physical assault, separation, divorce, and family death cause adolescent depressive symptoms (Maslow, 1943). Adolescent depressive symptoms can have multiple underlying motivations such as a lack of time, love, trauma, abuse, or inadequate access to basic needs (Maslow, 1943). African American adolescents met and unmet needs within Maslow's hierarchy of needs are explored.

Maslow's hierarchy of needs are multi-motivated with various factors contributing to depressive symptoms. The hierarchy pyramid is survival-based with deficiencies taking precedence over higher level growth needs (Mbulaheni et al., 2024).

Caregivers engaged with one-on-one interviews to help identify depressive symptoms in their African American adolescent dependents. A phenomenological approach was used to gain a deeper understanding of adolescent depressive symptoms using caregiver perceptions. Caregiver perceptions engaged in the qualitative analysis to improve understanding of African American adolescents. Caregivers were interviewed to explore African American adolescents met and unmet needs. Individuals lacking basic needs trigger emergency reactions such as chaos in the family unit (Maslow, 1943). Individuals' threats to basic needs were examined focusing on African American adolescents' depressive symptoms. Caregivers focused on threatening concepts related to the hierarchy of needs. Caregivers provided valuable insight into adolescents' experiences during the one-on-one interviews (Morrissey, 2022).

Nature of the Study

Caregiver perceptions of adolescent depressive symptoms were addressed via indepth interviews using the phenomenological approach. Phenomenology involves understanding how individuals interpret their experiences (Morrissey, 2022). Experiences were bracketed, analyzed, and compared to identifying the phenomenon of interest. Phenomenological reduction, which involves setting aside preconceived notions, is essential for deriving the essence of a phenomenon (Morrissey, 2022). Caregivers of African American adolescents were recruited for in-person interviews. Interview protocols were developed to address the research problem and purpose. The recruitment process involved distributing a social media flyer and using the snowball technique.

The Institutional Review Board (IRB) reviewed and approved the flyer prior to distribution. Interested participants were required to communicate through email expressing their willingness for participation. They received attachments containing the study invitation and informed consent form. Interviews were conducted in a confidential location to ensure privacy. All participant information was stored securely in a confidential location using proper measures according to the IRB. Participants were adult caregivers of African American adolescents. Participants were not given any diagnosis or referred to mental health services after study completion. Caregiver participants were recruited using the snowball sampling technique and a social media flyer. The intentions were to conduct six to 10 in-depth interviews. Participant interviews consisted of openended questions that involved Maslow's hierarchy of needs.

Primary results were the source of reliance. NVivo software was utilized to organize, analyze, and gain insight from participants interviews. NVivo functions included relationship coding, data exploration, diagram comparisons, coding review, and general coding (Dhakal, 2022). NVivo was a great tool for coding and transcribing interviews. Participant information was entered into NVivo in a confidential way to protect privacy. The NVivo software assisted in importing and exporting transcripts. Participants provided consent for audio recording prior to conducting the interviews, which aided in generating accurate transcripts. Three methods were employed to gather the findings which included field notes, audio recordings, and transcripts. IRB requirements before and after the study were followed.

Definitions

The definitions described were commonly used when referring to African American adolescents and caregivers. Adolescents who exhibited depressive symptoms were identified by caregivers and explained. The term depressive symptoms was not used clinically. The term adolescents referred to young individuals being discussed. The term low-income areas explained an area where individuals often struggle. The term selfactualization was used for clarification describing Maslow's hierarchy of needs. Definitions of dependent and independent variables were provided for clarity. The following terms were used in the study:

Adolescents: Persons are aged between 13 and 17 years old (Grisanzio et al., 2023; Oh et al., 2023). Adolescents are the dependents of different caregivers.

African American: The African American population experience is historically shaped by existence in America (Hines III, 2021). History and heritage have shaped the racial identity of African Americans (Hines III, 2021). African Americans fought for the right to exist in America without disowning their African descent and the right to have a culture that represents them (Hines III, 2021).

Caregivers: Individuals taking care of children can represent a spouse, partner, parent, child, blood relative, friend, or individual with power of attorney (Murugan et al., 2022). Most caregivers are related to adolescents.

Depressive symptoms: Encompass feelings of sadness, emptiness, and hopelessness. Adolescent depressive symptoms include feelings of hopelessness, worthlessness, emptiness, and sadness (Zhong & Chen 2021). Adult and adolescent depressive symptoms are shown differently.

Low-income areas: Residents of low-income areas often face less adequate living conditions, higher incidences of smoking, alcohol consumption, obesity, less physical lifestyle, lack nutrition, and less health care services (Suryoputri et al., 2022).

Self-Actualization: The top of the pyramid represents the highest level in Maslow's Hierarchy of Needs. People with high self-actualization realize their true potential and ideal selves upon reaching the top of the pyramid (Maslow, 1943).

Assumptions

Participants' interpretations varied due to their subjective perspectives of met and unmet needs. Caregiver perspectives were about gaining an understanding African American adolescent depressive symptoms. Participants values shaped the information gathered and could introduce biases (Korous et al., 2022). Participants met and unmet needs were explored in-depth. Participants' experiences were involved with conducting in-depth face-to-face interviews which was included in the qualitative design (Dason et al., 2022). Participant experiences and individual perspectives were utilized in openended

questions. Participants interviews facilitated a deeper understanding of African American adolescent depressive symptoms.

The information gathered was informal and subject to evolution. The research bias, whether conscious or unconscious, involved interpreting results that supported preexisting beliefs. The results included any occurrences of potential biases, personal factors in data collection, and analysis. Validity was achieved through integrity rather than the absence of bias in qualitative research (Motulsky, 2021). Threats to validity could have arisen from various factors, such as the setting or individuals being studied. Participant influences were crucial to consider regarding what was disclosed and concluded (Korous et al., 2022). Participants interactions were done in a nonjudgmental way. Participants in person interview interactions created a safe and open environment for caregivers to share their experiences comfortably.

Scope and Delimitations

Caregiver perceptions of African American adolescent depressive symptoms constituted to the research problem. African American adolescents in low-income areas with met and unmet needs were the primary focus. Participants identifying unmet needs contributed to mental health concerns. Participants identifying unmet needs contributed to the development of depressive symptoms (Maslow, 1943). African American adolescent depressive symptoms had contributing factors to Maslow's pyramid such as a hostile environment, physical assault, separation, divorce, and abuse (Maslow, 1943). African American adolescents lacked giving or receiving love. Adolescents with low selfesteem played a role in the development of depressive symptoms (Maslow, 1943).

Caregiver perceptions played a crucial role with identifying depressive symptoms in African American adolescents. Maslow's hierarchy of needs has multiple motivating factors for developing depressive symptoms (Maslow, 1943). The participants and locations of the interviews were in low-income areas within Georgia. The participants were adult caregivers of African American adolescents aged 13 through 17. African American adolescents were the subject. The adolescents could be non-school attendees, not involved in the Juvenile Justice system, exhibited depressive symptoms, and received welfare. Caregivers could be of any race or age to participate. Caregivers included spouses, partners, parents, children, blood relatives, friends, or individuals with power of attorney (Murugan et al., 2022). Caregivers played an important role during the interviews providing insight into their adolescents' mental health.

Caregiver perceptions were explored through in person interviews using a phenomenological approach. The phenomenological approach addressed the research questions. Caregiver perceptions of African American adolescent depressive symptoms were explored in the phenomenological approach. African American adolescents lived experiences in low-income areas, emphasizing Maslow's hierarchy of needs were utilized within the interview questions. Caregivers were the participants who answered interview questions regarding Maslow's hierarchy of needs. Caregivers' perceptions based on Maslow's hierarchy of needs, may impact African American adolescents, and contribute to depressive symptoms. Caregiver behaviors and gathering perceptions were observed for data collection. African American adolescents' personal histories were explored in the in person interviews with caregivers providing information.

Caregiver perceptions, African American adolescents, Maslow's hierarchy of needs, low-income areas, and depressive symptoms were included in the data collection. Transferability was an important aspect of qualitative research. Transferability referred to the extent of findings which could be applied to other populations and contexts (TuvalMashiach, 2021). The use of triangulation included interview transcripts, field notes, and reflective journals. The use of triangulation helps with overcoming intrinsic biases and enhancing validity of the findings. Minority populations in low-income areas within

Georgia may have transferability as a result (Levitt, 2021).

Limitations

There were several limitations considered throughout the research. Caregivers focused on African American adolescent depressive symptoms, and they were not clinically diagnosed with depression. The limitation was acknowledged to ensure clarity in terminology used (Tuval-Mashiach, 2021). Participants bias and stigma during the interviews were another limitation. Families experiencing depressive symptoms may choose not to take any action based on the findings, actual prevalence, and severity. African American adolescent depressive symptoms were unknown without follow-up with caregivers. Caregivers were hesitant to fully disclose information because of judgment and stigma (Simes et al., 2021).

Caregiver and adolescent beliefs about stigma toward mental health are commonly reported in low-income areas (Swai et al., 2024). African American

adolescents' findings limited the generalizability to other populations. The research questions incorporated all the needs listed in Maslow's hierarchy pyramid. Adolescents' perspectives were not included due to them being a vulnerable population. Caregivers were the participants due to adolescents being a vulnerable population. Participants seeking help for depressive symptoms, families, and other races were not addressed. African American adolescents, children, and young adults as participants were not included. Caregivers resided in low-income areas within Georgia. Caregivers residing in low-income areas could have restricted generalizability.

Significance

Caregiver perceptions contributed to the field of psychology. African American adolescents' mental health factors were important because of their unmet needs. Caregiver knowledge about Maslow's hierarchy of needs pyramid could increase awareness. Caregivers' knowledge about the relationship of depressive symptoms could challenge stigma. Caregiver knowledge may increase awareness of mental health issues in the African American adolescent population. African American adolescents often have limited access to mental health services. Families in low-income areas lack awareness of depressive symptoms and resources (Gates et al., 2022). Individuals with increased awareness of depressive symptoms engaged in activities to improve their mental health.

Adolescent depressive symptoms were used to identify healthy human development by looking at caregiver perspectives. African American adolescents are a population often overlooked in research and society (Hinton & Cook, 2021). Depressive symptoms were explored within the framework Maslow's hierarchy of needs. African

American depressive symptoms within the framework provided a valuable tool for future research and interventions. Adolescents untreated mental illnesses have long-lasting effects on social, behavioral, academic, physical well-being, chronic conditions, and suicidal thoughts (Radez et al., 2021; Tam Chi Phan et al., 2022). Adolescents untreated mental health increases problems in adulthood.

Professionals can contribute by promoting training initiatives and facilitating the practical application of research findings in lower-income areas. Caregiver results from answering interview questions could inform professional practice and provide alternatives for addressing needs. Professionals work towards building trust and breaking down stigmas by gaining a better understanding of communities (Lespine et al., 2022). Individuals who have been historically overlooked in research could help focus attention on specific populations, promote greater awareness, and inclusivity. Caregiver perceptions of adolescent depressive symptoms and knowledge about Maslow's hierarchy of needs have the potential to expand knowledge. Caregiver perceptions of depressive symptoms could benefit the academic community. Caregivers' answers to the interview questions could provide additional insight into mental health professionals.

Summary

African American adolescents facing untreated mental health issues include significant challenges (Radez et al., 2021; Tam Chi Phan et al., 2022). Adolescent depressive symptoms can develop from a hostile environment, physical assault, separation, divorce, or family death (Maslow, 1943). Caregiver participants were recruited using the snowball sampling technique and a social media flyer. Caregivers of

adolescents residing in low-income areas consisted of six to ten in-depth interviews conducted. Participant interviews were open-ended questions aligned with Maslow's hierarchy of needs. Caregivers' responses helped identify depressive symptoms in adolescents by focusing on unmet needs. African American adolescent depressive symptoms aligned with the research purpose. Caregiver perceptions identified the depressive symptoms in adolescents. Adolescents' unmet needs aligned with the hierarchy pyramid which lead to depressive symptoms. Adolescents with untreated mental health concerns will continue into adulthood if overlooked.

Adolescents' depressive symptoms were challenging to determine (Edler et al., 2022). Caregiver interaction behaviors incorporating warmth, structure, and autonomy are associated with fewer depressive symptoms in adolescents (Lionetti et al., 2022). Caregivers' interacting with rejection, chaos, and coercion lead to more depressive symptoms in adolescents (Lionetti et al., 2022). Caregivers providing appropriate care for adolescents could prevent long-term negative impacts on their mental health and wellbeing (Radez et al., 2021; Tam Chi Phan et al., 2022). Adolescents commonly experience comorbidity and consequences when they have depressive symptoms (Chen et al., 2023; Rivers et al., 2022). Families struggling with untreated depressive symptoms were common. Caregivers play a significant role in fostering a positive outlook in African American adolescents' lives (Mak et al., 2021; Zu et al., 2023).

African American adolescents were aged 13 through 17. The adolescents were non-school attendees, not involved in the Juvenile Justice system, exhibited depressive symptoms, and received welfare. Caregivers could be of any race or age to participate.

Caregivers played an important role during the interviews providing insight into their adolescents' mental health. Caregiver perceptions of unmet needs leading to depressive symptoms provided insight for addressing mental health needs in adolescents. African American adolescent depressive symptoms impacted daily functioning by emphasizing the need for a more comprehensive understanding and interventions. Caregivers' recognition was a crucial predictor for seeking help regarding adolescents' mental health (Murphy et al., 2022). The literature search strategy, theoretical foundation, and literature review related to key variables are presented in Chapter 2.

Chapter 2: Literature Review

Caregiver perceptions of African American adolescent depressive symptoms were the focus. Caregiver perceptions were shaped by their values, beliefs, expectations, and specific needs. African American adolescents were examined through the caregiver perspectives. Caregiver perspectives were utilized in the phenomenological approach to gain a deeper understanding (Morrissey, 2022). The qualitative study included key concepts. The key concepts included depressive symptoms, Maslow's hierarchy of needs, African American adolescents, low-income areas, and caregiver perceptions. Caregivers provided knowledge and valuable information about mental health concerns specifically depressive symptoms within the African American adolescent population.

Adolescents untreated mental health concerns lead to various negative outcomes, such as depression, anxiety, and suicide (Davis & Leon, 2022; Elia et al., 2024; Radez et al., 2021; Stelmach et al., 2022). Adolescents with untreated mental illnesses have consequences extending into adulthood. The consequences have impacts on behavioral,

academic, and health-related issues (Tam Chi Phan et al., 2022). Adolescent depressive symptoms may result from a hostile environment, physical assault, separation, divorce, or family death (Maslow, 1943). Caregivers' recognition of behaviors were a significant predictor for depressive symptoms in adolescents (Eigenhuis et al., 2021). African American adolescent caregivers' fear negative consequences, societal judgments, and barriers which can hinder them from seeking mental health help (Astleitner et al., 2023). Caregivers' barriers seeking mental health help included cost, transportation, stigma, or long waiting lists for services (Elia et al., 2024).

African American adolescent depressive symptoms often manifested in behaviors such as concealing emotions of sadness, loneliness, insecurities, boredom, apathy, aggressiveness, hypochondria, antisocial behavior, and inadequate social situations (Bihun et al., 2022). African American adolescents who were exposed to caregiver depression may internalize their symptoms. Adolescents who were exposed to caregiver depression experienced decreased awareness (Marcynyszyn et al., 2021). Adolescents and caregivers who have poor communication with each other were based on depressive symptoms. Family stressors such as chaotic home environments, negative life events, and caregiver depression were associated with depressive symptoms in adolescents (Reck & Kogan, 2021). Paternal support served as a protective factor against depressive symptoms among adolescents (Lawrence, 2022). Family influences played a crucial role in the development of adolescents' depressive symptoms (Lee et al., 2021).

African American adolescents exhibiting depressive symptoms were connected to Maslow's hierarchy of needs. Caregivers helped identify depressive symptoms in African

American adolescents by examining their met and unmet needs. Maslow's pyramid includes physiological, safety, love and belonging, esteem, and self-actualization (Maslow, 1943). Adolescents rely on caregivers to fulfill their basic needs. The needs are arranged in a hierarchy of precedence. The hierarchy pyramid reflects survival-based deficiency needs which take precedence over higher-level growth needs (Mbulaheni et al., 2024). Safety needs involve protection from harm, stability, and predictability in life (Bucchio et al., 2021; Maslow, 1954). Adolescents' healthy development is a contribution from family stability, nurturance, and safety (Bucchio et al., 2021).

Psychological needs were based around being accepted, loved, and having a sense of belonging (Bucchio et al., 2021; Maslow, 1954). Adolescents who do not live with their biological parents safety component was influenced negatively (Maslow, 1943). Adolescents experiencing trauma can affect the safety and esteem component (Maslow, 1943). Adolescents experiencing long term disturbances impacts esteem, safety, selfactualization, love and belonging. Maslow's hierarchy of needs can be multi-motivated leading to depressive symptoms in African American adolescents. Adolescents exhibit depressive symptoms differently than adults, often presenting with irritability, behavioral changes, or somatic complaints rather than overt sadness.

The research search strategy is detailed in Chapter 2, justifying the selected key terms, library databases used, and iterative search process. The synthesis of research on Maslow's hierarchy of needs theory is directly relevant to the phenomenon about adolescent depressive symptoms. The current peer-reviewed research on key concepts related to the proposed study was thoroughly reviewed. The key concepts included

mental health, depressive symptoms, caregiver perceptions, low-income areas, African American adolescents, and Maslow's hierarchy of needs. The existing research on the phenomenon of interest was analyzed, synthesized, and interpreted to identify any research deficits. Adolescent depressive symptoms were challenging to identify (Edler et al., 2022). Caregiver perceptions helped identify adolescent depressive symptoms. The phenomenological approach was valuable for understanding caregiver perceptions of adolescent depressive symptoms. A deeper understanding and information on selected key terms is detailed throughout Chapter 2.

Literature Search Strategy

Online databases were used for exploring scholarly articles related to the phenomenon of interest. The following databases were used from the Walden University Library: Sage Journals, Springer, Taylor & Francis, Elsevier, Global Alliance, PsycArticles, and PsycINFO. Google Scholar was used to explore peer-reviewed journal articles. The sources used were published between 2021 and 2024. The following key terms were used for this study: *Black families*, *self-helping*, *mental health*, *juveniles*, *families*, *African American mental illness*, *family systematic reviews*, *facilitators*, *motivators*, *enablers*, *African American*, *Black*, *families*, *family members*, *relatives*, *caregivers*, *mental health*, *mental illness*, *depressive symptoms*, *Maslow's hierarchy of needs*, and *help-seeking*. The keywords were searched in the Walden University Library databases within the years 2021 through 2024. Boolean operators *and, not* were combined with key search terms and enhancers * to optimize the search results. The key terms were searched individually and in various combinations across all databases to

ensure thorough exploration. The Google Scholar searches produced research articles accessed through Walden University Library Thoreau Multi-Database within the years 2021 through 2024.

Adolescents with untreated mental illnesses have social, behavioral, academic, additional health problems, and suicidal thoughts continuing into adulthood as a reoccurring theme (Tam Chi Phan et al., 2022). The research parameters were broadened to explore primary topics and collect in-depth information. African American adolescent depressive symptoms with caregiver perceptions were conducted with a thorough search. The data search included relevant studies published within the past three years. The search for peer-reviewed journal articles published between 2021 through 2024 were yielding an abundant amount of information regarding African American adolescents, caregivers, low-income areas, Maslow's hierarchy of needs, and mental health. The current research published between 2021 through 2024 lacked information about Maslow's hierarchy of needs regarding depressive symptoms and minorities.

Theoretical Foundation

The theory grounding investigation was Maslow's hierarchy of needs (Maslow, 1943). Caregiver perceptions of African American adolescent depressive symptoms were the focus throughout the interview questions. Individuals are driven by the desire to fulfill physiological needs, safety, love, esteem, and self-actualization (Maslow, 1943). Theorists have refined and expanded Maslow's hierarchy of needs since its original proposal in 1943 (Maslow, 1943). The hierarchy pyramid starts at the most basic level with physiological needs such as food, water, and homeostasis (Maslow, 1943).

Individuals' failure to meet basic needs experienced danger, or unfavorable conditions resulting in psychological threats (Maslow, 1943). Individuals react to psychological threats with general emergency responses. Individuals' well-being and self-fulfillment were contingent upon having their needs met (Maslow, 1943). Individual's physiological needs dominate attention as other hierarchy desires become secondary or even nonexistent (Maslow, 1943). Individuals' failure to meet basic desires could lead them to be dominated by physiological needs only. The remainder of the hierarchy needs become pushed back or nonexistence (Maslow, 1958).

Individuals whose needs are unsatisfied react differently than those with met ones (Maslow, 1958). Caregiver reactions to injustice, unfairness, or inconsistency can evoke feelings of anxiety and unsafety (Maslow, 1958). Individual fulfillment of physiological needs creates belonging (Maslow, 1958). Individual fulfillment within the hierarchy pyramid can become a repetitive cycle (Maslow, 1958). African American adolescent depressive symptoms and caregiver perceptions within the framework were examined. Individuals' unsatisfied needs became dominated by physiological needs, while other desires receded into the background (Maslow, 1943). Individuals whose needs are met can better tolerate future deprivation, and those with unmet respond differently. Once the basic needs are satisfied the remainder of the needs can become a focus.

The satisfaction of needs are crucial for optimal functioning. Adolescents' unmet safety needs caused either fear or anxiety. Individuals' needs were subjective based on factors such as intelligence, education, life experiences, environment, family, and circumstances (Maslow, 1943). African American adolescent depressive symptoms were

understood by looking into Maslow's hierarchy of needs focusing on caregiver perspectives. African American adolescent families living in low-income areas may find basic needs such as food, clothing, shelter, and money particularly dominant (Lawrence, 2022). Individual's basic needs were the primary focus, and emotional needs received less attention (Silver & Zinsser, 2022). Adolescent depressive symptoms were associated with a range of problems including academic difficulties, behavioral problems, sleep disturbances, weight fluctuations, self-neglect, self-harm, suicide, and future mental health problems (Radez et al., 2021; Tam Chi Phan et al., 2022).

Adolescent depressive symptoms develop worse over time when they are not addressed (Reck & Kogan, 2021). Caregiver perceptions of needs encompass various aspects such as income, physical health, opportunities, mental, emotional, and spiritual support. Individuals' unmet needs are linked to physical illness, life dissatisfaction, posttraumatic stress, depression, anxiety, and family death (Colleen et al., 2021; Elia et al., 2024; Marçal, 2022). Human needs were organized into a hierarchy ranging from concrete to abstract concepts according to Maslow. Physiological needs encompass basic physical requirements such as food, water, breathing, and homeostasis (Maslow, 1943). Physiological needs are necessary for living in everyday life. Individuals encountered difficulties in pursuing higher-level needs without fulfilling basic requirements (Mbulaheni et al., 2024). Sexual reproduction is also considered a physiological need for survival and species propagation. Individual's physiological needs once met completely, opened up the next level of the pyramid which is a safety.

Adolescents required safety and experienced fear when needs were unmet. Individuals in emergency situations need safety to be fulfilled for coping. Safety needs include financial security, good health, and living in safe neighborhoods. Adolescents not living with biological parents impacted the safety component of needs (Maslow, 1943). African American adolescents' traumatic experiences impacted safety and esteem needs (Maslow, 1943). Adolescent depressive symptoms could have contributing factors due to Maslow's hierarchy of needs being multilayered. Adolescents' mental health may be impacted by unmet requirements described by Maslow's. Caregivers may lack the proper resources to provide a safe environment for their families. The lack of resources could be from financial constraints and family obligations.

The following category involved feeling loved and accepted. The love need stemmed from various sources including romantic relationships, friendships, families, social groups, communities, and religious organizations (Maslow, 1943). The love need involves both the experience of being loved and the ability to love others. Belonging needs being fulfilled positively impacted well-being, while a lack of acceptance could lead to loneliness, depression, and anxiety (Maslow, 1943). African American adolescent depressive symptoms may be contributed from a lack of reciprocal love. Toxic relationships may have impeded the need for love or acceptance. The esteem need created the desire to feel good about oneself. The esteem need involved two components selfconfidence and self-regard, including feeling valued by others through recognition (Maslow, 1943). Individuals whose esteem needs were met experienced boosted selfconfidence, while unmet desires resulted in feelings of inferiority (Maslow, 1943).

Individuals with low self-esteem often felt worthless and lacked determination. Individuals' satisfaction of esteem needs contributes to self-confidence, self-worth, strength, capability, and adequacy (Maslow, 1958).

The pinnacle of the hierarchy, self-actualization signifies achieving one's fullest potential. Individuals who had their self-actualization needs met believed they were living up to their fullest potential (Maslow, 1943). Individuals' self-actualization varied depending on their circumstance. Self-actualization can manifest in activities such as helping others, achieving goals, or engaging in creative pursuits (Maslow, 1943). The achievement of self-actualization was considered rare but attainable (Maslow, 1943). African American adolescents who are still in the process of development may not achieve self-actualization. Caregivers struggling with their own self-actualization due to unfulfilled aspirations presented challenges.

Caregiver perceptions of African American adolescent depressive symptoms were focused on Maslow's pyramid. Individuals who had all their needs met navigated challenges better. Individuals with unmet needs struggled and had difficulty functioning in life with stressors. Caregivers of African American adolescents who exhibited depressive symptoms were the premise. Caregivers included spouses, partners, parents, children, blood relatives, close friends, or individuals with power of attorney (Murugan et al., 2022). Caregivers own depressive symptoms could have repercussions on the mental health of African American adolescents. Family roles played a significant role in the manifestation of stress in relation to African American adolescent depressive symptoms.

Family stress in the home created a chaotic home environment which impacts caregiver functioning with their adolescent (Reck & Kogan, 2021).

Adolescent depressive symptoms can have contributing factors such as a hostile environment, physical assault, separation, divorce, or family death (Maslow, 1943). African American adolescent depressive symptoms and caregiver perceptions has been thoroughly investigated. African American adolescents and their caregivers often hesitated to seek help for depressive symptoms (Lespine et al., 2022; Lombe et al., 2021). Caregivers' perceptions of met and unmet needs in relation to African American adolescent depressive symptoms may provide comfortability for seeking help when recognized. Family awareness had a broader impact within the household (Atashbahar et al., 2022). Caregiver perceptions were influenced by values, beliefs, expectations, experiences, and specific needs (Curran et al., 2021). The family unit was negatively affected by unmet needs impacting daily functioning and mental health. Adolescents' unmet needs may lead to depressive symptoms, affecting their daily functioning. African American adolescent depressive symptoms and caregiver perceptions utilized Maslow's hierarchy of needs theory as the framework.

Literature Review Related to Key Concepts

Adolescent depressive symptoms were shown as sadness, loneliness, insecurities, boredom, apathy, aggressiveness, hypochondria, antisocial behavior, and inadequate social situations (Bihun et al., 2022). Adolescents' lack of support in and outside of the home contributed to increased isolation and intensified depressive symptoms (Rivers et al., 2022). African American adolescents, compared to other racial groups, faced a higher

risk of internalizing depressive symptoms (Ahn et al., 2021). Individual needs consisted of physiological, safety, love, esteem, and self-actualization which provided an understanding based on life requirements (Maslow, 1943). Maslow, based on the hierarchy of needs suggests that lower-level requirements must be fulfilled before addressing higher-level needs (Maslow, 1943). The lower level needs unfilled make it difficult for the higher-level needs to be satisfied.

Residents of low-income areas frequently faced difficulties accessing basic needs, leading to adverse consequences (Nicole et al., 2022). African Americans residing in low-income areas with low socioeconomic statuses were assessed through income, education, and occupation significantly influencing their experiences. Individuals living in low-income areas contributed to higher rates of mental and physical health problems (Hubbard et al., 2022). Caregivers, who can be spouses, partners, parents, children, blood relatives, close friends, or individuals with power of attorney, may also experience depressive symptoms, with implications for their overall mental health (Murugan et al., 2022). Caregivers living in low-income areas faced difficulties which impacted their adolescence. African American adolescent depressive symptoms may be based on their caregiver’s mental health. Families were not always aware of their own mental health until symptoms arises for them to notice.

The key concepts discussed in the section highlighted prevalence of depressive symptoms among African American adolescents, relevance of Maslow's hierarchy of needs, challenges faced in low-income areas, and the impact of caregivers. African

American adolescents' mental health and well-being key concepts were emphasized for additional research (Bihun et al., 2022; Maslow, 1943; Nicole et al., 2022). The family environment played a significant role in African American adolescent depressive symptoms. Family environments associated with stress contributed to depressive symptoms. A chaotic home atmosphere could exacerbate depressive symptoms, which in turn affected daily functioning (Reck & Kogan, 2021). The family dynamics played a huge protective factor against depressive symptoms.

Depressive Symptoms

Zhong and Chen (2021) documented feeling sad, empty, or hopeless characterizes depressive symptoms. Individuals' negative attitudes were commonly expressed by these symptoms including sadness, self-reproach, guilt, hopelessness, and suicidal ideation (Liu et al., 2021). The manifestations encompassed suicidality, sleep disturbance, fatigue, selfblaming, difficulty concentrating, psychomotor problems, worrying, low self-esteem, and dependency (Liu et al., 2021). The depressive symptoms emerged from environmental conditions influencing personal characteristics, context, and time (Korous et al., 2022).

Informal social activities had a greater impact on reducing the risks of developing depressive symptoms compared to formal activities (Shan et al., 2023). Individuals with higher levels of emotional support experienced fewer depressive symptoms than those with less support (Shan et al., 2023; Stefanella et al., 2022). Individuals living in lower socioeconomic areas exhibited anxiety and depressive symptoms (Korous et al., 2022; Pisinger & Tolstrup, 2022). Individuals with low socioeconomic status were associated

with a higher risk of depressive symptoms (Korous et al., 2022; Pisinger & Tolstrup, 2022). Childhood depressive symptoms predict major depression, conduct disorder, and suicidal behavior leading into adulthood (Korous et al., 2022; Tam Chi Phan et al., 2022). Individuals in low-income areas working long hours had negative effects on mental health, leading to depressive symptoms (Choi et al., 2021).

Adolescent depressive symptoms affect various life domains, including school performance, social withdrawal, risky behaviors, self-harm, and suicidality (Radez et al., 2021; Tam Chi Phan et al., 2022; Zhong & Chen, 2021). Individuals' common depressive symptoms included feelings of hopelessness, worthlessness, emptiness, sadness, emotional, and physical problems (Lawrence, 2022; Zhong & Chen, 2021). Individuals living in neighborhoods are characterized by poor-quality housing, low-income, and unsafe conditions also contributed to depressive symptoms (Atkins et al., 2022; Zhong & Chen, 2021). Adolescents who identify as gay are more prone to experiencing depressive symptoms, often resulting from stigma, bullying, family rejection, and victimization (D'Agati et al., 2021). Adolescent depressive symptoms can be contributed from bullying, police violence, and racism (Lavner et al., 2023; Stern et al., 2022).

Adolescents' body dissatisfaction was associated with depressive symptoms and self-objectification. African American adolescents' skin tone, hair, and facial satisfaction were linked to lower esteem, self-objectification, and depressive symptoms (Ladd et al., 2022). Depressive symptoms were influenced by thoughts, perception of self, and worldview with severity being higher when suicidal behaviors are present (Bihun et al., 2022; Herres et al., 2021). Individuals recurring thoughts of death, suicidal ideation,

selfharm attempts, or dying by suicide were also indicated of depressive symptoms (Liu et al., 2021). Adolescent depressive symptoms were important to recognize based on safety concerns regarding suicide and perceptions. Adolescent depressive symptoms manifested as concealing emotions of sadness, loneliness, insecurities, boredom, apathy, aggressiveness, hypochondria, and antisocial behavior (Bihun et al., 2022).

Caregiver depression is linked to adolescent depressive symptoms (Curran et al., 2021; Jia & Yu, 2021; Marcynyszyn et al., 2021). Adolescents' internalization of depressive symptoms may decrease caregiver knowledge. Family stressors such as chaotic home environments, and negative life events are associated with depressive symptoms (Reck & Kogan, 2021). Caregiver and adolescent conflict may contribute to depressive symptoms. Family functioning plays a role in adolescents' development of depressive symptoms (Holloway & Varner, 2021; Rothenberg et al., 2022). Family functioning that is chaotic may be detrimental to mental health. Adolescent depressive symptoms were linked to caregivers exhibiting depressive symptoms.

Childhood depressive symptoms can impair psychological needs, social, and educational functioning potentially leading to adult psychiatric disorders (Xu et al., 2023). Mothers and children positive relationships function as a protective factor against depressive symptoms (Xu et al., 2023). Adolescents who report high-quality relationships with parents, caregivers, and friends also experience lower depressive symptoms (Schwartz-Mette et al., 2021; Xu et al., 2023). Supportive parents or friendships contribute to a positive self-perception and reduce risk of developing depressive

symptoms (Mak et al., 2021; Zu et al., 2023). Individuals' positive beliefs and mental representations are associated with lower risk of depressive symptoms (Zu et al., 2023). Prenatal depressive symptoms negatively impact newborns psychologically and physiologically (Gokoel et al., 2021; Jiang et al., 2022). Prenatal depressive symptoms may lead to emotional and behavioral problems in infants.

Inidviduals untreated depressive symptoms increases the likelihood of developing social issues. Social predictors can become equally important as biological factors in explaining depressive symptoms (Zhu & Chou, 2022). Inidviduals social support was considered a basic biological need, playing a protective role, while family separation can harm mental health (Zhang & Monnat, 2022; Zhu & Chou, 2022). Individuals harsh living environments evoke normal emotional responses like depressive symptoms, anxiety, and other mental disorders (Young-Shin et al., 2021; Zhu & Chou, 2022). Individuals labeled as depressed, and poor were often viewed as psychologically disabled (Zhu & Chou, 2022). Inidviduals struggling with negative self-thoughts exacerbate depressive symptoms (García-Velázquez et al., 2021).

Prenatal depression is associated with adverse physical and psychological outcomes for infants (Nowak et al., 2022). Prenatal depression correlates with spontaneous abortions, preterm delivery, substance misuse, poor attachment, and reduced interactions (Nowak et al., 2022). Prenatal depressive symptoms also pose a high risk for psychopathology, negative reactivity, and externalizing symptoms in children (Nowak et al., 2022; Rivers et al., 2022). Caregiver depressive symptoms could be contributed by the severity of childhood trauma. Individuals with traumatic memories during pregnancy

can lead to distress about childbearing (Greene et al., 2021; Nowak et al., 2022). Caregivers and adolescents social support serves as a protective factor against childhood trauma-induced depressive symptoms (Nowak et al., 2022; Seitz et al., 2021).

Individuals who face discrimination were negatively associated with depressive symptoms. African Americans with higher education face an increased risk of exposure to racial discrimination (Eschmann et al., 2022; Louie & Upenieks, 2022; Wilson et al., 2023). Older adults reporting experiences of discrimination also exhibit a higher prevalence of depressive symptoms (Moody & Lewis, 2022). Individuals' discrimination and depressive symptoms were associated with lower completion rates of high school or college (Louie & Upenieks, 2022; Wilson et al., 2023). Individuals with college degrees have access to mental health services, which improve their mental health (Louie & Upenieks, 2022; Wilson et al., 2023). Individuals job insecurities and economic hardships contribute to an increased risk of depressive symptoms (Moody & Lewis, 2022).

African American male and female adolescent depressive symptoms manifest differently. African American adolescent female depressive symptoms has a higher prevalence (Lawrence, 2022). African American adolescent males during the pubertal period can also experience depressive symptoms (Seaton & Carter, 2022). Adolescent males' early maturation was associated with higher levels of depressive symptoms. African American male adolescents reach puberty earlier than those of other racial identities, potentially leading to negative mental health outcomes in stressful social environments (Hirtz et al., 2021; Moore & Phelps, 2021). African American male adolescents are at risk of racial stereotypes. Tall individuals may be racially profiled by

police officers and peers (Prasath et al., 2023; Seaton & Carter, 2022). Adults perceive African American male adolescents as older than their same-age Caucasian counterparts based on physical appearance (Seaton & Carter, 2022).

Adolescent social environments exert a significant influence on psychological development. Adolescent depressive symptoms and suicide risk can be positively impacted by support systems (Brumley et al., 2021; Rivers et al., 2022). Adolescents with strong support systems develop coping skills and a sense of belonging, which contributes to lower depressive symptoms (Rivers et al., 2022). Adolescents with high levels of parental criticism and conflict increases depressive symptoms (Rapp et al., 2021; Rivers et al., 2022). Adolescents' feelings of isolation contribute to the development of depressive symptoms. Adolescents struggle with psychological development if they do not have a strong support system.

Parental divorce or marital conflict contributes to depressive symptoms in adolescents, along with educational difficulties, maladaptive coping, and family conflict (Lawrence, 2022; O et al., 2022). Marital conflict causes stress and a lack of control, contributing to depressive symptoms in adolescents (O et al., 2022). African American adolescent depressive symptoms are influenced by a range of factors including individual characteristics, family dynamics, social environments, discrimination, prenatal, childhood experiences, and support systems. The African American population influencing factors are crucial for developing interventions and support systems. The African American population influencing factors can effectively address depressive symptoms.

Adolescent depressive symptoms are influenced by various factors, including environmental, familial, and individual characteristics. Negative emotional experiences such as sadness, guilt, hopelessness, and suicidality are often common indicators of depression (Liu et al., 2021). The symptoms can have significant consequences, including academic struggles, social withdrawal, and an increased risk of suicidal behaviors (Radez et al., 2021). Research shows that social support and positive family relationships can serve as protective factors, reducing the likelihood of depressive symptoms in adolescents (Shan et al., 2023; Xu et al., 2023). Conversely, stressful family environments, parental conflict, and childhood trauma increase the risk of depression (Reck & Kogan, 2021). The intersection of racial discrimination and socioeconomic status further exacerbates depressive symptoms, particularly in marginalized communities, such as African American adolescents (Eschmann et al., 2022; Seaton & Carter, 2022). Understanding these diverse factors is critical for developing targeted interventions that address the unique needs of adolescents facing depressive symptoms.

Maslow's Hierarchy of Needs

The theory grounding change was Maslow's (1943) hierarchy of needs, based on caregiver perceptions of African American adolescent depressive symptoms. Satisfied needs are arranged in a hierarchy of precedence (Mbulaheni et al., 2024). Physiological needs, safety, love, esteem, and self-actualization are what make up Maslow's pyramid. Maslow's pyramid consisting of physiological development, safety, love, esteem, and self-actualization (Maslow, 1943), served as the research framework. Individuals' depressive symptoms arise from a deficit in experiencing both giving and receiving love.

Esteem encompasses feelings of self-worth. Individuals who perceive themselves as helpless may do so because of their lack of self-esteem. Individuals' self-actualization occurs when they have reached their full potential.

African American adolescent depressive symptoms were relevant to the research by centering on Maslow's hierarchy of needs. Caregivers aided in identifying depressive symptoms in African American adolescents by considering both met and unmet needs. Caregiver perceptions rooted in Maslow's hierarchy of needs influenced depressive symptoms in African American adolescents. Maslow's hierarchy of needs delved into the categories of physiological, safety, love, esteem, and self-actualization (Maslow, 1943). The hierarchy of needs provided an in-depth exploration. Adolescents who did not reside with their biological parents impacted the safety component in Maslow's hierarchy of needs (Maslow, 1943). Adolescents experiencing trauma affected both the safety and esteem components of Maslow's pyramid (Maslow, 1943). Maslow's pyramid can be multi-motivated, leading to depressive symptoms. Adolescent depressive symptoms can look different compared to adults. African American adolescent depressive symptoms were guided by met and unmet needs defined in Maslow's hierarchy pyramid.

Professionals used Maslow's hierarchy of needs to help assess and maximize individual potential. Individuals met lower basic needs first before progressing to higher levels for success. Individuals have criticized Maslow's hierarchy of needs for lacking empirical validation. The theoretical concepts have allowed helping professionals to meet needs for diverse clients by enhancing physical, psychological, emotional, and their overall wellbeing (Bucchio et al., 2021). Individuals' basic needs include air, food, water,

shelter, warmth, and sleep for survival (Maslow, 1954). Adolescents rely on caregivers to meet basic needs. Individual safety needs are addressed by protection from harm, stability, and reliability throughout life (Bucchio et al., 2021; Maslow, 1954).

Family stability came from consistency, nurturance, and safety for healthy development (Bucchio et al., 2021). Adolescents with no responsible adult experience increased problems in identifying who they are in life (Bucchio et al., 2021; TokurKesgin & Kocoglu-Tanyer, 2021). Individual psychological needs are acceptance and love by others to gain a sense of belonging (Maslow, 1954). Adolescents seek love, acceptance, and belonging, which can be challenging to attain due to negative experiences within the family unit. The development of self-confidence, achievement, and other contributing factors establish a healthy self-identity resulting in fewer depressive symptoms (Bucchio et al., 2021; Ren et al., 2021).

Adolescents encounter challenges relating to identity development during this stage in life. Adolescents transitioning into adulthood poses difficulties in establishing a sense of self-identity (Bucchio et al., 2021). Individuals' self-actualization involves reaching their fullest potential. Individual self-actualization is a continuous process of becoming instead of finalizing needs. Individual self-actualization varies depending on traits, mindset, and aspirations within their life. A description of self-actualization includes creativity, objectivity, acceptance, ability to manage uncertainty, welfare of humanity, and democratic attitudes (Kazanjian, 2022).

Maslow's hierarchy of needs has overlapping levels illustrating the progression from basic to higher-order desires. The hierarchy pyramid encompasses psychological

needs, safety, esteem, love, belonging, and self-actualization (Maslow, 1954). Adolescents' safety needs being unmet makes it hard to achieve self-esteem and confidence. The hierarchy of needs illustrates an overlapping progression where lowerlevel needs must be fulfilled before higher-level ones (Mbulaheni et al., 2024). The sequential fulfillment starts with basic desires and progresses upward to more complex needs. Adolescents' unmet needs can influence depressive symptoms affecting higher levels of the hierarchy. Safety needs involve protection, living without fear, and establishing boundaries with others (Maslow, 1954). Individuals who experience love and belonging are better able to connect with others and with themselves.

Individuals' unmet needs hinder growth opportunities and can lead to impairment (Noltemeyer et al., 2021). Individuals' needs being met in the hierarchy pyramid allows other levels to emerge (Maslow, 1954). The deficiency needs encompass physiological, safety, and love. The growth needs include esteem and self-actualization. Adolescent deficiencies must be addressed to pave the way for meeting growth needs (Noltemeyer et al., 2021). Individual need levels are not fixed and can change based on contextual factors. Adolescent depressive symptoms may be caused by unmet needs. Caregivers' struggles in the household stem from unmet needs impacting adolescents. Individuals are motivated by attaining lower-level requirements before satisfying higher-order needs. Individual external factors can vary which limit the pyramid model (Shoib et al., 2022). Individual unmet needs at different stages of the pyramid model could lead to physical and mental illnesses (Ghafari et al., 2022; Thoits, 2022). Individual needs can be connected to desires no matter the arrangement of the hierarchy pyramid.

Individuals, during the pandemic, focused on basic requirements of Maslow's hierarchy of needs. The pandemic brought about fear, panic, threatened needs, and deprivation (Yuen et al., 2021). Individuals in deprived environments gravitate towards lower need levels of the hierarchy (Maslow, 1943; Yuen et al., 2021). Individuals who were able to achieve and feel control strengthen their self-confidence. Individuals, during the pandemic, were not able to control the events taking place in the world. Individuals are mostly engaged with basic needs to take care of the necessities within households. Individuals, during the pandemic, had many needs not satisfied. Individual perceptions of risk led to a decrease in cognitive control and performance (Maslow, 1943). Families during the pandemic had increased depressive symptoms.

Maslow's pyramid is made up of physiological needs, safety, love, esteem, and self-actualization (Maslow, 1943). The most basic level of Maslow's hierarchy covers physiological needs. Physiological needs are essential for human survival which include air, food, water, warmth, sleep, and shelter (Maslow, 1943). Individuals experiencing hunger is the most important physiological need (Rojas & Watkins-Fassler, 2023). Physiological needs are known as deficiency (Maslow, 1943; Mbulaheni et al., 2024). Physiological needs that go unmet can hinder individuals' sense of social belongingness and growth process (Maslow, 1943). Physiological needs, though challenging to achieve, are fundamental for personal growth and survival.

Individuals' safety needs are sequential to physiological needs in Maslow's hierarchy. Safety needs represent protection from violence, financial security, and access to healthcare (Maslow, 1943). Individuals met safety needs entail feeling secure from

physical harm, having financial stability, and maintaining good mental health. Individuals who experience bullying at work or school may not have their safety needs met. Safety needs include interpersonal resources individuals require to thrive (Maslow, 1943). Children having dependable caregivers helps meet their needs at the safety and physiological levels. Safety needs can become dominant and influence human behavior to cultivate an environment that minimizes threats.

Individuals who accomplish the safety level can move onto the belonging and love needs. Individuals need love, acceptance, and belonging (Maslow, 1943). Interpersonal relationships in groups cultivate the sense of belonging and intimacy. Individuals achieve belongingness through involvement with family, school, workplace organizations, friendships, romantic relationships, religious gatherings, and team sports (Maslow, 1943). Individuals accomplishing love and belonging means needs are met. Individuals can form connections with others once safety and security are established. Individuals also have the need to feel and give love to others.

Esteem is the first higher-level need in Maslow's pyramid. Esteem is considered a growth need because individuals experience personal growth within themselves. Esteem needs are motivated by the desire to feel good about oneself (Maslow, 1943). There are two categories of esteemed needs which include self-esteem and respect. Individuals' self-esteem is feeling confident and good. Respect involves being valued by others with one's achievements recognized (Maslow, 1943). Individuals with unmet esteem needs may feel unimportant, less confident, unprotected, and incompetent. Adolescent unmet esteem needs may be vital for growth, especially in adulthood.

Individuals' self-actualization needs constitute the highest level of Maslow's pyramid (Maslow, 1943). Self-actualization needs include self-fulfillment, selfdevelopment, and peak experiences. Self-actualization entails the ability to become the best version of oneself**.** Self-actualization is the desire to accomplish all that an individual aspires (Maslow, 1943). Individuals have different opinions of self-actualization meaning desires are different from each person. Individuals striving for self-actualization encounter challenges when their lower-level needs are not met (Maslow, 1943).

Individuals' self-actualization is the highest level of self-awareness. The achievement of self-actualization is rare due to the effort required to fulfill basic needs in life.

Maslow's (1943) hierarchy of needs provides a theoretical framework for understanding the development of depressive symptoms in African American adolescents. The theory posits that individuals must fulfill lower-level needs, such as physiological and safety needs, before progressing to higher-order needs like esteem and self-actualization. Unmet needs at any level of the hierarchy can hinder personal growth and lead to psychological challenges, including depression. African American adolescents, caregivers' perceptions of unmet needs, particularly in the areas of safety and love, were found to influence depressive symptoms. The role of caregivers in meeting these needs is vital, as consistent nurturing and emotional support contribute to the adolescent's psychological well-being. Research suggests that adolescents experiencing trauma or instability, such as living without a responsible adult, may struggle with their self-esteem and sense of security, exacerbating depressive symptoms. Maslow's framework

emphasizes the importance of addressing these unmet needs to promote healing and facilitate the journey toward self-actualization, thus helping adolescents achieve their fullest potential.

African American Adolescents

The African American population in the United States consists of nonimmigrants, immigrants, and multigenerational residents (Witherspoon et al., 2023). African American adolescents receive parenting and mentorship from various adults including extended family (Lee et al., 2021). Grandparents who are active, play significant roles in African American households leading to lower rates of depressive symptoms and less deviant behavior among adolescents (Hans et al., 2022; Lee et al., 2021; Witherspoon et al., 2023). African American adolescents who feel a sense of belongingness in school or their home environment experience high self-concept, fewer depressive symptoms, and lower reports of suicide (Witherspoon et al., 2023).

African American adolescents' cultural factors play a significant role in the ethnic identity of development (Harris & Kruger, 2021). Parental involvement is crucial for the development of African American adolescents leading to positive family messages about race and improved psychological adjustment (Ahn et al., 2021; Barbee et al., 2021). African American parents reinforce cultural pride through activities such as celebrating holidays, watching culturally relevant media, and eating traditional foods. African American adolescents cultural pride reinforcement has been associated with positive academic and health outcomes (Ahn et al., 2021; Parker, 2021). African American

adolescents' and caregivers' open communication promotes secure attachment and increases ethnic identity while decreasing depressive symptoms (Barbee et al., 2021).

Racism is a destructive force that attacks the human spirit through actions, biases, and prejudices, driven by an ideology of racial superiority. Racism inflicts moral suffering, physical harm, sustains systemic injustices, and inequities (Boston-Leary et al., 2024). Racial discrimination involves beliefs, attitudes, institutional arrangements, acts denigrating individuals, and contributes to increased depressive symptoms (Ahn et al., 2021; Yip et al., 2022). African American adolescents' racial discrimination leads to physiological stress and increases depressive symptoms (Lavner et al., 2022). African American cultural mistrust within the community often hinders seeking mental health support resulting in academic challenges and interpersonal problems for adolescents with mental health disorders (Parker, 2021; Tam Chi Phan et al., 2022). African American adolescents' exposure to racial discrimination impacts social, emotional, and behavioral functioning (Parker, 2021). Individuals' racial discrimination can result from stigma surrounding mental health issues characterized by negative labels. African Americans racial discrimination contributes to the underutilization of mental health services among adolescents (Lespine et al., 2022; Obideyi & Sangmin, 2021). African American families have negative attitudes toward the healthcare system due to racial discrimination (Lespine et al., 2022; Obideyi & Sangmin, 2021). Adolescent depressive symptoms impact behavioral, mental health, and academic outcomes (DiClemente et al., 2022).

African American adolescents who witness marital conflict within their families are more likely to develop depressive symptoms impacting problem-solving skills and

adaptive coping (Lawrence, 2022; Reck & Kogan, 2021). Caregivers who are emotionally supportive contribute to better mental and physical health outcomes for African American adolescents (Evans et al., 2023). Caregiver stress can increase depressive symptoms in the household (Evans et al., 2023). Adolescents often blame themselves and internalize their parent's conflict, which comes from prolonged stress, and increased depressive symptoms. Parental support often serves as a protective factor against depressive symptoms. Adolescents perceive their stress to be uncontrollable and have difficulties managing their emotions when marital conflict is present in the home (Lawrence, 2022). Adolescent depressive symptoms are related to marital conflict.

African American adolescents' depressive symptoms are influenced by additional factors such as community violence and economic stress. Adolescents' exposure to community violence experience higher rates of emotional and behavioral adjustment problems, with depressive symptoms being prevalent (Wende et al., 2021). African American adolescents living in low-resourced neighborhoods with high rates of crime and violence further exacerbate these challenges (Lambert et al., 2021; Whipple et al., 2021). Parenting behaviors and attachment influence economic stress (Brown et al., 2022; Dagher et al., 2021; Levin et al., 2022; Wang et al., 2021). Caregivers and African American adolescents experiencing economic stress may exhibit depressive symptoms (Brown et al., 2022; Dagher et al., 2021; Levin et al., 2022). Families experiencing depressive symptoms are sometimes unaware of the behaviors.

Adolescents engaging in high-risk sexual behaviors increase the risk of sexually transmitted infections and early pregnancy (Brown et al., 2022). Families with unplanned

pregnancies correlate with lower educational achievement and increasing rates of depressive symptoms (Dagher et al., 2021; Levin et al., 2022; Wang et al., 2021). Families economic stress contributes to risky sexual behaviors. Adolescents who receive warmth from their parents are less likely to engage in early sexual initiation (Voisin & Takahashi, 2021). Adolescents who experience high levels of punishment and rejection from their caregivers are associated with increased sexual behaviors (Brown et al., 2022). Adolescent caregivers with low levels of monitoring are associated with multiple sexual partners (Dagher et al., 2021; Levin et al., 2022; Wang et al., 2021).

African American adolescents face a complex interplay of factors influencing their mental health, emotional development, and overall well-being. Parenting, mentorship, and strong family support systems play pivotal roles in shaping positive outcomes, as active involvement from extended family members, especially grandparents, contributes to lower rates of depressive symptoms and deviant behavior. Cultural pride and parental reinforcement of ethnic identity are critical in fostering high self-concept, psychological adjustment, and academic success among these adolescents. Racism and racial discrimination remain pervasive challenges, leading to increased physiological stress, depressive symptoms, and the underutilization of mental health services. Exposure to marital conflict, community violence, and economic stress exacerbate depressive symptoms and hinder emotional regulation and problem-solving skills. Caregiver support, warmth, and open communication are protective factors against these challenges, while lack of support or economic hardship often worsens mental health outcomes. The addressing of these complex issues a comprehensive approach which

emphasizes family involvement, community resources, and culturally sensitive mental health care is essential for the well-being of African American adolescents.

Low-Income Areas

Individuals from lower socioeconomic backgrounds face physical and social stressors impacting their overall well-being (Korous et al., 2022). Individuals standing in society is determined by their social, economic, and cultural aspects (Sabatini et al., 2023). Individuals measures such as income, education, and occupation are used to assess socioeconomic status. African American adolescents in low-income areas often experience higher levels of mental and physical health problems frequently overlooked (Wende et al., 2021). Individuals limited transportation in low-income areas exacerbates issues related to inadequate access to basic needs (Elia et al., 2024; Kelsay et al., 2021).

Individuals living in low-income areas are exposed to unsafe environments (Kelsay et al., 2021). Low-income areas have fewer walking destinations and limited transportation options (Nicole et al., 2022). Low-income areas with limited transportation increases issues of inadequate access to basic needs (Nicole et al., 2022). Caregivers who struggle to meet basic needs and feel unsafe in their living environments may impede their adolescent's development. Parents in low-income environments perceive a lack of safe places to walk, especially at nighttime, which results in spending less time on outdoor physical activities during the week (Souza et al., 2023). Parents who do not spend time outdoors, their children are also less likely to spend time outside. Individuals living in low-income areas often find lower-paying jobs, experience higher levels of inequality, and reduce educational opportunities for their families (Kelsay et al., 2021).

Families adjust and adapt by avoiding certain situations, accepting the reality of their circumstances, and exploring alternative coping strategies (Elia et al., 2024).

Residents of socioeconomically disadvantaged areas struggle to maintain healthy diets due to limited access to nutritious foods (Wende et al., 2021). Individuals in lowincome areas often have poor diets due to the prevalence of unhealthy food options (Lee et al., 2021). Affordability of food prices is a significant factor in food security, dietary choices, and low-income areas tend to have higher prices for healthier food options (Lee et al., 2021). Individuals' food security ensures dietary needs for a healthy life are met (Colabianchi et al., 2021). In low-income households, food security is often compromised

(Colabianchi et al., 2021). The pandemic and inflation have caused food prices to rise. Families are impacted in low-income areas due to the pandemic affecting their food security. World events, such as pandemics or inflation, can affect access to nourishment and dietary options, further compromising the food security of low-income households. Families stressing food security is a major factor with depressive symptoms.

Individuals living in poverty-stricken areas experience socioeconomic deprivation that impacts various aspects of their lives, including housing, crime rates, healthcare, and employment opportunities (Kelsay et al., 2021). Socioeconomic deprivation is associated with reduced social interactions, increased hostility, racism, physical, and mental health problems (Kalin, 2021). The connection between poor socioeconomic conditions and mental health issues is well-established (Kalin, 2021). Individuals in low-income areas

have limited access to psychological care and are less likely to recover from depressive symptoms. Limited access to psychological care is based on a lack of requesting help due to environmental factors (Susiloretni et al., 2021).

Individuals in low-income areas often experience a lack of resources, including quality goods, services, and access to adequate treatment outcomes (DiClemente et al., 2022). Individual income levels and crime rates of neighborhoods also impact psychological well-being and improvements (Kelsay et al., 2021). Individuals in lowincome areas are disproportionately exposed to material deprivation, divorce, violence, and crime (Kelsay et al., 2021). African American adolescents may exhibit externalized symptoms when exposed to violence within low-income communities (O'Connor et al., 2022). African American adolescents are overrepresented in areas of poverty (Bottiani et al., 2021; Johnson et al, 2021; O'Connor et al., 2022).

Men living in low-income areas respond to violence physically, while women exhibit aggression as coping mechanisms (Perras et al., 2021). Adolescent males in lowincome areas commonly employ avoidant coping skills (DiClemente et al., 2022). Adolescent females residing in low-income areas may engage in active coping strategies that can lead to depressive symptoms (DiClemente et al., 2022). African American residents in under-resourced neighborhoods are disproportionately exposed to gun violence (Werbick et al., 2021). Adolescents engaging in gun violence is a significant problem in the United States, particularly within low-income areas (O'Connor et al., 2022). African American adolescents in low-income areas face a higher risk of exposure to firearm violence (Johnson et al., 2021; O'Connor et al., 2022). African American

adolescents' consequences with firearm-related incidents in low-income areas include increased mortality rates, juvenile justice involvement, and limited access to public resources (Kelsay et al., 2021; O'Connor et al., 2022).

African American adolescents and gun violence have an association in lowincome communities, particularly related to carrying handguns (Giletta et al., 2021). Adolescents risk factors in low-income areas include having friends who carry guns (O'Connor et al., 2022). Adolescents affiliated with prosocial peers exhibit a lower probability of carrying guns (O'Connor et al., 2022). African American adolescents show positive associations between friends, behavior, and engagement in prosocial activities within low-income areas (Harris & Kruger, 2021). Adolescents living in poverty often struggle with schooling and may experience difficulties with literacy (Lynch, 2021). Parental involvement in adolescent education supports academic achievement, literacy, and reading motivation (Lynch, 2021). Parents in low-income areas face challenges in supporting their children's education due to lower literacy levels and demanding work schedules. Parents with lower literacy levels and work schedules limit their involvement within their children's schooling (Del Toro & Ming-Te Wang, 2022; Pluye et al., 2023).

Low-income neighborhoods typically have less supportive environments, fewer quality parks, and limited access to recreation centers (Crist et al., 2022). Social support tends to be unevenly distributed across different economic classes, with those in disadvantaged areas facing the most significant impact (Lo et al., 2021). Individuals' living in low-income areas reduces resilience to harmful stimuli, financial challenges, psychological stressors, and negative economic events (Zhu & Chou, 2022). Individuals

from lower socioeconomic classes often face strict employment conditions that create challenges for daily survival and family management (Delmelle et al., 2021).

A mother's ability to nurture her children is influenced by various social factors, including class, ethnicity, culture, and sexual orientation (Park & Choi, 2022). Working mothers, particularly those from low-income backgrounds, often struggle to balance multiple responsibilities (Park & Choi, 2022). Childcare arrangements for low-income mothers tend to rely on relatives, impacting both economic and social conditions (Noel & Najdowski, 2022). Minority mothers in low-income areas may encounter obstacles and limited options when seeking childcare arrangements for their children (Mandell et al., 2022). Caregivers and African American adolescents due to stress and lack of involvement creates obstacles leading to depressive symptoms. Caregivers struggling in low-income areas may impact their African American adolescent.

Individuals from low socioeconomic backgrounds face numerous challenges that significantly impact their physical and mental well-being. The challenges are compounded by limited access to resources such as transportation, healthy food, and quality healthcare, which further exacerbate the difficulties experienced by residents in low-income areas. African American adolescents, in particular, are disproportionately affected by these issues, often facing higher risks of violence, poor academic performance, and mental health struggles. Socioeconomic deprivation leads to reduced social support, higher crime rates, and limited educational opportunities, contributing to a cycle of poverty and instability. Limited access to psychological care and healthy coping mechanisms increases the vulnerability of individuals in these communities to depression

and other mental health disorders. The impact of these factors is further magnified by the stressors experienced by parents, who often struggle with balancing work, childcare, and their own mental health. The challenges requires a comprehensive approach that provides both immediate support and long-term solutions to break the cycle of poverty and improve the well-being of individuals in disadvantaged communities.

Caregivers

Caregivers encompass a wide range of individuals, including spouses, partners, parents, children, blood relatives, close friends, or those with power of attorney (Murugan et al., 2022). Caregivers frequently experience depressive symptoms, which can lead to significant health problems (Murugan et al., 2022). Family caregiving has a significant impact on caregivers' physical and mental health (Murugan et al., 2022). Caregivers from certain ethnic backgrounds may be less likely to receive family-centered care (Dick et al., 2022). Adolescents may feel unsafe due to inconsistent and unfair behaviors exhibited by caregivers (Reck & Kogan, 2021). Family stress, including chaotic home environments, directly affects caregivers' functioning and contributes to adolescent depressive symptoms (Reck & Kogan, 2021). Caregivers' mental health problems can negatively impact their caregiving abilities (Kong et al., 2022). Caregivers lack of sleep can impact adolescents, resulting in psychological stress (Peltz & Rogge, 2022).

Caregiver depression can be determined by social, economic, and relational adversities having a negative influence on the well-being of adolescents (Dagher et al., 2021; Levin et al., 2022; Wang et al., 2021). Caregiver depression is linked to several adverse outcomes, including unintended pregnancy, intimate partner violence, childhood

abuse, and lack of social support (Dagher et al., 2021; Levin et al., 2022; Wang et al., 2021). Families affected by parental incarceration often require caregivers to step into the role of being the parent (Noel & Najdowski, 2022). Caregivers' beliefs about adolescents following in the footsteps of incarcerated parents can influence the child's own beliefs and behaviors, potentially leading to incarceration (Noel & Najdowski, 2022). Adolescents tend to mirror how their caregivers manage situations.

Caregivers and adolescents lack of communication can trigger defiant behaviors (Mandell et al., 2022). Adolescence is a developmental period associated with increased conflict and stress with caregivers (Mandell et al., 2022). Caregivers and adolescents' effective communication influences self-efficacy, identity expression, conflict management, and problem-solving (Mandell et al., 2022). Family conflict is linked to externalizing and internalizing problems in adolescents (Peng et al., 2021). Caregivers' behaviors and functioning patterns can affect the physical and mental health of adolescents, particularly those with high body weight (Mandell et al., 2022).

Caregivers play a crucial role in protecting adolescents who have been exposed to community violence and preventing the risk for conduct problems (Evans et al., 2023). Caregiver support, based on knowledge, involvement, and the relationship with the adolescent, serves as an important protective factor for fostering resilience (Evans et al., 2023; Kelly et al., 2022). Caregiver knowledge of adolescent behaviors are a protective factor against delinquency, antisocial problems, depressive symptoms, mental health issues, and low self-esteem (Johns et al., 2021). Caregiver adverse childhood experiences

increase the risk of adolescent mental health problems, parenting stressors, skills, and behaviors (Leslie et al., 2022; Narayan et al., 2021).

Older grandparents who are raising adolescents face health-related stress and often rely on faith for support (Peterson, 2022). Older caregivers may experience difficulties due to their own health issues while raising grandchildren (Peterson, 2022). Older caregivers rely on religion because it offers social, emotional, and practical instrumental support (Peterson, 2022). Grandparent caregivers in faith-based communities have access to tutoring, youth programs, financial resources, emotional support, role models, and community navigators (Dunfee et al., 2021; Peterson, 2021; Peterson, 2022). Grandparents become caregivers because of parental substance use, divorce, military deployment, and mental illness (Peterson, 2022).

Caregivers who smoke put other people in the home at risk of secondhand exposure. Caregivers prompting behaviors can increase the adolescents' risk of smoking and substance use (Aswathy et al., 2021; Velazquez et al., 2021). Adolescents can be exposed to prompting behaviors through extended family, siblings, and peers if caregivers do not smoke. Caregiver prompting behaviors cause adolescents to resist complying with requests regarding smoking material (Aswathy et al., 2021). Adolescents at risk of secondhand smoke exposure face health risks (Velazquez et al., 2021). Caregivers' communication about smoking material may increase the risk of African American adolescent depressive symptoms. Caregivers set an example for adolescents and can impact their decision making.

Caregiving for adolescents can be stressful, create chronic stressors, role strains, and lack of resources leading to high burdens (Zajdel et al., 2022). Caregiver transportation barriers can impact adolescents' access to healthcare and ongoing care for chronic conditions (Sweeney et al., 2021; Riley et al., 2021). Caregiver barriers to healthcare due to transportation needs are more prevalent in lower economic populations (Sweeney et al., 2021). Caregiving burden can have physical, psychological, social, and financial strains on caregivers (Gaspar et al., 2023). Caregiver burdens may cause or exacerbate depressive symptoms. African American adolescent depressive symptoms may occur and not be addressed due to a lack of resources. Caregivers, not being able to provide adolescents basic needs increases their own depressive symptoms.

Caregivers engage in demanding care tasks such as adapting to changes in healthcare due to deinstitutionalization and technological advances (Moretti et al., 2022). Caregiving burden is a major determinant of adaptation outcomes. Family caregiver experiences can help identify and promote the development of internal resources which are often overlooked. Family caregiving is defined as obstacles exceeding the limits of one's capacity to adapt (Zajdel et al., 2022). Caregiver negative experiences consist of strain from illness, parenting stress, roles strain, handicap problems, family burden, and caregiving (Zajdel et al., 2022). Adolescent caregivers experience increased psychological burdens and decreased gratification when they are stressed or overwhelmed by caregiving (Zajdel et al., 2022).

Racial and ethnic groups exhibit diverse parenting attitudes. African American caregivers often endorse less empathic awareness, place higher value on obedience, and

support spanking (Magariño et al., 2021). African American families may be exposed to high-risk environments, economic hardship, racism, and higher levels of control (Tam Chi Phan et al., 2022). Caregiver experiences including parental involvement, parentchild relationships, attitudes, household dysfunction, vary among different racial and ethnic groups (Magariño et al., 2021). Racial and ethnic groups may experience the impact of their communities, which can lead to additional strains. Caregivers parenting attitudes may impact their adolescent negatively or positively.

Adolescents who are socially vulnerable, facing poverty, systemic racism, lowquality education, and lack of prosocial support have increased risk factors (Newman et al., 2022). African American caregiver stressors can impact depressive symptoms, interactions with family members, and influence adolescent outcomes (Holloway & Varner, 2021). Caregiver racial discrimination experiences are related to adolescents' externalizing and internalizing problem behaviors (Magariño et al., 2021). Caregivers' perception of racial discrimination can shape African American adolescents' own views. Adolescents may learn certain behaviors from their caregivers, impacting their own perceptions. Caregivers who are struggling with their daily responsibilities impact adolescents by increasing their risk factors.

African American adolescents' academic and behavioral outcomes are related to racial stressors. African American caregivers who report racial discrimination are at an increased likelihood of endorsing depressive symptoms. Caregiver racial discrimination experiences relate to adolescents' externalizing and internalizing problem behaviors (Magariño et al., 2021). African American adolescent racial discrimination relates to

caregiver fears of cultural negativity (Holloway & Varner, 2021; Magariño et al., 2021). Caregivers' own perceptions of racial discrimination can influence African American adolescents' views of racism. Caregiver behaviors impact the way African American adolescents perceive race related stressors.

Caregivers facing economic hardship impacts health and can lead to involvement with child protective services. Caregivers experiencing poverty face shortcomings for social safety (Houshyar et al., 2023). Caregivers living in poverty have trouble with chronic stressors, isolation, and declines in well-being (Houshyar et al., 2023). Caregivers living in poverty may not be fully equipped to address African American adolescents' needs. Caregivers living in poverty sometime are faced with child protective services. Child protective services can traumatize children and exacerbate financial hardship in families (Houshyar et al., 2023). Caregivers experiencing financial instability struggle to meet basic needs like food, housing, and medical care. Caregivers experiencing financial instability can feel stressed, overwhelmed, anxious, or depressed (Houshyar et al., 2023).

Caregivers' family activities very among households due to many different circumstances. Individuals face insecurities with appearance which influences a lack of confidence contributing to barriers with physical activities outside of the home (Leino et al., 2023). Caregivers have additional contributing factors with doing family activities such as poor health, lack of time, and weather conditions. Caregivers struggle with disliking exercising, feeling too tired, lack of money, or time management causing limited family activities. Caregivers who engage in family activities promote physical, psychological, social, and cognitive health benefits for adolescents (Sanz-Martín et al.,

2022). Caregivers incorporating physical activities provide social support. Caregiver support in the family is also associated with friend support for adolescents (Sanz-Martín et al., 2022). Caregivers' family activities depends on different circumstances.

Caregivers play a pivotal role in shaping adolescent development through their mental health, socioeconomic status, and parenting practices. The challenges faced by caregivers, such as financial instability, racial discrimination, and lack of resources, can significantly impact both their well-being and that of the adolescents in their care. Caregivers' mental health struggles, including depression and stress, can lead to adverse outcomes such as family conflict, ineffective communication, and increased adolescent risk behaviors. Economic hardship may hinder caregivers' ability to meet adolescents' basic needs, exacerbating stress and potentially leading to involvement with child protective services. Despite these challenges, caregiver support, involvement, and effective communication can serve as protective factors against negative adolescent outcomes. Family engagement, including participation in activities and fostering a positive home environment, plays a crucial role in promoting adolescent well-being. Addressing the needs of caregivers through supportive policies, resources, and interventions is essential in mitigating risks and enhancing adolescent resilience.

Summary and Conclusions

Adolescent depressive symptoms arise from the complex interaction of environmental, familial, and individual factors. The manifestations include sadness, guilt, hopelessness, and suicidality. The impact is academic, social, and emotional well-being (Liu et al., 2021; Radez et al., 2021). Positive family relationships and social support act

as protective factors buffering adolescents from depression (Shan et al., 2023; Xu et al., 2023). Adverse childhood experiences such as trauma and family conflict elevate depression risk with discrimination exacerbating mental health challenges in African American adolescents (Holloway & Varner, 2021; Rothenberg et al., 2022). The combination of family dynamics and social stressors highlights the importance of building supportive networks to protect against the development of depressive symptoms in African American adolescents. Adolescent mental health understanding is a complex interplay of environmental and personal factors which were essential for developing effective interventions.

African American adolescents facing depressive symptoms benefit from Maslow's hierarchy of needs, which serves as a framework for understanding their psychological needs. Maslow's pyramid includes physiological needs, safety, love, esteem, and self-actualization (Maslow, 1943). Caregivers who provide warmth, stability, and structure foster resilience (Bucchio et al., 2021). Caregivers who display rejection, coercion, or chaos contribute to depressive symptoms in adolescents (Lionetti et al., 2022). Unmet needs include a lack of love, time, or safety can heighten the severity of depressive symptoms. Depressive symptoms can manifest feelings of hopelessness, loneliness, and antisocial behavior (Maslow, 1943; Zhong & Chen, 2021; Bihun et al., 2022). Depression negatively impacts school performance, social relationships, and may lead to self-harm (Zhong & Chen, 2021). Caregivers' awareness of their adolescent mental health needs are crucial for fostering resilience and healthy development.

Supportive caregivers who are involved and knowledgeable help navigate the challenges of depressive symptoms (Evans et al., 2023; Kelly et al., 2022). Caregivers who have experienced childhood adversity themselves may struggle with parenting stress. Parenting stress affects their ability to support their adolescent's emotional needs (Leslie et al., 2022; Narayan et al., 2021). Acknowledging the impact of these socioeconomic factors on mental and physical health outcomes is vital for understanding the broader context in which depression develops. Caregivers' recognition of depressive symptoms is an essential first step in addressing their mental health needs. The recognition of needs can guide caregivers toward support for financial or emotional struggles. The recognition emphasizes the importance of caregivers' roles. Caregivers have the potential to reduce negative depressive outcomes in adolescents through nurturing, stability, and a focus on meeting unmet needs. A qualitative phenomenological research design and methodology are employed throughout Chapter 3.

Chapter 3: Research Method

Caregiver perceptions of African American adolescent depressive symptoms are shaped by their values, beliefs, expectations, and specific needs. Caregivers' perceptions were essential to addressing the gap in research. The phenomenological approach was employed to better understand experiences of adolescents. This included in-depth exploration of adolescents' lived experiences as perceived by caregivers. The interpretative approach is applied to understand how individuals perceive experiences (Morrissey, 2022; Vilanova et al., 2021). It involves addressing how individuals interpret and make sense of experiences (Vilanova et al., 2021). Key concepts were depressive

symptoms, Maslow's hierarchy of needs, African American adolescents, low-income areas, and caregiver perceptions. Maslow's hierarchy of needs was used to explore unmet needs across multiple domains contributing to depressive symptoms.

Adolescents' mental illnesses can have enduring effects on social, behavioral, academic, and physical health when left untreated (Radez et al., 2021; Tam Chi Phan et al., 2022). These mental illnesses when left untreated increase risks of suicidal behavior into adulthood (Tam Chi Phan et al., 2022). Caregivers seek services for adolescents when they perceive problems as resulting from biology rather than psychosocial factors. Psychosocial factors include peer, personality, and relational issues. Caregiver perceptions of lived experiences regarding adolescent depressive symptoms are crucial for developing effective interventions and support systems in low-income areas.

The qualitative phenomenological approach was used to explore African American lived experiences. Caregiver interpretations of African American adolescents' lived experiences were the central focus. Lived experiences were based on depressive symptoms via Maslow's pyramid. This phenomenological research involved in-depth interviews. Phenomenological research is participant-oriented and involves sensitive approaches to capturing lived experiences (Morrissey, 2022). The phenomenological approach was used to provide valuable insights into caregivers perceptions.

Chapter 3 includes details about the methodology, role as the researcher, participant selection criteria, and instrumentation. Data collection procedures, analysis plan, ethical implications, and trustworthiness were addressed. Snowball sampling to recruit participants was used. Credibility of the methodology was supported by its

consistent application in other peer-reviewed studies. Credibility, transferability, dependability, and confirmability were addressed to establish trustworthiness. Ethical concerns were managed by using informed consent forms and removing identifiable data for participants. Member-checking was also used for accuracy.

Research Design and Rationale

Research Question

What are caregiver perceptions of African American adolescent depressive symptoms?

Qualitative Research Design

Caregiver perceptions of African American adolescent depressive symptoms was utilized by a phenomenology approach. Individuals' interpretation of experiences were the essence of phenomenology (Kuchinke, 2023). Individuals' experiences were emphasized in the interviews with the importance of understanding their perspectives (Kuchinke, 2023). Individual experiences are understood through actual experience of the phenomenon (Kuchinke, 2023). The application of in-depth interviewing was essential in phenomenological research to discover the essence (Kuchinke, 2023). In phenomenology, an individual's essence is defined by their shared experiences of a phenomenon (TuvalMashiach, 2021). Insights into experiences were based on what the caregivers shared, rather than including perspectives from other sources (Morrissey, 2022).

Depressive symptoms, Maslow's hierarchy of needs, African American adolescents, low-income areas, and caregiver perceptions were central concepts of interest within the qualitative study. Adolescent depressive symptoms manifest as

sadness, loneliness, insecurities, boredom, apathy, aggressiveness, hypochondria, antisocial behavior, and inadequate social situations (Bihun et al., 2022). African American adolescents may exhibit a higher risk of internalizing symptoms compared to other racial groups (Ahn et al., 2021). Adolescent depressive symptoms could arise based on negative life circumstances. Adolescent depressive symptoms not addressed could lead to adulthood increasing the risk of other mental health conditions occurring. Individuals in low-income areas lack proper access to basic needs (Nicole et al., 2022). Physiological needs, safety, love, esteem, and self-actualization are a part of Maslow's pyramid (Maslow, 1943). The lower levels of the pyramid must be minimally met to satisfy the higher levels of needs (Maslow, 1943). African American adolescent depressive symptoms and caregiver perceptions stressors remained poorly understood. Caregiver perceptions played a crucial role in understanding African American adolescent depressive symptoms. Adolescent depressive symptoms could be a result of caregiver stressors which is often overlooked.

Qualitative research methodologies were utilized to explore social phenomena within a natural setting through the theoretical framework (Urcia, 2021). Phenomenology is a widely utilized qualitative research methodology (Kuchinke, 2023; Urcia, 2021). Indepth interviewing utilizing open-ended questions were necessary in all phenomenological research (Kuchinke, 2023). Open-ended questions are used in phenomenology to better understand the phenomena essence (Kuchinke, 2023;

Morrissey, 2022). Semi-structure interviews were used to help build rapport. The primary data source were in-depth interviews to gain a better understanding. Caregiver perceptions were used from the interviews utilizing in-depth interviews about African American adolescent depressive symptoms to explore experiences.

Role of the Researcher

The study was conducted in the role of an observer-participant, engaging with caregivers through interviews while maintaining an objective stance. Responsibilities included documenting and analyzing lived experiences without influencing participant responses. To ensure impartiality, phenomenological reduction was applied, allowing prior knowledge and assumptions to be set aside so that data interpretation remained unbiased (Morrissey, 2022). No personal or professional relationships existed with participants that could have created a conflict of interest or power imbalance. Additionally, no supervisory or instructor relationships were present, ensuring that participants did not feel coerced or obligated to engage in the study.

To minimize bias, reflexive journaling was incorporated throughout the research process. Assumptions stemming from personal experiences and prior interactions with caregivers were acknowledged and critically examined. To further enhance accuracy, member-checking was utilized to confirm data interpretation and ensure that findings were not shaped by preconceived notions (Kuchinke, 2023; Morrissey, 2022). Key ethical concerns, including confidentiality, participant autonomy, and potential power differentials, were carefully addressed. Participants were fully informed that their involvement was voluntary, and all measures were taken to maintain confidentiality.

While snowball sampling was used as a recruitment method, precautions were implemented to mitigate coercion, as individuals referred by peers may have felt an implicit obligation to participate (Folkes, 2022; Taquette & Borges da Matta Souza, 2022). To further promote voluntary engagement, a social media flyer was used for participant recruitment.

Methodology

The population for the study consisted of African American adolescents experiencing depressive symptoms and their caregivers' perceptions. The information provided focused on understanding barriers to essential resources and their perceived impact on the well-being of African American adolescents. Caregiver perceptions of African American adolescent depressive symptoms were a topic not fully explored using Maslow's hierarchy of needs. Caregiver lack of knowledge impacts adolescent depressive symptoms affecting social behavior, basis, values, and beliefs (Curran et al., 2021). Caregiver recognition of needs leading to African American adolescent depressive symptoms provided insight. Adolescents and caregivers bond served as a source of protection against negative psychosocial outcomes (Johns et al., 2021). Caregivers experiencing stressors impact adolescents by being emotionally unavailable (Johns et al., 2021; Wepf & Leu, 2022). African American adolescent depressive symptoms met, and unmet needs were investigated.

African American adolescents are a vulnerable population when conducting research. Caregiver perceptions of African American adolescent depressive symptoms were the focus. Adolescent depressive symptoms if not addressed can lead into adulthood

causing mental health problems (Radez et al., 2021; Tam Chi Phan et al., 2022). Caregiver perceptions of African American adolescent depressive symptoms were determined by using Maslow's hierarchy pyramid. Caregivers helped identify depressive symptoms in African American adolescents by focusing on met and unmet needs. African American adolescents met, and unmet needs can cause depressive symptoms. The physiological needs, safety, love, esteem, and self-actualization are based on Maslow's hierarchy pyramid (Maslow, 1943).

Participant recruitment was determined by the snowball method. Participant recruitment utilized a snowball sampling method with a social media flyer. Participant recruitment used a social media flyer posted on Facebook, Instagram, and Snapchat. The snowball method was utilized with the social media flyer for recruitment of caregivers. Caregivers of African American adolescents were the participants. African American adolescents with depressive symptoms were the focus within interviews. The interview questions were based on Maslow's hierarchy of needs. African American adolescents were not a part of the Juvenile Justice system. African American adolescents did not have to be enrolled in school for their caregivers to interview. The participants could receive state assistance. Participants lived in low-income areas within Georgia.

Data collection occurred through in-depth and semi-structured interviews. The Interview Protocol was developed and based on research questions. Semi-structured interviews were conducted utilizing open-ended questions within the Interview Protocol. Semi-structured interviews allowed for in-depth analysis of participant experiences with the phenomenon (Kuchinke, 2023; Morrissey, 2022). Participants articulated experiences

thoroughly through in-depth interviews (Kuchinke, 2023). Participant in-depth interviews were audio recorded with permission. The audio recordings aided in transcribing the participants interviews responses to help analyze information.

Participant Selection Logic

Caregivers were the participants of African American adolescents exhibiting depressive symptoms. One adult caregiver was a part of the inclusion criteria. Prospective participants lived in a low-income area within Georgia. African American adolescents diagnosed with depression were included in the exclusion criteria. Caregivers of adolescents could not be a part of the juvenile justice system. Caregivers of African American adolescents who exhibited depressive symptoms were the study sample. The snowball sampling strategy was utilized. Caregivers could be of any age range and race. African American adolescents' age range was between 13 through 17 years old.

Participants were recruited using snowball sampling. The study included six completed interviews, with participants serving as the sample. The initial plan was to conduct between six to ten interviews, but data collection concluded with six participants. Sample sizes are smaller in qualitative research to conduct in-depth analysis of the phenomenon (Ellis, 2021). Participants could refer to other families through snowball sampling. Interviews were used for gathering qualitative information. Participants may have had issues arising with concerns about privacy. Privacy issues were mitigated through an Informed Consent Form defining the purpose.

Sufficient sample sizes were essential for quality results (Ellis, 2021; Hennink & Kiser, 2022). Snowball sampling was utilized to recruit participants. The method allowed

initial participants to refer others who met the study criteria, which facilitated the recruitment process. Caregivers shared experiences to help answer research questions and understand the study phenomenon (Ellis, 2021). Participants with personal and explicit knowledge of the research topic were essential (Ellis, 2021; Hennink & Kiser, 2022). Qualitative research methods were iterative and could alter the sampling procedure utilized. Changes in sample size occurred due to the iterative process of qualitative research (Ellis, 2021).

Data saturation indicated a suitable sampling method was utilized (Hennink & Kiser, 2022). Saturation of information was the point where no further insight and issues are identified. Repetition is noted in data saturation deeming further information redundant (Hennink & Kaiser, 2022). Data saturation was critical in qualitative research. Content validity was satisfied when results were collected, implications, and diversity (Hennink & Kiser, 2022). Homogenous populations and carefully defined objectives facilitated achieving saturation within qualitative research (Hennink & Kiser, 2022). Saturation was a guiding principle in sufficiency of purposive sampling in qualitative research (Ellis, 2021; Hennink & Kiser, 2022). Six to ten caregivers of African American adolescents with depressive symptoms were interviewed. Saturation occurred before completing all interviews. The participants consisted of six individuals being interviewed about African American adolescents' depressive symptoms. Data saturation occurred after interviewing with the sixth participant.

Instrumentation

Data for this study were collected through semi-structured interviews, which served as the primary data collection instrument. The interview protocol was researcherproduced, developed based on existing literature and tailored to explore caregiver perceptions of African American adolescent depressive symptoms. The semi-structured format allowed participants to provide detailed responses while enabling follow-up questions for further clarification and depth. To support participant preparation and enhance data quality, caregivers received their interview questions prior to the interview, allowing them time to reflect and prepare. After the interview, they were given the opportunity to provide written feedback or notes on their responses, ensuring the data collected was thoughtful and comprehensive.

Audio recordings were used during the interviews to ensure accuracy in data collection and subsequent analysis. The study did not incorporate historical or legal documents as sources of data. The primary focus was on lived experiences shared by caregivers through the interview process. The semi-structured interview protocol was designed to ensure the collection of rich, detailed data aligned with the research questions. Interview questions specifically addressed mental health implications, Maslow's hierarchy of needs, and barriers to essential resources for African American adolescents experiencing depressive symptoms. The flexibility of the interview format allowed participants to share personal experiences, ensuring the study captured meaningful insights. The combination of pre-distributed interview questions, audio

recordings for accuracy, and a semi-structured approach provided sufficient and reliable data to explore the research topic in depth. These methods ensured the study effectively addressed its objectives while maintaining data integrity and relevance.

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited through a snowball sampling method. Participants agreed to participated by both word of mouth and social media flyers (See Appendix A) targeted at caregivers with African American adolescents who have depressive symptoms. The flyers were distributed across multiple social media platforms to enhance reach and effectiveness. Participant recruitment was initiated through the snowball technique providing appropriate contact information. Participant recruitment through social media platforms was common practice within contemporary research (Darko et al., 2022). Utilizing social media platforms facilitated the recruitment of hard-to-reach populations, cost-effective, and an efficient strategy aligned with contemporary research practices (Darko et al., 2022). Social media platforms afforded immediate and discrete contact with potential participants through direct and private messaging. Participant anonymity, study purpose, and information was provided on the social media flyer.

Participant eligibility was determined during initial contact. Participant eligibility and informed consent were described within the social media flyer.

Data were collected from caregivers of African American adolescents experiencing depressive symptoms. Participants were recruited from social media flyers using a snowball method. Semi-structured interviews were conducted in confidential settings with the participant preference. The collection of the data were done by the

researcher. The study's objectives, ethical guidelines, and interview protocol to ensure consistent unbiased data collection was a priority. The data collector was responsible for conducting interviews, maintaining confidentiality, and ensuring participant comfort throughout the process. Data collection occurred through individual semi-structured interviews, which were scheduled based on the participants' availability. Interviews were conducted over a period of at least 8 weeks to accommodate participant schedules. If recruitment difficulties arose, additional time was allocated to ensure the recruitment of the desired number of participants. Each semi-structured interview lasted approximately 60 minutes. This time frame allowed participants to share their experiences in depth, with follow-up questions to clarify or explore additional details. The duration of the interviews varied slightly depending on the complexity of the responses, but the typical length remained around 60 minutes to ensure consistency.

Data were recorded using audio recordings of the interviews. All recordings were stored digitally in a secure, password-protected system to ensure confidentiality. The audio recordings were transcribed verbatim, and all identifying information was removed to protect participant anonymity. Written feedback or notes from participants were also securely stored and referenced during analysis. Six participants were recruited from snowball sampling. Initial participants were asked to refer other caregivers who met the study criteria. At the conclusion of each interview, participants were provided with a debriefing. The debriefing included a review of the study's objectives, how their data would be used, and a reminder that their participation was voluntary and that they had the right to withdraw at any time. After the initial interviews, member-checking was

conducted to verify the accuracy of the interview data. Participants received a summary of their interview transcript via email and were asked to review it for accuracy, provide feedback, and offer any additional comments. The follow-up ensured the trustworthiness and validity of the collected data. Participants were informed that they would receive a copy of the final study upon its completion and publication. Caregivers were made aware it would take some time before they received the final version.

Data Analysis Plan

The IRB application was completed and submitted through Walden University for permission. The Walden University IRB provided an approval number (01-11-241029611) with authorization to commence. Participant recruitment was completed according to Walden University IRB guidelines. The data collected through semistructured interviews were directly linked to the research questions, which focused on caregiver perceptions of African American adolescent depressive symptoms using Maslow's hierarchy of needs as a framework. The interview responses provided rich qualitative insights into how caregivers identified adolescent depressive symptoms, their experiences navigating resource limitations, and the perceived impact of these barriers on adolescent well-being.

A phenomenological analysis approach was used to deeply explore caregiver perceptions. The coding process consisted of three phases descriptive, interpretative, and conceptual. Interview transcripts were segmented into meaningful units assigned to descriptive codes which captured participants' language and expressions (May et al., 2022). Memoing was conducted during transcription review, allowing for reflections on

patterns and emerging themes (Rankl et al., 2021). Statements, reflections, and experiences were compared and connected to identifying emerging categories (May et al., 2022). A higher level of inference was applied to begin grouping related themes within the conceptual framework of Maslow's hierarchy of needs. Codes were refined and explicitly connected to the conceptual framework. Patterns and relationships between caregiver perceptions, depressive symptoms, and resource barriers were established. The final phase involved generating meaning and developing a description, which is essential in phenomenological research (Urcia, 2021).

NVivo software was used to facilitate data analysis, including importing and exporting transcripts, organizing data, coding relationships, data exploration, and diagram comparisons (Dhakal, 2022). The software enhanced efficiency in reviewing transcripts and structuring codes, ensuring consistency in data interpretation. Discrepant case responses that deviated from the dominant themes were carefully examined rather than discarded. These cases were analyzed separately to determine whether they represented unique perspectives, alternative explanations, or inconsistencies in the data. If discrepancies indicated an essential variation in caregiver experiences, they were incorporated into the findings to provide a more nuanced and comprehensive interpretation of the phenomenon.

Issues of Trustworthiness

Trustworthiness was considered an issue in qualitative research if proper steps were not implemented to ensure findings. The trustworthiness of research was upheld by meticulous data collection, analysis, interpretation, and presentation processes (Adler,

2022). Replicability is not sought in qualitative research (Adler, 2022; Tuval-Mashiach, 2021). Careful attention to potential biases throughout these stages were crucial for maintaining integrity of the findings (McSweeney, 2021). Attention and mindfulness of biases throughout the research process reduced its influence, which is crucial (McSweeney, 2021). Strategies assuring findings were valid for establishing trustworthiness (Tuval-Mashiach, 2021). Credibility, transferability, dependability, and confirmability were the four criteria in establishing trustworthiness.

Credibility

Credibility was the congruency of findings with reality (Adler, 2022). Member-checking was used to enhance credibility. Individual interview summaries were shared with participants for accuracy as a part of member-checking. Reflexivity was the practice of self-awareness by the researcher (Adler, 2022). Bias and preconceptions were reduced through reflexivity within the research study. Reflexivity was beneficial in the research process and quality of knowledge generated. Credibility was aligned between theory, research question, data collection, analysis, and the results.

Transferability

Transferability was not a goal in phenomenological studies. Thick descriptions including contextual information were central to this type of research (Adler, 2022). Thick description yields rich data (Adler, 2022; Lavee & Itzchakov, 2021). Rich data were essential in transferring the findings to other contexts or populations. Research data that was in-depth, substantial, and relevant is imperative. Rich data could be attained through effective interviewing and interactions during the interview (Lavee & Itzchakov,

2021). Open-ended questions during the interview process allowed participants to elaborate further in their responses (Lavee & Itzchakov, 2021).

Dependability

The various triangulation processes promoted credibility. Multiple data source utilization was a form of triangulation (Adler, 2022). Interviews and member-checking were utilized in the method of triangulation. Data source triangulation involved the collection of data via different sources (Adler, 2022). Participants in the study were caregivers who focused on African American adolescent depressive symptoms. Interviews and member-checking were utilized. An audit trail was created with each step of data analysis highlighted. Audit trails helped establish the findings were an accurate description of participant responses (Adler, 2022).

Confirmability

Confirmability of a research study described neutrality in the findings. Confirmability was the capturing of an objective reality (Adler, 2022). Research findings should be based on participant responses, not researcher potential bias, or personal motivation (Adler, 2022). Open-ended questions during interviews increased credibility and confirmability. Bracketing was utilized to expose potential researcher bias or personal motivation. Detailed descriptions and the use of quotes were used for confirmability. There was a clear link between the data and findings, supported by intracoder reliability through consistent re-evaluation of codes.

Ethical Procedures

IRB approval was obtained before conducting the study. The IRB reviewed the research proposal and all required documents to ensure compliance with Walden University's ethical standards. No data collection or participant engagement took place until full IRB approval was granted. The IRB approval number was documented in the final dissertation as required. Informed consent was obtained from each participant prior to data collection. Participants received an Informed Consent Form, outlining the purpose of the study, their rights as participants, confidentiality protections, and voluntary participation guidelines. Formal consent required participants to respond via email with "I Consent" before taking part in the study. The digital response served as an official record of their agreement. Participants were informed that their participation was voluntary and they could withdraw at any time without consequence.

Recruitment efforts carefully considered potential ethical concerns regarding participant privacy, stigma, and potential reluctance to discuss adolescent mental health issues. Caregivers of African American adolescents in low-income areas may have hesitated to participate due to concerns about judgment, stigma, or confidentiality. To mitigate these concerns, recruitment materials emphasized the importance of caregiver perspectives, the confidential nature of the study, and the voluntary nature of participation. Interviews were conducted in person and audio recorded using NVivo for transcription accuracy. Video recording was not used to protect participant privacy. To ensure confidentiality, pseudonyms replaced real names in transcripts, and all identifying information was removed from research documents. Member-checking was conducted,

allowing participants to review and verify their interview responses, ensuring accuracy and authenticity in data representation.

Strict confidentiality and security measures were implemented to protect participant data. Participants' names were replaced with numerical identifiers, and pseudonyms were used in all transcripts and research findings. All collected data, including interview transcripts and consent forms, were stored on a password-protected laptop and backed up on an encrypted external drive. All printed documents were placed in a locked storage box, secured in a hidden location. Only the primary investigator has access to the raw data to ensure participant privacy and confidentiality. In accordance with IRB guidelines, all research data will be retained for five years before being securely destroyed. Digital files will be permanently deleted, and physical documents will be shredded after five year mark.

A breach of confidentiality was identified as a potential risk in research participation. To mitigate this risk, multiple security measures were put in place, including data encryption, controlled access, removal of personal identifiers, and strict confidentiality protocols. The steps ensured that all participant information remained protected throughout and after the study. Participants received a $20 gift card as an acknowledgment of their time and contribution to the study. The incentive was deemed ethically appropriate, as it did not create undue pressure or coercion. Gift cards were distributed in person, and participants signed upon receipt to confirm acceptance.

Participants exited the study following the completion of their interview. Conclusion of the interview provided a debriefing session. Participants were reminded of

the study's purpose, their voluntary participation, and the confidentiality measures in place. The participants' were also given the opportunity to ask any final questions or express concerns. Member-checking was conducted after the initial interviews, where participants received summaries of their transcripts via email and were asked to review them for accuracy. Participants were encouraged to provide additional insights or clarifications if needed. Upon completion of the study, participants were informed that they would receive a copy of the final study. They were made aware it would take some time before the study was finalized and they would be notified when the final version became available. No partner organizations were involved in the study, eliminating potential conflicts of interest. The study was conducted outside the researcher's work environment, ensuring that there were no power differentials that could influence participant responses. All ethical guidelines were strictly followed to uphold participant rights, maintain voluntary participation, and ensure the integrity of the research process (Folkes, 2022; Kuchinke, 2023; Taquette & Borges da Matta Souza, 2022).

Summary

The qualitative study was used to explore caregiver perceptions of African American adolescent depressive symptoms with a phenomenological approach. Participants were recruited through the snowball sampling method and social media flyer ensuring a diverse sample. Data collection was conducted through in-depth, semistructured interviews guided by an interview protocol designed to align with the research questions. Open-ended questions allowed participants to articulate their experiences providing rich and detailed narratives. Any unusual circumstances

encountered during data collection were recorded to enhance transparency and reliability. The qualitative nature of the study facilitated an in-depth exploration of caregiver experiences and perspectives on adolescent depressive symptoms.

A systematic coding process was employed to identify specific codes, categories, and emerging themes from the collected data. The findings ensured evidence of trustworthiness by addressing credibility, transferability, dependability, and confirmability strengthening the findings validity. Ethical considerations were maintained through strict adherence to IRB requirements ensuring participant confidentiality and data protection. Detailed descriptions of the study setting, participant demographics, data collection methods, and analytical procedures were documented to provide a comprehensive understanding of the research process. The findings contribute to a deeper understanding of caregiver experiences in recognizing and responding to African American adolescent depressive symptoms. The rigorous methodological approach enhances the study's applicability and relevance in mental health research. The findings in Chapter 4 are contextualized highlighting similarities and differences in participant responses. A full presentation of the study's findings, including themes and supporting data were provided throughout Chapter 4.

Chapter 4: Results

Caregiver perceptions of African American adolescent depressive symptoms are shaped by their values, beliefs, expectations, and specific needs. The phenomenological approach was used to better understand this African American adolescent experiences. The perceived experiences were understood using an interpretative approach. Key

concepts of interest were depressive symptoms, Maslow's hierarchy of needs, African American adolescents, low-income areas, and caregiver perceptions. Caregivers described how stressors influenced adolescent depressive symptoms and affected the overall well-being of family members. Adolescents' mental illnesses when left untreated can have enduring effects on social, behavioral, academic, and physical health (Radez et al., 2021; Tam Chi Phan et al., 2022). Participants provided insights regarding how the hierarchy of needs influenced African American adolescent depressive symptoms.

Phenomenological research involves in-depth interviews that are aimed at addressing a study phenomenon. It is participant-oriented and sensitive approach to capturing lived experiences. Participants provided valuable insights regarding adolescent depressive symptoms, focusing on their underlying needs and experiences. African American adolescents are a vulnerable population when conducting research. Adolescent depressive symptoms, when not addressed, can lead into adulthood, causing mental health problems (Tam Chi Phan et al., 2022). Participants helped identify depressive symptoms in adolescents by focusing on met and unmet needs, which impacted depressive symptoms. Physiological needs, safety, love, esteem, and self-actualization are part of Maslow's pyramid and used for the in-depth interviews.

The setting, demographics, data collection, data analysis, evidence of trustworthiness, and results were addressed in Chapter 4. Participant demographics and characteristics relevant to the study were described in Chapter 4. Data collection instruments were also described. Unusual circumstances throughout the data collection process were discussed. Specific codes, categories, and themes that emerged from results

were emphasized. Evidence of trustworthiness was described in depth regarding credibility, transferability, dependability, and confirmability. Results were described in detail from interview findings. Confidentiality was maintained during the study. Participants were compensated at the end with a $20 gift card.

Setting

Participants' experiences during the study may have been influenced by personal and situational factors present at the time of data collection. Recruitment and research were conducted through email communications, ensuring participants had control over scheduling and selecting safe, confidential locations for in-person interviews. While participants were provided with a secure and private environment, external stressors such as personal responsibilities, emotional distress, or life events may have impacted their responses. All interviews were conducted in person with audio recording, allowing participants to speak openly and freely before beginning the interview. Participants answered all questions thoroughly, and detailed responses were recorded.

None of the participants chose to review or modify their final interview transcripts during the member-checking process, which may have influenced the final interpretation of responses. Their decision not to provide additional feedback suggests either satisfaction with their initial responses or potential reluctance to revisit sensitive topics. No organizational factors such as changes in personnel or funding limitations directly impacted the study. Individual participant circumstances such as caregiving responsibilities, emotional stress, or external life events could have influenced their

experiences and perspectives at the time of the interviews. The factors listed should be considered when interpreting the study's findings.

Demographics

Participants were six caregivers who lived in low-income areas within Georgia. All participants had African American adolescents between 13 and 17 who had depressive symptoms. The adolescents could not be a part of the juvenile justice system. Participants could have received assistance from the government. Minors and other vulnerable populations were not a part of the study. Scheduled and completed interviews were done no less than a day after the scheduled interview. Participants were identified as P1 through P6 corresponding with when each interview occurred (see Table 1). Demographic details regarding age and gender were identified separately (see Figure 1).

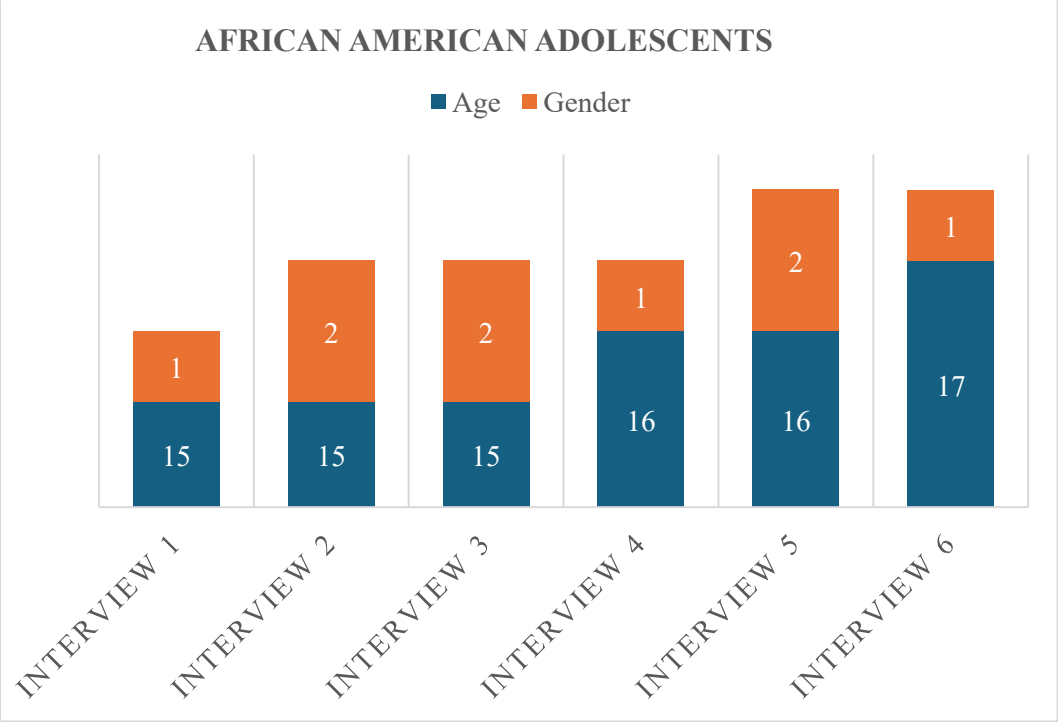
Table 1

Participant Interviews

Code	Scheduled Interview	Completed Interview
01	1/21/24	1/21/24
02	1/21/24	1/21/24
03	1/28/24	1/28/24
04	1/28/24	1/28/24
05	2/18/24	2/19/24
06	2/18/24	2/19/24

Figure 1

Demographic Details



Note. Gender: 1= Male and 2= Female.

Data Collection

Interview questions were revised in compliance with IRB requirements in order to address the research question. The informed consent form was revised to remove required signature and replace it with the words "I Consent." Participants responded this way to maintain anonymity. They agreed to the study voluntarily with responses that would remain anonymous. Data collection occurred between January 21 and February 19, 2024. The recruitment process was completed within 5 weeks of IRB approval. Each participant upon interview completion received a $20 gift card as an incentive and was offered access to the final study once fully completed.

Number of Participants

Full responsibility was assumed for guiding each interview by reading questions aloud and audio recording responses. Anonymous interview findings were collected and stored on an IRB approved storage computer with a passcode. Privacy was confirmed by interview anonymity throughout the collection and result dissemination processes. There were a total of six interviews completed. There were four interviews that have never been completed due to the inability to meet in person. The six participants completed the Informed Consent forms, in person interviews, and member-checking. The results were based on the interview questions regarding Maslow's hierarchy of needs.

Location, Frequency, and Duration

Participants completed in person interviews after consenting to participate. Each participant was able to pick the location they felt comfortable and confidential when conducting interviews. Participant anonymity was maintained throughout the completion of five introductory and fourteen interview questions. The five introductory questions included a checklist for African American adolescents' depressive symptoms, completed by caregivers. Each interview lasted approximately 60 minutes. The member-checking was sent by email to confirm accuracy the same day. Participants were able to respond if there was any revisions needed in the summary. Participants could not skip any questions ensuring the questions were completed in full. Participants were not limited to the information they provided in the study.

Participants emailed and confirmed locations to be a part of the study before beginning. Each of the interviews took place over the weekend within 5 weeks of the

studies approval. In home interviews occurred twice within the study. Two of the interviews occurred in a park away from other individuals to ensure confidentiality. The remaining two participants felt most comfortable sitting in a car to complete the interviews. The interviews were conducted in a confidential location with audio recording to ensure accuracy of the information received. Final interview results was disseminated back to participants upon completion for member-checking.

Data Recording

Participants captured key recurring themes during the interviews. The recurring themes were initially recorded, transcribed verbatim, and color coded in Excel from NVivo for organizational purposes. NVivo helped organize, analyze, and develop insight into interviews. The in-depth interviews were audio recorded to help with transcribing the interviews of the participants. NVivo included relationship coding, exploring, comparing diagrams, importing, exporting transcripts, reviewing coding, and general coding (Dhakal, 2022). Tables and figures were developed to express the results using recurring themes. The participant responses in the study were from open-ended interview questions reviewed and grouped together based on similarities. Participant responses outside of similar response patterns were documented and explored. Participants interview responses were placed in NVivo and color coded based on categorical markers.

Data Variation

There were minor finding variation processes from the original proposal in Chapter 3. Semi-structured interviews lasted approximately 60 minutes and were conducted at the participant's convenience. The timeframe for completing data collection

was determined by participant availability. Participants were reminded of confidentiality and their right to withdraw before the interviews began. The initial interview included a debriefing at conclusion. Participant concerns, study potentiality, and research potentiality were addressed during debriefing. Interviews were audio recorded and transcribed verbatim. Interviews were audio recorded, transcribed verbatim, and securely stored for five years as required by the IRB. Four interviews requested Zoom participation but were not conducted due to IRB approval of in person interviews only.

The participant verified initial interview results. Member-checking was completed after the interviews were completed. Member-checking was sent via email after developing the summary to review transcript accuracy. Additional information regarding the participants deemed pertinent were also collected. At the end of each interview participants were welcome to add any additional information. Participants were given a twenty-dollar gift card as an incentive. The twenty-dollar gift cards were given in person without a signature requested at the end of the interviews. Participants were provided contact information for any questions or concerns about the study before member-checking. A copy of the final study was offered to all participants upon completion and publication. Participants were informed it would be some time before the study was fully completed and the retrieval of the final study.

Data Analysis

Participants' interviews and additional observational notes were read and re-read to establish familiarity with the findings. Initial codes were generated through a systematic identification of interesting features across information and relevant

information were collated with each code. Codes were collated into potential themes and all findings relevant were gathered, including ideas regarding latent content. Themes were checked against coded extracts and the information was analyzed. The results were analyzed on an ongoing basis to refine clear names and definitions of each theme. Vivid extracts were selected with the overall analysis related back to the research question and relevant scholarly literature. Each code was created based on interview responses.

Caregiver perspectives were documented using a qualitative design and phenomenological method. Caregiver perspectives of African American adolescent depressive symptoms data analysis were conducted to support identification and articulation. The information from caregiver's interviews were hand-coded and continuously compared to maintain consistency in theme interpretation. The data were analyzed by looking for patterns and themes that naturally emerged from participants' responses. Theme development was conducted on the latent level. NVivo was used to clarify the creation of meaning among participants involved. Potential richness of theme development was limited by the inability to ask follow-up questions. The result outliers were developed based on participants' responses during the interviews.

Codes were developed based on the categories from interview questions. The categories included African American adolescents,' depressive symptoms, low-income areas, psychological needs, safety, love and belongingness, esteem, and self- actualization from Maslow's hierarchy. African American adolescent depressive symptoms reported by caregivers were shown (see Figure 2). The caregivers who were interviewed identified different depressive symptoms in their adolescents. Caregivers identified which

depressive symptoms adolescents displayed in and out of the home. The interview responses were broken down by questions based on Maslow's hierarchy of needs. Participants responses created themes which have been developed into codes. The interview questions on Figure 3 represent psychological needs. Safety needs were represented in Figure 4. Love and Belongingness were represented in Figure 5. Esteem needs were in Figure 6. The final interview questions were self-actualization on Figure 7.

Figure 2

Depressive Symptoms

Depressive Symptoms
Sad
Empty
Hopeless
Negative Attitudes
Guilt
Sleep Disturbance
Lacking Energy
Self-Blame
Difficulty Concentrating

Psychomotor Problems
Worrying
Low Self-Esteem
Dependency
Death
Loneliness
Insecurities
Boredom
Apathetic Attitudes
Aggressiveness
Hypochondria
Antisocial Behaviors
Negative Social Situations

Feeling sad, empty, or hopeless characterizes depressive symptoms as documented by Zhong and Chen (2021). Negative attitudes towards oneself were commonly expressed by individuals experiencing depressive symptoms, which included sadness, self-reproach, guilt, hopelessness, and suicidal ideation (Liu et al., 2021). Manifestations encompassed suicidality, sleep disturbance, fatigue, self-blame, difficulty concentrating, psychomotor problems, worrying, low self-esteem, and dependency (Liu et al., 2021). Depressive symptoms emerged from environmental conditions influencing personal characteristics, context, and time (Korous et al., 2022). Caregiver perceptions of African American adolescent depressive symptoms were represented (see Table 2). Each of the depressive symptoms were identified by caregiver based on African American adolescents' behaviors shown at home.

Figure 3

Psychological Needs Interview Questions

Please describe who in the household gets along with your adolescent.
Please describe who in your household does not get along with your adolescent.
Please describe how household challenges such as bills, food, clothing, or housing affect your adolescent's behavior and involvement at home.
Please describe how the pandemic impacted any changes in the behavior of your adolescent.

Six caregivers were interviewed regarding psychological needs (see Figure 3). There were four categories which summarized the interview questions (see Figure 3). The participants for Question 1 were asked who got along in the household with their adolescent. Participants were asked who does not get along with their adolescents for question 2. Participants were asked in question 3 about the household challenges such as bills, food, clothing, or housing. Participants were able to elaborate about household challenges impacting behaviors and involvement. The interviewees for questions 4 were asked to describe how the pandemic impacted behaviors. The codes were developed based on the interview responses presented by the caregivers. Psychological needs

represent the basic needs humans need to survive in the world. Psychological needs are food, water, shelter, and homeostasis.

Figure 4

Safety Needs Interview Questions

Please describe any problems your adolescent is having in the community.
Please describe how your adolescent conveys a sense of safety and security in their community.
Please describe how impactful situations such as fighting, drugs, gang involvement, gun violence, or school situations affect your adolescent's behavior and involvement at home.

Six caregivers were interviewed regarding safety need (see Figure 4). There were four categories which summarized the interview questions (see Figure 4). Interviewees for question 1 were asked to describe any problems their adolescent was having in the community. Participants were asked in question 2 to describe the sense of safety and security within their adolescent community. Participants were asked about impactful situations and the impacts on behaviors or involvement at home in question 3. The codes were developed based on the interview responses presented by the caregivers. Safety

needs encompass physical security, financial stability, health protection, and environmental safety. Safety needs involves establishing stable living conditions, access to healthcare, legal protections, and a supportive social environment ensuring individuals can focus on higher-level self-fulfillment goals.

Figure 5

Love and Belongingness Needs Interview Questions

Please describe who in the household gets along with your adolescent.
Please describe who in your household does not get along with your adolescent.
Please describe how household challenges such as bills, food, clothing, or housing affect your adolescent's behavior and involvement at home.
Please describe how the pandemic impacted any changes in the behavior of your adolescent.

Six caregivers were interviewed regarding love and belonging (see Figure 5). There were four categories which summarized the interview questions (see Figure 5). Interviewees provided information on question 1 about activities and interests their adolescent enjoyed doing with the family. Caregivers provided information for question 2 regarding their adolescent social circles. Participants were asked in question 3 about

recent behaviors and school performance. The codes were developed based on the interview responses presented by the caregivers. Love and belonging needs refer to the human desire for meaningful relationships, friendships, family bonds, and romantic connections contributing to emotional well-being. Fulfilling love and belonging needs fosters psychological resilience and self-esteem.

Figure 6

Esteem Needs Interview Questions

Please describe how your adolescent usually talks or shows their thoughts and feelings.
Please describe how your adolescent views themselves and expresses their confidence.
Please describe any challenges your adolescent has if they identify as LGBTQ+.

Six caregivers were interviewed regarding esteem need (see Figure 6). There were four categories which summarized the interview questions (see Figure 6). Caregivers for question 1 described how their adolescents usually talked or showed their thoughts and feelings. The interviewees for question 2 described how their adolescents viewed themselves and expressed confidence. Participants were asked in question 3 about challenges their adolescents had if they identified as LGBTQ+. The codes were

developed based on the interview responses presented by the caregivers. Esteem encompass both self-respect and recognition from others. Esteem includes achievements, confidence, and social status contributing to an individual's sense of worth. The fulfillment of esteem needs fosters feeling valued and competent in pursuing personal growth, leadership roles, and meaningful contributions to society.

Figure 7

Self-Actualization Needs Interview Questions

Please describe your adolescent's abilities in problem-solving.
Please describe how your adolescent typically approaches challenges.
Please describe what your adolescent wants to do in the future.
Please describe what your adolescent is doing to achieve their future goals.
Please describe if your adolescent feels happy and satisfied with their life right now.

Six caregivers were interviewed regarding self-actualization needs (see Figure 7). There were five categories which summarized the interview questions (see Figure 7). Caregivers were asked to describe their adolescents' abilities in problem-solving question 1. Participants described how their adolescents typically approached challenges for

question 2. Interviewees for question 3 described what their adolescents wanted to do in the future. Caregivers described what their adolescents were doing to achieve future goals for question 4. Participants were asked if their adolescents felt happy and satisfied with life currently for question 5. The codes were developed based on the interview responses presented by the caregivers. Self-actualization needs refer to the drive for personal growth, creativity, and the realization of one's full potential. Individuals who achieve self-actualization are motivated by striving for continuous learning, ethical living, and the realization of their unique aspirations.

Evidence of Trustworthiness

Trustworthiness was considered an issue in qualitative research if proper steps were not implemented to ensure findings. Trustworthiness was determined by how the results were collected, analyzed, interpreted, and findings presented (Adler, 2022). Replicability was not sought in qualitative research (Adler, 2022; Tuval-Mashiach, 2021). Bias could be a threat to trustworthiness (McSweeney, 2021). Attention and mindfulness of biases throughout the research process reduced influence, which was crucial (McSweeney, 2021). Strategies assured findings were valid for establishing the trustworthiness of qualitative research (Tuval-Mashiach, 2021). Credibility, transferability, dependability, and confirmability established trustworthiness.

Credibility

Credibility referred to the congruency of findings with reality (Adler, 2022). Member-checking was utilized to enhance credibility. Summaries of individual interviews were shared with participants for accuracy as part of member-checking. Reflexivity

involved the practice of self-awareness by the researcher throughout the study. Bias and preconceptions were reduced through reflexivity. Reflexivity was beneficial in improving the research process and the quality of knowledge generated. Credibility in the study was achieved through alignment between theory, research question, data collection, analysis, and the results.

Transferability

Transferability was not a goal in phenomenological studies. Thick descriptions included contextual information and was central in this type of research (Adler, 2022). Thick description yielded rich information (Adler, 2022; Lavee & Itzchakov, 2021). Rich data were essential for transferring the findings to other contexts or populations. Research data being in-depth, substantial, and relevant was imperative. Results were attained through effective interviewing and interactions during the interviews (Lavee & Itzchakov, 2021). Open-ended questions during the interview process allowed participants to elaborate further in their responses (Lavee & Itzchakov, 2021).

Participants were not required to elaborate on their answers to the interview questions.

Dependability

The various triangulation processes promoted credibility. Utilizing multiple findings sources were a form of triangulation (Adler, 2022). Interviews and memberchecking was utilized in triangulation methods. Data source triangulation involved collecting data through different sources (Adler, 2022). Participants provided caregiver perspectives on African American adolescent depressive symptoms. Interviews and member-checking were utilized in the method of triangulation. An audit trail was

created for each step of the highlighted data analysis. Audit trails helped establish the findings were an accurate description of participant responses (Adler, 2022).

Confirmability

Confirmability of a research study described the neutrality in the findings. Confirmability involved capturing an objective reality (Adler, 2022). Research findings were based on participant responses, not on potential bias, or personal motivation (Adler, 2022). Open-ended questions during interviews increased credibility and confirmability. Bracketing was utilized to expose potential bias or personal motivation. Detailed descriptions were used to help with confirmability. There was a clear link between results and findings throughout the individual interviews.

Results

African American adolescents are a vulnerable population when conducting research. Caregiver perceptions of African American adolescent depressive symptoms were the focus. Adolescent depressive symptoms, if not addressed, can lead into adulthood, causing mental health problems (Tam Chi Phan et al., 2022). Caregiver perceptions of African American adolescent depressive symptoms were determined by using Maslow's hierarchy. Caregivers helped identify depressive symptoms in African American adolescents by focusing on met and unmet needs. African American adolescents met, and unmet needs impacted depressive symptoms. Physiological needs, safety, love, esteem, and self-actualization are Maslow’s pyramid (Maslow, 1943). The results highlights the critical role of caregivers in recognizing depressive symptoms among African American adolescents by assessing their met and unmet needs. The

framework of Maslow's hierarchy emphasized the connection between fundamental needs and mental health outcomes.

Table 2

Depressive Symptoms Reported by Participants

	Participants					
Depressive Symptoms						
	01	02	03	04	05	06
Sad	X	X	X	X	X	X
Empty	X	X	X	X	X	X
Hopeless			X	X	X	X
Negative Attitudes	X	X	X	X	X	X
Guilt			X	X	X	X
Sleep Disturbance	X	X	X	X	X	X
Lacking Energy	X	X	X			
Self-Blame						
Difficulty Concentrating	X	X	X			
Psychomotor Problems	X	X				
Worrying	X	X	X		X	
Low Self-Esteem				X	X	X
Dependency				X	X	X

Death				X		
Loneliness	X	X	X	X	X	X
Insecurities			X	X	X	X
Boredom	X	X	X	X	X	X
Apathetic Attitudes						
Aggressiveness	X			X		
Hypochondria					X	
Antisocial Behaviors			X			X
Negative Social Situations						

Caregivers identified depressive symptoms in African American adolescents during the interviews. All participants in the study identified sadness, emptiness, negative attitudes, sleep disturbance, loneliness, and boredom as depressive symptoms (see Table 2). P3, P4, and P6 identified hopelessness, guilt, and insecurities as depressive symptoms. P1, P2, and P3 identified lacking energy, difficulty concentrating, and worrying as depressive symptoms. P4, P5, and P6 identified low self-esteem and dependency as depressive symptoms. P1 and P2 identified psychomotor problems as depressive symptoms. P4 was the only one who identified death as a depressive symptom (see Table 2). P1 and P4 identified aggressiveness as a depressive symptom. P3 and P6 identified antisocial behaviors as depressive symptoms. P5 identified hypochondria as a depressive symptom. The depressive symptoms not identified by any of the interviewees were

selfblame, apathetic attitudes, and negative social situations. P3, P4, and P5 had the most depressive symptoms identified (see Table 2). P6 had the most depressive symptoms identified with twelve. P1 had 11 depressive symptoms identified being the second highest. P2 had the lowest number of depressive symptoms at 10. Participants reported African American adolescents conveyed depressive symptoms.

Psychological Needs

Table 3

Getting Along in Households as Reported by Participants

	01	02	03	04	05	06
Siblings	1	1				
Father		2	2			
Mother			3			
Everyone					4	

The participants regarding psychological need aspects of Maslow's hierarchy of needs were represented by four questions (see Table 3). African American adolescents getting along in the household had four codes (see Table 3). Code 1 represented siblings. P1 and P4 had good relationships with their siblings in the household. Code 2 represented father. P2 and P6 had good relationships with their fathers. Code 3 represented mothers. P3 had the best relationship with their mothers. Code 4 represented everyone. P5 had a

good relationship with everyone in their household. The results indicate positive connections with siblings, fathers, mothers, or the entire household contribute to fulfilling psychological needs in terms of love, belonging, and emotional security. Strong familial bonds serve as protective factors against depressive symptoms reinforcing the importance of supportive home environments for adolescent well-being.

Table 4

Not Getting Along in Households as Reported by Participants

	01	02	03	04	05	06
Siblings	1					
Cousins			2			
Mother					3	
Not Applicable		0.5		0.5		0.5

The participants regarding psychological need aspects of Maslow's hierarchy of needs were represented by four questions (see Table 4). African American adolescents who did not get along in the household had four codes (see Table 4). Code 1 represented siblings. P1 did not have a good relationship with their siblings in the household. Code 2 represented cousin. P3 did not have a good relationship with their cousin in the household. Code 3 represented mother. P5 did not have a good relationship with their mother in the household. Code 0.5 represented not applicable. P2, P4, and P6 were not applicable for not having a good relationship with others in their household. Unmet

psychological needs particularly in the form of strained familial relationships contribute to emotional distress among African American adolescents. The findings highlight that conflicts with siblings, cousins, or mothers can negatively impact adolescents sense of love and belonging. The negative impacts potentially exacerbates feelings of isolation or psychological vulnerability.

Table 5

Household Challenges Reported by Participants

	01	02	03	04	05	06
Not Helping	1	1				
No Household Challenges			2	2		
Bills					0.5	0.5

The participants regarding psychological need aspects of Maslow's hierarchy of needs were represented by three questions (see Table 5). African American adolescents household challenges had three codes (see Table 5). Code 1 represented not helping out in the home. P1 and P2's household challenges were not helping out in the home. Code 2 represented no household challenges. P3 and P4 did not have any household challenges identified by their caregivers. Code 0.5 represented bills being the biggest household challenge. P5 and P6 household challenges were bills. Psychological needs are influenced by household responsibilities and financial stability among African American

adolescents. The findings indicate some adolescents face challenges related to contributing to household tasks, while others experience financial stress, particularly regarding bills. Individuals without identified household challenges may have a more stable home environment supporting their psychological well-being.

Table 6

Pandemic Impacts Reported by Participants

	01	02	03	04	05	06
Closing Up	1					
Feeling Lonely		2	2			2
No Impact				0.5	0.5	

The participants regarding psychological aspects of Maslow's hierarchy of needs represented three questions (see Table 6). African American adolescents pandemic impacts had three codes (see Table 6). Code 1 represented closing up during the pandemic. P1 closed up during the pandemic. Code 2 represented feeling lonely during the pandemic. P2, P3, and P6 felt lonely during the pandemic. Code 0.5 represented no impacts during the pandemic. P4 and P5 did not have any pandemic impacts to report. The psychological needs were significantly affected by the COVID-19 pandemic in terms of social connection and emotional well-being. The findings indicate that some adolescents experienced isolation and loneliness which exacerbated unmet psychological

needs related to love and belonging. The participants who reported no pandemic impacts suggests variability in how external stressors affect adolescent mental health.

Safety Needs

Table 7

Problems in the Community Reported by Participants

	01	02	03	04	05	06
Lack of Communication	1					
Feeling Sad		2				
Staying at Home			3		3	3
Judgement				4		

The participants regarding safety aspects of Maslow's hierarchy of needs represented four questions (see Table 7). African American adolescents problems in the community had four codes (see Table 7). Code 1 represented a lack of communication skills in the community. P1 struggled in the community with communication skills. Code 2 represented feeling sad in the community. P2 had feelings of sadness in the community when facing problems. Code 3 represented staying at home instead of being in the community. P3, P5, and P6 stayed at home mostly instead of spending time in the community. Code 4 was judgement in the community. P4 faced judgement in the community. The safety needs are influenced by African American adolescents experiences within their communities. Challenges such as poor communication skills,

feelings of sadness, fear of judgment, and staying home rather than engage in the community indicate barriers to their sense of security. The findings highlight the importance of fostering safe community environments to help adolescents feel protected.

Table 8

Safety and Security in the Community Reported by Participants

	01	02	03	04	05	06
Complaints	1					
Expressions		2		2	2	
Staying at Home			3		3	3

The participants regarding safety aspects of Maslow's hierarchy of needs had three questions asked (see Table 8). African American adolescents safety and security in the community had three codes (see Table 8). Code 1 represented complaints about the safety and security in the community. P1 complained about the safety and security in the community. Code 2 represented expressions when feeling safe and unsafe. P2, P4, and P5 expressed when they were feeling safe and unsafe in the community. Code 3 represented staying at home instead of being out in the community. P3 and P6 stayed at home mostly instead of being in the community. Safety needs are affected by perceptions of safety and security within their communities. Complaints about community safety highlight concerns related to physical and emotional security. The findings emphasize the

importance of creating safer community environments to ensure adolescents feel protected and secure in their surroundings.

Table 9

Impactful Situations Reported by Participants

	01	02	03	04	05	06
Lack of Interactions	1					
Emotional Reactions					2	
Avoiding Situations						3
No Impactful Situations		0.5	0.5	0.5		

The participants regarding impactful situations of Maslow's hierarchy had four questions asked (see Table 9). African American adolescents impactful situations had four codes (see Table 9). Code 1 represented a lack of interactions with others. P1 struggled with interacting with others. Code 2 represented having an attitude and being emotional. P5 when faced with impactful situations became emotional and had an attitude. Code 3 represented avoiding situations. P6 when faced with something impactful would avoid situations. Code 0.5 indicated no impactful situations. P2, P3, and P4 reported not having any impactful situations when facing challenges. Adolescents struggled with social

interactions or avoided situations when faced challenges indicating potential barriers to fulfilling their need for belonging, safety, and emotional security. The adolescents who reported no impactful situations suggest variability in how different individuals cope with adversity. The findings highlight the diverse ways in which adolescents experience and respond to challenges.

Love and Belongingness Needs

Table 10

Family Activities Reported by Participants

	01	02	03	04	05	06
Swimming	1					
		2				
Cooking						
Movies and Board Games			3		3	3
				4		
Family Trips						

The participants had four questions asked about family activities regarding Maslow's hierarchy of needs (see Table 10). African American adolescents family activities had four codes (see Table 10). Code 1 represented swimming as a family activity. P1 identified swimming as the family activity in the home. Code 2 represented cooking in the home as a family activity. P2 identified cooking as a family activity. Code

3 represented watching movies and playing board games. P3, P5, and P6 watched movies and played board games as family activities. Code 4 represented family trips. P4 identified family trips as their family activity. Participants did not elaborate on the frequency of involvement. The findings show family bonding through activities such as swimming, cooking, watching movies, playing board games, and taking family trips contributes to fulfilling their need for connection and emotional support. The lack of information about the frequency of these activities indicates the consistency of family interactions may also play a role in the adolescents' overall sense of belonging and emotional well-being within the households.

Table 11

Social Circles Reported by Participants

	01	02	03	04	05	06
Siblings	1					
Two Close Friends		2	2			
More Friends			3 than Two		3	
No Social Circle						0.5

The participants had four questions asked about their social circles regarding Maslow's hierarchy of needs (see Table 11). African American adolescents' social circles had four codes (see Table 11). Code 1 represented siblings. P1 identified their siblings as their social circle. Code 2 represented two close friends. P2 and P3 had two close friends in their social circles. Code 3 represented more than two friends with males and females in their social circle. P4 and P5 had more than two friends in their social circles. Code 0.5 indicated no social circles. P6 identified their adolescent as not having any social circle. Some adolescents have close relationships with siblings, small group of friends, larger groups, and mixed-gender social circles which contribute to their sense of connection. The identification of a participant with no social circle highlights the potential risks of social isolation which may hinder the fulfillment of their need for love and belonging.

Table 12

Behavior and Performance in School Reported by Participants

	01	02	03	04	05	06
Struggling to Grasp Concepts	1					
Anxiety		2	2			
Isolation				3		
Honors and Sports					4	
Not Liking School						5

The participants had five questions asked about behavior and performance in school regarding Maslow's hierarchy of needs (see Table 12). African American adolescents behavior and performance in school had five codes (see Table 12). Code 1 represented struggling to grasp concepts in school. P1 struggled with grasping concepts in school. Code 2 represented anxiety. P2 and P3 had anxiety in the school setting. Code 3 represented isolation. P4 identified isolation in school. Code 4 represented being an honor student and playing sports. P5 was an honor student and played sports in high school. Code 5 represented not liking school. P6 reported that their adolescent does not like school. Adolescents with anxiety was the main theme for behavior and performance in school. African American adolescents struggling with academic concepts, anxiety, and feelings of isolation reflect challenges in fulfilling their need for competence and security in school environments. Adolescents excelling as honor students and participating in sports demonstrate how positive achievements can fulfill esteem and belonging needs. The theme of anxiety highlights the emotional barriers that may prevent adolescents from fully engaging and succeeding in school.

Self-Esteem Needs

Table 13

Thoughts and Feelings Reported by Participants

	01	02	03	04	05	06
Complaints	1					

Crying, Worry, and Sadness	2			
Writing		3		
Talking with Friends			4	
Isolation				5
Speaking Openly				6

The participants had six responses which regarded esteem need aspects of Maslow's hierarchy (see Table 13). African American adolescents thoughts and feelings had six codes (see Table 13). Code 1 represented complaints. P1 showed their thoughts and feelings by complaining. Code 2 represented crying, worry, and sadness. P2 expressed crying, worry, and sadness with feelings. Code 3 represented writing. P3 would write to express their thoughts and feelings. Code 4 represented talking with friends. P4 identified talking with friends as a way to express thoughts and feelings. Code 5 represented isolation. P5 reported isolation to express feelings and behaviors. Code 6 represented speaking openly. P6 identified speaking openly to show thoughts and feelings. Adolescents who complain, cry, worry, or feel sadness may struggle with selfesteem and emotional regulation. Adolescents who write, talk with friends, or speak openly may have healthier outlets for emotional expression. The theme of isolation indicates some adolescents may withdraw when facing emotional challenges potentially affecting their sense of self-worth and connection to others.

Table 14

Views and Expressions of Confidence Reported by Participants

	01	02	03	04	05	06
Speaking Openly	1					
Positive Self- Talk		2			2	
Happiness			3			3
Optimism and Kindness			4			

The participants had four responses which regarded esteem need aspects of Maslow's hierarchy (see Table 14). African American adolescents views and expression of confidence had four codes (see Table 14). Code 1 represented speaking one's mind. P1 identified the adolescent speaking their mind as a way of expressing confidence. Code 2 represented positive self-talk. P2 and P5 expressed their adolescent's confidence with positive self-talk. Code 3 represented happiness at home and feeling safe. P3 and P6 identified showing happiness at home as an expression of confidence. Code 4 represented optimism and kindness. P4 expressed their confidence with optimism and kindness. Adolescents who speak their minds, engage in positive self-talk, show happiness and

safety at home demonstrate healthier self-esteem. The behaviors indicate a positive sense of self-worth which are key components of fulfilling esteem needs.

Table 15

Challenges for LGBTQ+ People Reported by Participants

	01	02	03	04	05	06
Not Applicable	1	1	1			
Judgment and Stigma				2		
Open Expression					3	
Figuring it Out						4

The participants had four questions asked about their challenges in the LGBT+ community regarding Maslow's hierarchy of needs (see Table 15). African American adolescents challenges with being a part of the LGBTQ+ community had four codes presented by participants (see Table 15). Code 1 represented not applicable due to not being a part of the LGBTQ+ community. P1, P2, and P3 were not a part of the LGBTQ+ community. Code 2 represented judgment and stigma. P4 experienced judgment and stigma as challenges with being a part of the LGBTQ+ community. Code 3 represented expressing oneself openly. P5 identified themselves openly to the community as a part of LGBTQ+. Code 4 represented still figuring it out. P6 identified trying to figure out if their adolescent was a part of the LGBTQ+ community or not. The love and belongingness needs of African American adolescents in the LGBTQ+ community are

impacted by their experiences with judgment, stigma, and self-expression. Adolescents who are not part of the LGBTQ+ community face no challenges related to this identity. The ability to express oneself openly highlights the ongoing process of self-discovery which can significantly influence their sense of belonging.

Self-Actualization Needs

Table 16

Problem-Solving Abilities Reported by Participants

	01	02	03	04	05	06
Being Pushed	1					
On Top of Things/ Frustrations		2				
Asking for Help			3			
Solving Problems with No Help				4		
Emotional					5	
Struggling						6

Participants regarding problem-solving abilities based on Maslow's hierarchy of needs represented six different responses (see Table 16). African American adolescents abilities in problem-solving had six codes (see Table 16). Code 1 represented the need to be pushed when challenged. P1 showed their abilities in problem-solving by being pushed by others. Code 2 represented being on top of things with frustration. P2 when

problem-solving stayed on top of task by expressing frustrations. Code 3 represented asking for help. P3 would ask for help when struggling with problem-solving. Code 4 represented solving the problem. P4 would solve problems without asking for help. Code 5 represented crying and then becoming calm. P5 would cry and then become calm when struggling with solving problems. Code 6 represented struggling. P6 struggled with solving problems when facing situations and asking for help. The participants responses indicate a spectrum of approaches from needing external motivation and seeking help to independently solving problems. Some adolescents experience frustration or emotional responses like crying before regaining composure, while others struggle significantly. The varying strategies suggest self-actualization is influenced by emotional regulation, independence, and the ability to seek support when needed.

Table 17

Approaches Challenges Reported by Participants

	01	02	03	04	05	06
No Plan	1					
Confidence		2				
Positive Attitude			3			
Hard Working				4		
Independence					5	
Struggling						6

Participants regarding challenges based on Maslow's hierarchy of needs represented six different responses (see Table 17). African American adolescents approaching challenges had six codes represented by participants (see Table 17). Code 1 represented having no plan and being disorganized. P1 when facing challenges lacking a plan and organization. Code 2 represented confidence. P2 approached challenges with confidence. Code 3 represented a positive attitude. P3 approached challenges in a positive manner showing a positive attitude. Code 4 represented working hard towards a solution. P4 tackled challenges by working hard towards a solution in problem-solving. Code 5 represented independence. P5 demonstrated independence when approaching challenges in problem-solving. Code 6 was asking for help. P6 would ask for help when facing challenges of problem-solving. The responses reveal a diverse range of coping strategies from struggling with disorganization, confidence, independence, and problem-solving skills. Some adolescents take a proactive approach such as working hard towards a solution or maintaining a positive attitude while others rely on external support by asking for help. The variations highlight the different levels of self-actualization with some adolescents developing resilience and self-reliance while others face difficulties.

Table 18

Future Goals Reported by Participants

	01	02	03	04	05	06
Pilot	1					

Musician	2	2		
Doctor		3		
Engineer			4	
Trade School				5

Participants regarding future goals had five codes represented based on Maslow's hierarchy of needs (see Table 18). African American adolescents future goals had five codes represented by participants (see Table 18). Code 1 represented a pilot. P1 future goal was to become a pilot. Code 2 represented musicians. P2 and P4 aimed to become musicians in the future. Code 3 represented a doctor. P3 aspired to become a doctor in the future. Code 4 represented engineering. P5 future goal was to become an engineer. Code 5 represented trade school. P6 was considering attending a trade school in the future. The responses show a range of career interests such as aviation, medicine, and engineering to creative pursuits like music. The mention of trade school suggests an interest in hands-on and skill-based careers. The goals reflect the participants' ambitions and the varying paths they envision for personal and professional fulfillment.

Table 19

Achieving Future Goals Reported by Participants

	01	02	03	04	05	06
Independence	1					
Working Hard in School		2		2	2	

Reading	3		
Researching Schools			4

Participants achieving future goals had four codes aspired by Maslow's hierarchy of needs (see Table 19). African American adolescents achieving future goals had four codes represented by participants (see Table 19). Code 1 represented understanding things on their own. P1 understood things on their own and would not seek assistance from others. Code 2 represented working hard in school. P2, P4, and P5 worked hard in school to achieve their future goals. Code 3 represented reading. P3 read and studied to help achieve their future goal. Code 4 represented looking up schools. P6 was researching schools to achieve their future goal. The responses highlight different approaches such as independent learning, academic diligence, and proactive research. Some participants rely on self-sufficiency, while others emphasize the importance of studying, working hard in school, and exploring educational opportunities. The insights reflect the varying paths adolescents take to reach their aspirations.

Table 20

Happiness and Satisfaction with Life Reported by Participants

	01	02	03	04	05	06
Happiness	1					
Satisfied		2		2		
Trying and			3			

Thankful		
Struggles and Anxiety	4	with SelfEsteem
Struggles with Depressive Symptoms and Problem-Solving	5	

Participants happy and satisfied with life had five codes based on Maslow's hierarchy of needs (see Table 20). African American adolescents happiness and satisfaction had five codes represented by participants (see Table 20). Code 1 represented happiness most of the time. P1 was happy most of the time with their life. Code 2 was satisfied. P2 and P4 were happy and satisfied with their life on a daily basis. Code 3 represented trying and being thankful. P3 in life was trying daily to be thankful. Code 4 was struggling with self-esteem and anxiety. P5 struggled with self-esteem and anxiety in life when faced with difficulties. Code 5 represented depressive symptoms and struggled with problem-solving. P6 would be struggling with depressive symptoms and problemsolving skills. Some participants reported overall happiness others expressed struggles with self-esteem, anxiety, and depressive symptoms. Some participants emphasized gratitude and effort in maintaining a positive outlook, whereas others faced difficulties in problem-solving and emotional well-being. The variations illustrate the

complexity of personal fulfillment, showing how different factors influence an individual's sense of happiness and life satisfaction.

Summary

African American adolescents' depressive symptoms were examined using a phenomenological approach through in-person interviews. Six caregivers from lowincome areas in Georgia participated, each caring for an adolescent between 13 and 17 years old with depressive symptoms. The adolescents were not involved in the juvenile justice system, and participants could have received government assistance. Interviews were conducted between January 21 and February 19, 2024, in secure locations chosen by participants for confidentiality. Each interview lasted approximately 60 minutes and was recorded using a secure audio device with participants allowed to pause or stop at any time. Transcriptions were checked for accuracy through member-checking, and final summaries were sent via email for verification. To ensure anonymity, participants were labeled P1 through P6, and demographic details were documented separately.

Key themes emerged from participant responses regarding African American adolescents' psychological needs. Behavior and performance in school, anxiety was a major theme, with some adolescents struggling to grasp concepts, feeling isolated, or excelling in academics and sports. Esteem needs were explored through expressions of thoughts and feelings, which included complaining, crying, writing, talking to friends, isolating, or speaking openly. Confidence was displayed through speaking one's mind, positive self-talk, happiness at home, and optimism. Challenges within the LGBTQ+

community varied with some participants experiencing judgment and stigma, while others were openly expressing themselves or still exploring their identity. Selfactualization needs highlighted problem-solving abilities with adolescents either working through challenges independently, asking for help, or struggling with solutions. Future goals and aspirations were also explored as part of self-actualization, with adolescents aiming for careers in aviation, music, medicine, engineering, and trade school. To achieve these goals participants emphasized working hard in school, studying, and researching educational opportunities. Satisfaction with life varied, with some adolescents reporting overall happiness and gratitude, while others struggled with selfesteem, anxiety, and depressive symptoms.

Findings from the interviews contribute to understanding African American adolescent depressive symptoms. The results highlights the importance of addressing mental health challenges through comprehensive screening and intervention strategies. Potential questions arising from the interviews encourage further research into adolescent mental health, particularly within marginalized communities. Expanding mental health services tailored to African American adolescents may foster positive social change and improve outcomes for this population. Chapter 5 provides a detailed discussion of findings, study limitations, recommendations for practice, and future research directions. African American adolescents struggling with depressive symptoms in low income areas interview finding may inform mental health professionals, educators, and policymakers on complex experiences.

Chapter 5: Discussion, Conclusions, and Recommendations

Caregiver perceptions of African American adolescent depressive symptoms were addressed in the study. A phenomenological approach was employed to better understand experiences of African American adolescents. The phenomenological approach allowed for an in-depth exploration of the topic. An interpretative approach was applied. Key concepts of interest were depressive symptoms, Maslow's hierarchy of needs, African American adolescents, low-income areas, and caregiver perceptions. Maslow's hierarchy of needs was used to explore met and unmet needs regarding this population contributing to depressive symptoms. Caregiver stressors affect experiences of depressive symptoms and family member wellbeing. Caregiver stressors depending on how they are addressed shape outcomes for African American adolescents.

Adolescents' mental illnesses can have enduring effects on social, behavioral, academic, and physical health when left untreated (Radez et al., 2021; Tam Chi Phan et al., 2022). These mental illnesses when left untreated increased risks for suicidal behavior into adulthood (Tam Chi Phan et al., 2022). Participants provided insights regarding how Maslow's hierarchy of needs impacted adolescent depressive symptoms. This was crucial for developing effective interventions and support systems. The qualitative phenomenological approach was employed to gain a deeper understanding of the topic. This involved in-depth interviews aimed at addressing the phenomenon. Phenomenological research is participant-oriented and a sensitive approach to capturing lived experiences (Morrissey, 2022). The phenomenological approach provided valuable

insights regarding caregiver perceptions of African American adolescent depressive symptoms and their underlying needs.

Phenomenology is about understanding how individuals interpret their experiences (Morrissey, 2022). With the phenomenological approach, experiences are bracketed, analyzed, and compared. Phenomenological reduction involves setting aside preconceived notions which are essential for deriving the essence of a phenomenon (Morrissey, 2022). Caregivers of African American adolescents were recruited for inperson interviews. Interview protocols were developed to address the research problem and purpose. The recruitment process involved distributing a social media flyer and using the snowball technique. Participants during the recruitment process could refer to others who met criteria. The IRB reviewed and approved the flyer prior to distribution. Interested participants were required to communicate through email to express their willingness to participate. An attachment containing the study invitation and informed consent form were sent after confirmation. Interviews were conducted in confidential locations to ensure privacy based on participants' discretion. All results were stored securely in a confidential location. The parents of African American adolescents who were not diagnosed with depression was an exclusion. Six caregiver interviews were conducted about their African American adolescents depressive symptoms.

NVivo was used to organize, analyze, and gain insights from interviews. NVivo was used for relationship coding, exploration, diagram comparisons, transcript import and export, coding review, and general coding. It assisted in importing and exporting transcripts. Participants provided consent for audio recording prior to conducting

interviews, which aided in generating accurate transcripts. IRB requirements were followed before and after. Three methods were employed for participant interview results: field notes, audio recordings, and transcripts.

P3, P4, P5, and P6 identified hopelessness, guilt, and insecurities as depressive symptoms. P1, P2, and P3 identified lacking energy, difficulty concentrating, and worrying. P4, P5, and P6 identified low self-esteem and dependency. P1 and P2 identified psychomotor problems. P4 identified death . P1 and P4 identified aggressiveness. P3 and P6 identified antisocial behaviors. P5 identified hypochondria. Depressive symptoms that were not identified by participants were self-blame, apathetic attitudes, and negative social situations. P3, P4, and P5 had the most depressive symptoms (see Table 2). P6 had 12 depressive symptoms. P1 had 11 depressive symptoms. P2 had the lowest number of depressive symptoms at 10. Depressive symptoms have a major impact day-to-day.

Interpretation of the Findings

Depressive Symptoms

Feeling sad, empty, or hopeless characterizes depressive symptoms as documented by Zhong and Chen (2021). Negative attitudes towards oneself were commonly expressed by individuals experiencing depressive symptoms which included sadness, self-reproach, guilt, hopelessness, and suicidal ideation (Liu et al., 2021). Manifestations encompassed suicidality, sleep disturbance, fatigue, self-blame, difficulty concentrating, psychomotor problems, worrying, low self-esteem, and dependency (Liu et al., 2021). Depressive symptoms emerged from environmental conditions influencing personal characteristics, context, and time (Korous et al., 2022). Caregiver perceptions of

African American adolescent depressive symptoms were represented (see Table 2). Each of the depressive symptoms marked were identified by the caregiver based on African American adolescents' behaviors shown in the home and community. The findings highlight the complexity of depressive symptoms and reinforce the importance of early intervention which are culturally competent for mental health support.

All participants in the study identified sadness, emptiness, negative attitudes, sleep disturbance, loneliness, and boredom as depressive symptoms (see Table 2). Individuals' common depressive symptoms included feelings of hopelessness, worthlessness, emptiness, sadness, emotional, and physical problems (Lawrence, 2022; Zhong & Chen, 2021). P3, P4, P5, and P6 identified hopelessness, guilt, and insecurities as depressive symptoms. P1, P2, and P3 identified lacking energy, difficulty concentrating, and worrying as depressive symptoms. P4, P5, and P6 identified low selfesteem and dependency as depressive symptoms. The patterns suggest depressive symptoms among African American adolescents manifest in a range of emotional, cognitive, and behavioral ways. Recognizing the symptoms through caregiver observations can support targeted mental health interventions.

P1 and P2 identified psychomotor problems as depressive symptoms. P4 was the only one who identified death as a depressive symptom (see Table 2). P1 and P4 identified aggressiveness as a depressive symptom. P3 and P6 identified antisocial behaviors as depressive symptoms. P5 identified hypochondria as a depressive symptom. The depressive symptoms that were not identified by any of the caregivers were selfblame, apathetic attitudes, and negative social situations. P3, P4, and P5 had the most

depressive symptoms (see Table 2). P6 had 12 depressive symptoms. P1 had 11 depressive symptoms. P2 had the lowest number of depressive symptoms at 10. The findings highlight the variation in depressive symptom recognition among caregivers emphasizing the need for comprehensive mental health awareness and support.

Psychological Needs

Mothers and children positive relationships function as a protective factor against depressive symptoms (Xu et al., 2023). Adolescents who report high-quality relationships with parents, caregivers, and friends also experience lower depressive symptoms (Schwartz-Mette et al., 2021; Xu et al., 2023). P1 and P4 had good relationships with their siblings mostly in the household. P2 and P6 had good relationships with their fathers mostly in the household. P3 had the best relationship with their mother mostly in the household. P5 had a good relationship with everyone in the household. Parental involvement is crucial for the development of African American adolescents leading to positive family messages about race and improved psychological adjustment (Ahn et al., 2021; Barbee et al., 2021). Strong familial bonds and supportive home environments contribute to resilience in adolescents reducing the impact of depressive symptoms.

Parental divorce or marital conflict contributes to depressive symptoms in adolescents, along with educational difficulties, maladaptive coping, and family conflict (Lawrence, 2022; O et al., 2022). Marital conflict causes stress and a lack of control contributing to depressive symptoms in adolescents (O et al., 2022). African American adolescent depressive symptoms are influenced by a range of factors including individual characteristics, family dynamics, social environments, discrimination, prenatal or

childhood experiences, and support systems. The African American population influencing factors are crucial for developing interventions and support systems which can effectively address depressive symptoms. P1 did not have a good relationship with their siblings in the household. P3 did not have a good relationship with their cousin in the household. P5 did not have a good relationship with their mother in the household. P2, P4, and P6 were not applicable for not having a good relationship with others in their household. Caregiver stress can increase depressive symptoms in the household (Evans et al., 2023). Adolescents often blame themselves and internalize their parent's conflict which comes from prolonged stress and increased depressive symptoms. Parental support often serves as a protective factor against depressive symptoms. Adolescents perceive their stress to be uncontrollable and have difficulties managing their emotions when marital conflict is present in the home (Lawrence, 2022). Adolescent depressive symptoms are related to marital conflict. Caregivers did not answer interview questions regarding themselves. The lack of parental support and unresolved family conflicts can exacerbate depressive symptoms in adolescents. Households need strong familial relationships and effective coping strategies.

Family stressors such as chaotic home environments and negative life events are associated with depressive symptoms (Reck & Kogan, 2021). Caregiver and adolescent conflict may contribute to depressive symptoms. Family functioning plays a role in adolescents' development of depressive symptoms (Holloway & Varner, 2021; Rothenberg et al., 2022). Family functioning which is chaotic may be detrimental to mental health. P1 and P2 were not helping out in the home. P3 and P4 did not have any

household challenges identified by their caregivers. P5 and P6's household challenges were daily expenses. Stable and supportive family environments are essential in mitigating depressive symptoms. Chaotic home dynamics and financial stressors can negatively impact adolescent mental health.

Individuals during the pandemic focused on basic requirements of Maslow's hierarchy of needs. The pandemic brought about fear, panic, threatened needs, and deprivation (Yuen et al., 2021). Individuals in deprived environments gravitate towards lower need levels of the hierarchy (Maslow, 1943; Yuen et al., 2021). Individuals who were able to achieve and feel control strengthen their self-confidence. Individuals during the pandemic were not able to control the world events. Individuals are mostly engaged with basic needs to take care of the necessities within households. Individuals during the pandemic had many needs not satisfied. Individual perceptions of risk led to a decrease in cognitive control and performance (Maslow, 1943). Families during the pandemic had increased depressive symptoms. P1 closed up during the pandemic. P2, P3, and P6 felt lonely during the pandemic. P4 and P5 did not have any pandemic impacts reported during the interviews. The pandemic's disruptions reinforced the importance of stability, social connections, and psychological well-being in adolescent mental health.

Safety Needs

Adolescent depressive symptoms were important to recognize based on safety concerns regarding suicide and perceptions. Adolescent depressive symptoms manifested as concealing emotions of sadness, loneliness, insecurities, boredom, apathy, aggressiveness, hypochondria, and antisocial behavior (Bihun et al., 2022). P1 was

struggling in the community with communication skills. P2 had feelings of sadness in the community when facing problems. P3, P5, and P6 stayed at home mostly. P4 faced judgement in the community.

African American adolescents' depressive symptoms are influenced by additional factors such as community violence and economic stress. Adolescents' exposure to community violence experience higher rates of emotional and behavioral adjustment problems with depressive symptoms being prevalent (Wende et al., 2021). African American adolescents living in low-resourced neighborhoods with high rates of crime and violence further exacerbate these challenges (Lambert et al., 2021; Whipple et al., 2021). Parenting behaviors and attachment influence economic stress (Brown et al., 2022; Dagher et al., 2021; Levin et al., 2022; Wang et al., 2021). Caregivers and African American adolescents experiencing economic stress may exhibit depressive symptoms (Brown et al., 2022; Dagher et al., 2021; Levin et al., 2022). P1 complained about the safety and security in the community. P2, P4, and P5 expressed when they were feeling safe and unsafe in the community. P3 and P6 stayed at home mostly instead of being in the community. The findings highlight the critical need for supportive interventions addressing both economic stability and community safety.

Individuals living in poverty-stricken areas experience socioeconomic deprivation that impacts various aspects of their lives including housing, crime rates, healthcare, and employment opportunities (Kelsay et al., 2021). Socioeconomic deprivation is associated with reduced social interactions, increased hostility, racism, physical, and mental health problems (Kalin, 2021). The connection between poor socioeconomic conditions and

mental health issues is well-established (Kalin, 2021). Individuals in low-income areas have limited access to psychological care and are less likely to recover from depressive symptoms. Limited access to psychological care is based on a lack of requesting help due to environmental factors (Susiloretni et al., 2021).

Individuals in low-income areas often experience a lack of resources including quality goods, services, and access to adequate treatment outcomes (DiClemente et al., 2022). Individual income levels with crime rates of neighborhoods also impact psychological well-being and improvements (Kelsay et al., 2021). Individuals in lowincome areas are disproportionately exposed to material deprivation, divorce, violence, and crime (Kelsay et al., 2021). African American adolescents may exhibit externalized symptoms when exposed to violence within low-income communities (O'Connor et al., 2022). African American adolescents are overrepresented in areas of poverty (Bottiani et al., 2021; Johnson et al, 2021; O'Connor et al., 2022). P1 struggled with interacting with others. P5 when facing impactful situations became emotional and had an attitude. P6 when facing something impactful would avoid situations. P2, P3, and P4 reported not having any impactful situations.

Love and Belongingness Needs

Caregivers' family activities are very popular among households due to many different circumstances. Individuals face insecurities with appearance which influences lacking confidence contributing to barriers with physical activities outside of the home (Leino et al., 2023). Caregivers have additional contributing factors with doing family activities such as poor health, lack of time, and weather conditions. Caregivers struggle

with disliking exercising, feeling too tired, lack of money, or time management causing limited family activities. Caregivers who engage in family activities promote physical, psychological, social, and cognitive health benefits for adolescents (Sanz-Martín et al., 2022). Caregivers incorporating physical activities provide social support. Caregiver support in the family is also associated with friend support for adolescents (Sanz-Martín et al., 2022). Caregivers' family activities depends on different circumstances.

Informal social activities had a greater impact on reducing the risks of developing depressive symptoms compared to formal activities (Shan et al., 2023). Individuals with higher levels of emotional support experienced fewer depressive symptoms than those with less support (Shan et al., 2023; Stefanella et al., 2022). Caregiver support based on knowledge, involvement, and relationship with the adolescent served as an important protective factor for fostering resilience (Evans et al., 2023; Kelly et al., 2022). Caregiver knowledge of adolescent behaviors are a protective factor against delinquency, antisocial problems, depressive symptoms, mental health issues, and low self-esteem (Johns et al., 2021). P1 identified swimming as the family activity in the home. P2 identified cooking as a family activity. P3, P5, and P6 watched movies and played board games as family activities. P4 identified family trips as their family activity. Participants did not discuss how often they engage in the activities.

Supportive parents or friendships contribute to a positive self-perception and reduce risk of developing depressive symptoms (Mak et al., 2021; Zu et al., 2023). Inidviduals social support was considered a basic biological need playing a protective role, while family separation could harm mental health (Zhang & Monnat, 2022; Zhu &

Chou, 2022). Adolescent social environments exert a significant influence on psychological development. Adolescent depressive symptoms and suicide risk can be positively impacted by support systems (Brumley et al., 2021; Rivers et al., 2022). Adolescents with strong support systems develop coping skills and a sense of belonging, which contributes to lower depressive symptoms (Rivers et al., 2022). Adolescents with high levels of parental criticism and conflict in the home increases the risk of depressive symptoms (Rapp et al., 2021; Rivers et al., 2022).

Adolescents' feelings of isolation contribute to the development of depressive symptoms. Adolescents struggle with psychological development if they do not have a strong support system. P1 identified their siblings as their social circle. P2 and P3 had two close friends in their social circles. P4 and P5 had more than two friends in their social circles. P6 identified their adolescent as not having any social circle. Adolescents social circle is an important factor for developmental growth. African American adolescents who feel a sense of belongingness in school or their home environment experience high self-concept, fewer depressive symptoms, and lower reports of suicide (Witherspoon et al., 2023). P1 struggled with grasping concepts in school. P2 and P3 had anxiety in the school setting. P4 identified isolation in school. P5 was an honor student and played sports in high school. P6 reported their adolescent does not like school but attends without much social interaction. Building positive peer and family relationships can serve as a protective factor against feelings of isolation in adolescents developing depressive symptoms. The findings emphasize the importance of fostering supportive environments to promote adolescent mental health and resilience.

Esteem Needs

Esteem is the first higher-level need in Maslow's pyramid. Esteem is considered a growth need because individuals experience personal growth within themselves. Esteem needs are motivated by the desire to feel good about oneself (Maslow, 1943). There are two categories of esteemed needs which include self-esteem and respect. Individuals' self-esteem is feeling confident and good. Respect involves being valued by others with one's achievements recognized (Maslow, 1943). Individuals with unmet esteem needs may feel unimportant, less confident, unprotected, and incompetent. Adolescent unmet esteem needs may be vital for growth, especially in adulthood. P1 showed their thoughts and feelings by complaining. P2 expressed crying, worry, and sadness with feelings. P3 would write to express their thoughts and feelings. P4 identified talking with friends as a way to express thoughts and feelings. P5 reported isolation to express feelings and behaviors. P6 identified speaking openly to show thoughts and feelings. P1 identified the adolescent speaking their mind as a way of expressing confidence. P2 and P5 expressed their adolescent's confidence with positive self-talk. P3 and P6 identified showing happiness at home as an expression of confidence. P4 expressed their confidence with optimism and kindness.

Adolescents who identify as gay are more prone to experiencing depressive symptoms, often resulting from stigma, bullying, family rejection, and victimization (D'Agati et al., 2021). Some of the adolescents may not be comfortable. P1, P2, and P3 were not a part of the LGBTQ+ community. P4 experienced judgment and stigma as

challenges. P5 identified themselves openly to the community as a part of the LGBTQ+ community. P6 identified trying to figure out if their adolescent was a part of the LGBTQ+ community or not.

Self-Actualization Needs

Adolescents may learn certain behaviors from their caregivers impacting their own perceptions. Caregivers who are struggling with their daily responsibilities impact adolescents by increasing their risk factors. African American caregiver stressors can impact depressive symptoms, interactions with family members, and influence adolescent outcomes (Holloway & Varner, 2021). P1 showed their abilities in problem-solving by being pushed by others. P2 when problem-solving stayed on top of things by expressing frustrations. P3 would ask for help when struggling with problem-solving. P4 would solve problems without asking for help. P5 would cry and then become calm when struggling with solving problems. P6 struggled with solving problems in general.

Adolescents' body dissatisfaction was associated with depressive symptoms and self-objectification. African American adolescents' skin tone, hair, and facial satisfaction were linked to lower esteem, self-objectification, and depressive symptoms (Ladd et al., 2022). Depressive symptoms were influenced by thoughts, perception of self, and worldview with severity being higher when suicidal behaviors are present (Bihun et al., 2022; Herres et al., 2021). P1 when facing challenges lacking a plan and organization. P2 approached challenges with confidence. P3 approached challenges in a positive manner showing a positive attitude. P4 tackled challenges by working hard towards a solution in problem-solving. P5 demonstrated independence when approaching challenges in

problem-solving. P6 would ask for help when facing challenges with problem-solving. P1 understood things on their own and would not seek assistance from others. P2, P4, and P5 worked hard in school to achieve their future goals. P3 read and studied to help achieve their future goal. P6 was researching schools to achieve their future goal. Adolescents encounter challenges when not being able to express themselves openly and receive validation for their emotions.

Individuals' self-actualization needs constitute the highest level of Maslow's pyramid (Maslow, 1943). Self-actualization needs include self-fulfillment, selfdevelopment, and peak experiences. Self-actualization entails the ability to become the best version of oneself. Self-actualization is the desire to accomplish all that an individual aspires (Maslow, 1943). Individuals have different opinions of self-actualization meaning desires are different from each person. Individuals striving for self-actualization encounter challenges when their lower-level needs are not met (Maslow, 1943). Individuals' self-actualization is the highest level of self-awareness. The achievement of self-actualization is rare due to the effort required to fulfill basic needs in life. P1 future goal was to become a pilot. P2 and P4 aimed to become musicians in the future. P3 aspired to become a doctor in the future. P5 future goal was to become an engineer. P6 was considering attending a trade school in the future. P1 was happy most of the time with their life. P2 and P4 were happy and satisfied with their life on a daily basis. P3 in life was trying daily and thankful. P5 struggled with self-esteem and anxiety in life when faced with difficulties. P6 would be struggling with depressive symptoms

and problemsolving skills. Achieving self-actualization remains challenging without addressing underlying emotional and psychological needs.

Limitations of the Study

There were several limitations considered throughout the research. Caregivers focused on African American adolescent depressive symptoms, and they were not clinically diagnosed with depression. The limitation was acknowledged to ensure clarity in terminology used and the scope of findings (Tuval-Mashiach, 2021). The bias and stigma were addressed during the interviews. Families experiencing depressive symptoms may have chosen not to take any action based on the study's findings, actual prevalence, and severity. African American adolescent depressive symptoms were identified from the caregivers. The families were not contacted after the study. Participants identified depressive symptoms, and they were not followed up. Caregivers were also hesitant to fully disclose information due to fear of judgment and stigma (Simes et al., 2021). Caregivers were vague with their answers to the interview questions and there were no follow-up questions asked for clarification. Caregivers' and adolescents' beliefs and stigmas toward mental health were commonly reported (Elia et al., 2024).

African American adolescents limited the generalizability of findings to other populations. The interview questions incorporated all the needs listed in Maslow's hierarchy of needs pyramid. Adolescents' perspectives were not included in the study due to them being a vulnerable population. Help-seeking services for depressive symptoms, families, other races besides African American adolescents, children, and young adults as

participants were not addressed or included. Caregivers included in the study resided in low-income areas within Georgia. Caregivers residing in low-income areas within Georgia could have restricted generalizability.

Recommendations

The recommendations for future exploration were grounded in the strengths and limitations considered throughout the study. Caregivers focused on African American adolescent depressive symptoms and they were not clinically diagnosed with depression. Caregivers' experiences with depressive symptoms would have been helpful based on research from Chapter two. The bias and stigma were addressed during the in person interviews. The information gathered would have benefited from also doing some form of telecommunication for interviews. Families experiencing depressive symptoms would have benefited from a wider population and number of participants. African American adolescent depressive symptoms were identified from the caregivers. Interview questions directed at caregivers would have provided insight into their mental health concerns.

Caregivers and adolescents' relationships were not fully known for them to comment on depressive symptoms. The families were not contacted after the study. Participants identified depressive symptoms and they were not followed up. Caregivers were hesitant to fully disclose information due to fear of judgment and stigma (Simes et al., 2021). Caregivers were vague with their answers to the research questions and there were no follow-up questions asked for clarification. African American adolescents limited the generalizability of findings to other populations. Adolescents' perspectives were not

included in the study due to them being a vulnerable population. Caregivers resided in low-income areas within Georgia and no other areas were included.

Implications

Caregiver perceptions of depressive symptoms in African American adolescents significantly contributed to the field of psychology. African American adolescents' mental health factors were an important aspect by examining their unmet needs. Caregiver knowledge about Maslow's hierarchy of needs pyramid and its relationship to depressive symptoms could help increase awareness and challenge stigmas. Caregiver knowledge may increase awareness of mental health issues in the African American population. African American adolescents often have limited access to mental health services and lack awareness of depressive symptoms (Gates et al., 2022).

Adolescent depressive symptoms were used to identify healthy human development by looking at caregiver perspectives. African American adolescents are a population often overlooked in research and society at large (Hinton & Cook, 2021). Depressive symptoms were explored within the framework of Maslow's hierarchy pyramid. Depressive symptoms within the framework provided a valuable tool for future research and interventions. Adolescents untreated mental illnesses have long-lasting effects on social, behavioral, academic, physical well-being, chronic conditions, and suicidal thoughts (Radez et al., 2021; Tam Chi Phan et al., 2022).

Professionals can contribute by supporting training initiatives and facilitating the practical application of findings in lower-income areas. Caregiver results from answering interview questions could inform professional practice and provide alternatives for

addressing needs. Professionals worked towards building trust and breaking down stigmas which existed by gaining a better understanding of communities (Lespine et al., 2022). Individuals who have been historically overlooked in research could help focus attention on specific populations, promote greater awareness, and inclusivity. Caregiver perceptions of adolescent depressive symptoms and knowledge about Maslow's hierarchy of needs have the potential to expand knowledge. Caregiver perceptions of depressive symptoms could benefit the academic community. Caregivers' answers to the interview questions could provide insight for mental health professionals.

Conclusion

The findings underscore the complex interplay between environmental, familial, and psychological factors in shaping African American adolescent depressive symptoms. Adolescents who experience chaotic home environments, financial hardships, community violence, and isolation often struggle with their mental health. Chaotic home environments lead to increased risks of depressive symptoms and suicidal ideation. Maslow's hierarchy of needs serves as a valuable theoretical framework for understanding how unmet needs exacerbate depressive symptoms. Caregivers play a crucial role in fostering a supportive environment which addresses physiological, safety, love, esteem, and self-actualization needs. Untreated depressive symptoms can lead to academic struggles, social withdrawal, and long-term psychological distress.

The phenomenological approach used provided a deeper understanding of caregivers' perspectives on adolescent depressive symptoms. The semi-structured interviews allowed caregivers to articulate their observations and experiences. The

interviews highlighted both the protective and risk factors influencing adolescent mental health. Many adolescents isolate themselves, have limited peer interactions, and struggle with expressing emotions. Adolescents face challenges such as household stressors, economic difficulties, and community violence leading to increased emotional burdens. Adolescents maintained future aspirations indicating a strong desire for self-actualization despite their struggles. African American adolescents facing depressive symptoms require support systems which address both their emotional and environmental stressors. The study highlights the significant role of caregivers in identifying and managing adolescent mental health challenges. Caregivers who recognize early signs of depression can intervene effectively help adolescents navigate difficult emotions and circumstances. Economic stress, exposure to community violence, and unstable home environments often hinder caregivers' ability to provide necessary support. Strengthening mental health awareness and accessibility to resources in under-resourced communities is essential in mitigating these challenges.

The findings emphasizes the need for targeted mental health interventions and caregiver education to improve outcomes for African American adolescents facing depressive symptoms. Caregivers with resources to better identify and support adolescents with mental health struggles is crucial in mitigating the adverse effects of untreated depression. Community-based programs, school support systems, and accessible mental health services can help bridge the gap in care and provide adolescents with the necessary tools to navigate their emotional and psychological challenges. Future research should explore intervention strategies which empower both adolescents and

caregivers to foster resilience, promote emotional well-being, and ultimately support the achievement of self-actualization in vulnerable populations.

References

Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation*, *38*(4), 598–602. https://doi.org/10.1177/08903344221116620

Ahn, L. H., Dunbar, A. S., Coates, E. E., & Smith-Bynum, M. A. (2021). Cultural and universal parenting, ethnic identity, and internalizing symptoms among African American adolescents. *Journal of Black Psychology, 47*(8), 695–717. https://doi.org/10.1177/00957984211034290

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing, Inc.

Astleitner, H., Bains, A., & Hörmann, S. (2023). The effects of personality and social media experiences on mental health: Examining the mediating role of fear of missing out, ghosting, and vaguebooking. *Computers in Human Behavior*, *138*(1), 1-10.https://doi.org/10.1016/j.chb.2022.107436

Aswathy, S., Syama, S., Georgy, S., Mathew, M. M., Mohandas, S., Menon, V. B., & Numpelil, M. (2021). Tobacco use and exposure to second-hand smoke among high school students in Ernakulum district, Kerala: A cross-sectional study. *Public Health in Practice*, *2*(5),666-687. https://doi.org/10.1016/j.puhip.2021.100213

Atashbahar, O., Sari, A. A., Takian, A., Olyaeemanesh, A., Mohamadi, E., & Barakati, S. H. (2022). The impact of social determinants of health on early childhood development: A qualitative context analysis in Iran. *BMC Public Health*, *22*(1), 1-13. https://doi.org/10.1186/s12889-022-13571-5

Atkins, R., Johnson, S., Pontes, M. C. F., Stellmacher, T., Gadaleta, D., Lewis, H., Qosja, A., Finkelstein, D., & Williams, W. (2022). Socio-demographic and coping correlates and predictors of depressive symptoms among low-income and ethnic minority mothers at-risk. *Clinical Nursing Research*, *31*(1), 100–114. https://doi.org/10.1177/10547738211029685

Bai, R., Collins, C., Fischer, R., & Crampton, D. (2024). Factors leading to foster care reentry: Experiences of housing unstable families. *Journal of Public Child Welfare*, *18*(1), 104–123. https://doi.org/10.1080/15548732.2022.2158991

Barbee, A. P., Cunningham, M. R., Antle, B. F., Langley, C., & Purdy, L. (2021). Romantic relationship and pregnancy dynamics among adolescent African Americans and refugees living in the United States. *Personal Relationships*. *29*(1), 77-99. https://doi.org/10.1111/pere.12407

Bihun, N., Pashko, T., Danchuk, Y., Kryvonis, T., Sami, S., & Ivanikiv, N. (2022).Neuropsychological and personality development of adolescents with depressive disorders. *Brain: Broad Research in Artificial Intelligence & Neuroscience, 13*, 191–210. https://doi.org/10.18662/brain/13.2/339

Boston-Leary, K., Alexander, G. R., & Davis, S. (2024). Leveraging Maslow's hierarchy of needs to build nursing's more inclusive future. *Nursing Administration*

Quarterly, *48*(1), 55–64. https://doi.org/10.1097/NAQ.0000000000000613

Bourret, M., Ratelle, C. F., Plamondon, A., & Châteauvert, G. B. (2023). Dynamics of parent-adolescent interactions during a discussion on career choice: The role of parental behaviors and emotions. *Journal of Vocational Behavior*, *141*(1), 1-14. https://doi.org/10.1016/j.jvb.2022.103837

Brown, A. L., Simons, L. G., & Gibbons, F. X. (2022). How economic stress impacts risky sex among African American adolescents. *Journal of Youth and Adolescence, 51*(6), 1068-1074. https://doi.org/10.1007/s10964-021-01529-6

Brumley, L. D., Nauphal, M., Schwartz, L. A., & Jaffee, S. R. (2021). Psychosocial correlations and consequences of adolescents' self-generated academic goals and appraisals. *Journal of Research on Adolescence: The Official Journal of the Society for Research on Adolescence*, *31*(1), 204–217. https://doi.org/10.1111/jora.12593

Bucchio, J., Jones, V. N., & Dopwell, D. M. (2021). Applying Maslow's hierarchy of needs to LGBT foster youth: Practice implications for child welfare professionals and those working in rural settings. *Journal of Social Work Practice, 35*(3), 287-299. https://doi.org/10.1080/02650533.2020.1834372

Chen, Q., Song, Y., Huang, Y., & Li, C. (2023). The interactive effects of family violence and peer support on adolescent depressive symptoms: The mediating role of cognitive vulnerabilities. *Journal of Affective Disorders*, *323*, 524–533. https://doi.org/10.1016/j.jad.2022.11.080

Choi, E., Choi, K. W., Jeong, H.-G., Lee, M.-S., Ko, Y.-H., Han, C., Ham, B.-J., Chang, J., & Han, K.-M. (2021). Long working hours and depressive symptoms: moderation by gender, income, and job status. *Journal of Affective Disorders, 286*, 99–107. https://doi.org/10.1016/j.jad.2021.03.001

Colabianchi, N., Antonakos, C. L., Coulton, C. J., Kaestner, R., Lauria, M., & Porter, D. E. (2021). The role of the built environment, food prices and neighborhood poverty in fruit and vegetable consumption: An instrumental variable analysis of the moving to opportunity experiment. *Health and Place*, *67*(1), 1-9. https://doi.org/10.1016/j.healthplace.2020.102491

Contreras, M. M., Caughy, M. O., & Owen, M. T. (2022). Emergence of ethnic racial socialization for African American and Latinx families: Evidence for factorial validity and measurement invariance across early childhood. *Cultural Diversity and Ethnic Minority Psychology*, *28*(2), 193–204. https://doi.org/10.1037/cdp0000496

Cooper, J., Dermentzis, J., Loftus, H., Sahle, B. W., Reavley, N., & Jorm, A. (2022). Barriers and facilitators to the implementation of parenting programs in real world settings: A qualitative systematic review. *Mental Health & Prevention*, *26*(1), 1-12. https://doi.org/10.1016/j.mhp.2022.200236

Corley, A., Geiger, K., & Glass, N. (2022). Caregiver and family-focused interventions for early adolescents affected by armed conflict: A narrative review. *Children and Youth Services Review*, *134*(1), 1-11. https://doi.org/10.1016/j.childyouth.2021.106361

Crist, K., Full, K. M., Linke, S., Tuz-Zahra, F., Bolling, K., Lewars, B., Liu, C., Shi, Y., Rosenberg, D., Jankowska, M., Benmarhnia, T., & Natarajan, L. (2022). Health effects and cost-effectiveness of a multilevel physical activity intervention in low-income older adults; results from the PEP4PA cluster randomized controlled trial. *International Journal of Behavioral Nutrition & Physical Activity, 19*(1), 1–15. https://doi.org/10.1186/s12966-022-01309-w

D'Agati, D., Kahn, G. D., & Swartz, K. L. (2021). Preteen behaviors and sexual orientation of high school students who report depressive symptoms, United States, 2015-2017. *Public Health Reports, 136*(2), 132–135. https://doi.org/10.1177/0033354920971718

Darko, E.M., Kleib, M., & Olson, J. (2022). Social media used for research participant recruitment: Integrative literature review. *Journal of Medical Internet Research*, *24*(8), 38-51. https://doi.org/10.2196/38015

Dason, E. S., Drost, L., Greenblatt, E. M., Scheer, A. S., Han, J., Sobel, M., Allen, L., Jacobson, M., Doshi, T., Wolff, E., McMahon, E., & Jones, C. A. (2022). Providers' perspectives on the reproductive decision-making of BRCA-positive women. *BMC Women's Health*, *22*(1), 1–10. https://doi.org/10.1186/s12905-02202093-2

Davis, L. L., & Leon, M. (2022). Depression screening in adolescents: Implications for primary care nurse practitioners. *The Journal for Nurse Practitioners*, *18*(3), 259–264. https://doi.org/10.1016/j.nurpra.2021.12.003

Davison, C. M., Watt, H., Michael, S., & Bartels, S. A. (2021). "I don't know if we'll ever live in harmony": A mixed-methods exploration of the unmet needs of Syrian adolescent girls in protracted displacement in Lebanon. *Archives of Public Health, 79*(1), 1-14. https://doi.org/10.1186/s13690-021-00696-z

Delmelle, E., Nilsson, I., & Adu, P. (2021). Poverty suburbanization, job accessibility, and employment outcomes. *Social Inclusion*, *9*(2S1), 166-171. https://doi.org/10.17645/si.v9i2.3735

Del Toro, J., & Ming-Te Wang. (2022). The roles of suspensions for minor infractions and school climate in predicting academic performance among adolescents. *American Psychologist*, *77*(2), 173–185. https://doi.org/10.1037/amp0000854

Dhakal, K. (2022). NVivo. *Journal of the Medical Library Association*, *110*(2), 1-10. https://doi.org/10.5195/jmla.2022.1271

Dick, C. C., Ibañez, L. V., DesChamps, T. D., Attar, S. M., & Stone, W. L. (2021). Brief report: Perceptions of family-centered care across service delivery systems and types of caregiver concerns about their toddlers' development. *Journal of Autism and Developmental Disorders*, *52*(9), 4181- 4190. https://doi.org/10.1007/s10803-021-05248-6

DiClemente, C. M., & Richards, M. H. (2022). Community violence in early adolescence: Assessing coping strategies for reducing delinquency and aggression. *Journal of Clinical Child & Adolescent Psychology, 51*(2), 155–169. https://doi.org/10.1080/15374416.2019.1650365

Edler, J. S., Manz, K., Rojas-Perilla, N., Baumeister, H., & Cohrdes, C. (2022). The role of personality traits and social support in relations of health-related behaviours and depressive symptoms. *BMC Psychiatry*, *22*(1), 1-13. https://doi.org/10.1186/s12888-022-03693-w

Eigenhuis, E., Waumans, R. C., Muntingh, A. D. T., Westerman, M. J., van Meijel, M., Batelaan, N. M., & van Balkom, A. J. L. M. (2021). Facilitating factors and barriers in help-seeking behavior in adolescents and young adults with depressive symptoms: A qualitative study. *PLoS ONE*, *16*(3), 247-266. https://doi.org/10.1371/journal.pone.0247516

Ellis, P. (2021). Sampling in qualitative research (3). *Wounds UK*, *17*(1), 128–130. https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=rzh&AN=146962862&site=eds-live&scope=site

Eschmann, R., Gryder, R. W., Connaught, G., Zhao, X., Jeon, S.-M., & Gonzales, E. (2022). Context matters: Differential effects of discrimination by environmental context on depressive symptoms among college students of color. *Clinical Social Work Journal*, *50*(3), 242-249. https://doi.org/10.1007/s10615-021-007921

Evans, M. C., Duong, J. B., Morelli, N. M., Hong, K., Voss, C., Mendez, L., Garcia, J., Elzie, X., & Villodas, M. T. (2023). Conduct problems as a pathway from childhood adversity to community violence exposure: The protective roles of caregiver knowledge and involvement. *Journal of Interpersonal Violence, 38*(1/2), 698-725. https://doi.org/10.1177/08862605221081932

Finkelstein, I., & Grebelsky-Lichtman, T. (2022). Adolescents in divorced families: The interplay of attachment patterns, family environment, and personal characteristics. *Journal of Divorce & Remarriage*, *63*(2), 120–149. https://doi.org/10.1080/10502556.2021.1993017

Folkes, L. (2022). Moving beyond 'shopping list' positionality: Using kitchen table reflexivity and invisible tools to develop reflexive qualitative research. *Qualitative Research*, *0*(0), 1-18. https://doi.org/10.1177/14687941221098922

García-Velázquez, R., Komulainen, K., Gluschkoff, K., Airaksinen, J., Määttänen, I., Rosenström, T. H., & Jokela, M. (2021). Socioeconomic inequalities in impairment associated with depressive symptoms: Evidence from the National Survey on Drug Use and Health. *Journal of Psychiatric Research*, *141*, 74-80. https://doi.org/10.1016/j.jpsychires.2021.06.029

Gaspar, T., Raimundo, M., De Sousa, S. B., Barata, M., & Cabrita, T. (2023). Relationship between Burden, quality of life and difficulties of informal primary caregivers in the context of the COVID-19 pandemic: Analysis of the contributions of public policies. *International Journal of Environmental Research and Public Health*, *20*(6), 1-19. https://doi.org/10.3390/ijerph20065205

Gates, K. A., Damashek, A., Alderman, K., Babcock, B. E., & Skinner, B. (2022). Racial and ethnic disparities in access to mental health services for African and Arab American youth: An audit study. *Evidence-Based Practice in Child & Adolescent Mental Health*, *7*(2), 260–274. https://doi.org/10.1080/23794925.2022.2070884

Ghafari, M., Nadi, T., Bahadivand-Chegini, S., & Doosti-Irani, A. (2022). Global prevalence of unmet need for mental health care among adolescents: A systematic review and meta-analysis. *Archives of Psychiatric Nursing*, *36*, 1–6. https://doi.org/10.1016/j.apnu.2021.10.008

Greene, C. A., McCoach, D. B., Briggs-Gowan, M. J., & Grasso, D. J. (2021). Associations among childhood threat and deprivation experiences, emotion dysregulation, and mental health in pregnant women. *Psychological Trauma: Theory, Research, Practice, and Policy*, *13*(4), 446–456. https://doi.org/10.1037/tra0001013

Grisanzio, K. A., Flournoy, J. C., Mair, P., & Somerville, L. H. (2023). Shifting qualities of negative affective experience through adolescence: Age-related change and associations with functional outcomes. *Emotion*, *23*(1), 278–288. https://doi.org/10.1037/emo0001079.supp

Hans, S. L., Cox, S. M., & Medina, N. Y. (2022). African American adolescent mothers' childbirth support from fathers, grandmothers, nurses, doctors, and doulas. *Journal of Perinatal Education*, *31*(1), 21–28. https://doi.org/10.1891/J-PE-D-20-00045

Harris, J., & Kruger, A. C. (2021). Exploring the influence of racial-ethnic and gender identity on the prosocial behaviors of African American adolescent males. *Youth & Society*, *53*(3), 512–535. https://doi.org/10.1177/0044118X19854936

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, *292*(6), 514-

523. https://doi.org/10.1016/j.socscimed.2021.114523

Herres, J., James, K. M., Bounoua, N., Krauthamer Ewing, E. S., Kobak, R., & Diamond, G. S. (2021). Anxiety-related difficulties in goal-directed behavior predict worse treatment outcome among adolescents treated for suicidal ideation and depressive symptoms. *Psychotherapy*, *58*(4), 523–532. https://doi.org/10.1037/pst0000391

Hines III, M. T. (2021). Black lives matter: An African American experience! *International Journal of Multiple Research Approaches*, *13*(1), 84-93. https://doi.org/10.29034/ijmra.v13n1a5

Hinton, E., & Cook, D. (2021). The mass criminalization of Black Americans: A historical overview. *Annual Review of Criminology*, *4*(1), 261-286. https://doi.org/10.1146/annurev-criminol-060520-033306

Hirtz, R., Libuda, L., Hinney, A., Föcker, M., Bühlmeier, J., Holterhus, P.-M., Kulle, A., Kiewert, C., Hebebrand, J., & Grasemann, C. (2021). Size matters: The CAG repeat length of the androgen receptor gene, testosterone, and male adolescent depression severity. *Frontiers in Psychiatry*, *12*, 1–11. https://doi.org/10.3389/fpsyt.2021.732759

Hochgraf, A. K., Fosco, G. M., Lanza, S. T., & McHale, S. M. (2021). Developmental timing of parent–youth intimacy as a protective factor for adolescent adjustment problems. *Journal of Family Psychology*, *35*(7), 916-926. https://doi.org/10.1037/fam0000864

Holloway, K., & Varner, F. (2021). Maternal race-related stressors and African American adolescents' academic and behavioral outcomes. *Family Relations, 70*(2), 603–

618. https://doi.org/10.1111/fare.12540

Houshyar, S., Minoff, E., & Martin, M. (2023). Cascading system failures: How systems contribute to poverty, poor health, and child welfare involvement, and how to redress this. *Child Welfare*, *100*(6), 1-21. https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=rz&N=169981550&site=eds-live&scope=site

Hubbard, S. A., Lakey, B., Jones, S. C. T., & Cage, J. L. (2022). Black racial identity, perceived support, and mental health within dyadic relationships. *Journal of Black Psychology*, *48*(6), 772–793. https://doi.org/10.1177/00957984221079209

Jaggers, J. W., Tomek, S., Hooper, L. M., Mitchell-Williams, M. T., & Church II, W. T. (2021). What about parental response? The effect of delinquency and anger on parental monitoring. *Family Journal*, *29*(3), 316–327. https://doi.org/10.1177/1066480721992511

Jia, F., & Yu, H. (2021). Action, communication, and engagement: How parents "ACE" Children's pro-environmental behaviors. *Journal of Environmental Psychology*, *74*(1),1-9. https://doi.org/10.1016/j.jenvp.2021.101575

Jiang, T., Tuxunjiang, X., Wumaier, G., Li, X., & Li, L. (2022). Path analysis of influencing factors for prenatal depressive symptoms in pregnant women. *Journal of Affective Disorders, 317*(1), 397–402. https://doi.org/10.1016/j.jad.2022.08.076

Johns, S., Song, E.-J., Lee, J. M., Hong, J. S., Alexander, N. B., & Voisin, D. R. (2021). Caregivers' mental illness and adolescent delinquency among African Americans in Chicago's southside: Exploring potential protective factors. *Child & Adolescent*

Social Work Journal, 38(6), 621–630. https://doi.org/10.1007/s10560-02000685-1

Kalin, N. H. (2021). Impacts of structural racism, socioeconomic deprivation, and stigmatization on mental health. *The American Journal of Psychiatry*, *178*(7), 575–578. https://doi.org/10.1176/appi.ajp.2021.21050524

Kazanjian, C. J. (2022). Mindfulness diligence: Supporting the culturally relative self-actualization processes of diverse groups of youth. *The Humanistic Psychologist*, *50*(2), 234–255. https://doi.org/10.1037/hum0000192

Kelly, K. J., Doucet, S., Luke, A., Azar, R., & Montelpare, W. (2022). Exploring the use of a Facebook-based support group for caregivers of children and youth with complex care needs: Qualitative descriptive study. *JMIR Pediatrics and Parenting*, *5*(2), 33-50. https://doi.org/10.2196/33170

Kong, J., Goldberg, J., & Moorman, S. (2021). Childhood abuse and adult relationships with perpetrating parents' impact on depressive symptoms of caregivers of aging parents. *Aging &Amp; Mental Health*, *26*(8), 1541-1550. https://doi.org/10.1080/13607863.2021.1950612

Korous, K. M., Bradley, R. H., Luthar, S. S., Li, L., Levy, R., Cahill, K. M., & Rogers, C. R. (2022). Socioeconomic status and depressive symptoms: An individual participant data meta-analysis on range restriction and measurement in the United States. *Journal of Affective Disorders*, *314*(1), 50–58. https://doi.org/10.1016/j.jad.2022.06.090

Korous, K. M., Causadias, J. M., Bradley, R. H., Levy, R., Cahill, K. M., Li, L., &

Luthar, S. S. (2022). “More is better” or “better near the middle”? A US-based individual participant data meta-analysis of socioeconomic status and depressive symptoms. *American Psychologist*, *1*, 1-17. https://doi.org/10.1037/amp0001076.supp

Kuchinke, K. P. (2023). Phenomenology and human resource development: Philosophical foundations and implication for research. *Human Resource Development Review*, *22*(1), 36–58. https://doi.org/10.1177/15344843221139352

Ladd, B. A., Maheux, A. J., Roberts, S. R., & Choukas-Bradley, S. (2022). Black adolescents’ appearance concerns, depressive symptoms, and self-objectification: Exploring the roles of gender and ethnic-racial identity commitment. *Body Image*, *43*, 314–325. https://doi.org/10.1016/j.bodyim.2022.09.008

Lambert, S. F., Tache, R. M., Liu, S. R., Nylund-Gibson, K., & Ialongo, N. S. (2021). Individual differences in patterns of community violence exposure and internalizing and externalizing behaviors. *Journal of Interpersonal Violence, 36*(19/20), 9484–9506. https://doi.org/10.1177/0886260519867148

Lavee, E., & Itzchakov, G. (2021). Good listening: A key element in establishing quality in qualitative research. *Qualitative Research*, *0*(0), 1-18. https://doi.org/10.1177/14687941211039402

Lavner, J. A., Ong, M. L., Carter, S. E., Hart, A. R., & Beach, S. R. H. (2023). Racial discrimination predicts depressive symptoms throughout adolescence among Black youth. *Developmental Psychology*. *59*(1), 7-14. https://doi.org/10.1037/dev0001456.supp

Lawrence, T. I. (2022). Parental support, marital conflict, and stress as predictors of depressive symptoms among African American adolescents. *Clinical Child Psychology and Psychiatry*, *27*(3), 630-643. https://doi.org/10.1177/13591045211070163

Lee, A., Patay, D., Herron, L.-M., Parnell Harrison, E., & Lewis, M. (2021). Affordability of current, and healthy, more equitable, sustainable diets by area of socioeconomic disadvantage and remoteness in Queensland: insights into food choice. *International Journal for Equity in Health, 20*(1), 153-159. https://doi.org/10.1186/s12939-021-01481-8

Lee, D. H. J., Huerta, C., & Farmer, E. M. Z. (2021). Kinship navigation: Facilitating permanency and equity for youth in child welfare. *Children and Youth Services Review*, *131*(1),1-7. https://doi.org/10.1016/j.childyouth.2021.106251

Lee, J. M., Johns, S., Willis, T. M., Hong, J. S., & Voisin, D. R. (2021). Adult family adversities and bullying among Urban African American adolescents. *Journal of Aggression, Maltreatment & Trauma*, *30*(7), 861–876. https://doi.org/10.1080/10926771.2020.1806977

Lee, T. K., Wickrama, K. A. S., O'Neal, C. W., Neppl, T. K., & Reeb, B. T. (2022). Life transition events and depressive symptom trajectories during young adulthood: The influence of adverse family and individual contexts in adolescence. *Developmental Psychology*. *59*(3), 460-473. https://doi.org/10.1037/dev0001496.supp

Leino, H. M., Hurmerinta, L., Sandberg, B., Kokko, S., Lyytimäki, J., Tapio, P., & Vasankari, T. (2023). Escapism or integration? Family constellations reflect on the leisure-time physical activity of adults. *Leisure Sciences*. *30*(1), 1-11. https://doi.org/10.1080/01490400.2023.2272633

Leslie, C. E., Walsh, C. S., & Sullivan, T. N. (2022). Implications of intergenerational trauma: Associations between caregiver ACEs and child internalizing symptoms in an urban African American sample. *Psychological Trauma: Theory, Research, Practice, and Policy*. *0*(0), 1-12. https://doi.org/10.1037/tra0001334.supp

Lespine, L. F., Bohec, A. L., Dorey, J. M., Berbey, C. D., Lourioux, C., D'amato, T., Krebs, M. O., Rouch, I., & Rey, R. (2022). Caregiving-related experiences associated with depression severity and its symptomatology among caregivers of individuals with a severe mental disorder: An online cross-sectional study. *European Archives of Psychiatry and Clinical Neuroscience*. *0*(0), 1-12. https://doi.org/10.1007/s00406-022-01451-3

Levin, L. K., Fuller, E. B., Coffield, E., & Bendell, D. (2022). It is not always binary: Connecting the continuum of caregiver depression with child adjustment in children who are at high risk for maltreatment. *Journal of Affective Disorders, 304*, 142–149. https://doi.org/10.1016/j.jad.2022.01.110

Levitt, H. M. (2021). Qualitative generalization, not to the population but to the phenomenon: Reconceptualizing variation in qualitative research. *Qualitative Psychology*, *8*(1), 95–110. https://doi.org/10.1037/qup0000184

Lionetti, F., Klein, D. N., Pastore, M., Aron, E. N., Aron, A., & Pluess, M. (2022). The role of environmental sensitivity in the development of rumination and depressive symptoms in childhood: A longitudinal study. *European Child & Adolescent Psychiatry*, *31*(11), 1815–1825. https://doi.org/10.1007/s00787-021-01830-6

Liu, Q., Martin, N. C., Findling, R. L., Youngstrom, E. A., Garber, J., Curry, J. F., Hyde, J. S., Essex, M. J., Compas, B. E., Goodyer, I. M., Rohde, P., Stark, K. D., Slattery, M. J., Forehand, R., & Cole, D. (2021). Hopelessness and depressive symptoms in children and adolescents: An integrative data analysis. *Journal of Abnormal Psychology, 130*(6), 594–607. https://doi.org/10.1037/abn0000667.supp Lo, C. K., Ho, F. K., Yan, E., Lu, Y., Chan, K. L., & Ip, P. (2021). Associations between child maltreatment and adolescents' health-related quality of life and emotional and social problems in low-income families, and the moderating role of social support. *Journal of Interpersonal Violence*, *36*(15/16), 7436–7455. https://doi.org/10.1177/0886260519835880

Lombe, M., Nebbitt, V., Amano, T., Enelamah, N., & Newransky, C. (2021). Maternal caregiver's typologies and internalized behaviors in African American adolescents living in urban public housing. *Journal of Community Psychology*, *49*(7), 2548–2568. https://doi.org/10.1002/jcop.22493

Louie, P., & Upenieks, L. (2022). Vicarious discrimination, psychosocial resources, and mental health among Black Americans. *Social Psychology Quarterly*, *85*(2), 187-209. https://doi.org/10.1177/01902725221079279

Lynch, J. (2021). Elementary school teachers' and parents' perspectives of home school engagement and children's literacy learning in a Low-Income Area. *School Community Journal, 31*(1), 127–148.

Magariño, L. S., Evans, M. C., Duong, J. B., Villodas, F., & Villodas, M. T. (2021). Racial/ethnic group differences in parenting attitudes among at-risk emerging adults: The roles of adversity, relationship quality, and caregiver involvement and attitudes. *Child Abuse & Neglect*, *111*(1), 1-11. N.PAG.

Mandell, J. E., Howell, K. H., & Thurston, I. B. (2022). Developmental assets, defiance, and caregiver communication among Black adolescents with high body weights. *Journal of Child and Family Studies*, *31*(4), 910-922. https://doi.org/10.1007/s10826-021-02043-w

Marçal, K. (2022). Pathways from food and housing insecurity to adolescent behavior problems: The mediating role of parenting stress. *Journal of Youth & Adolescence*, *51*(4), 614–627. https://doi.org/10.1007/s10964-021-01565-2

Marcynyszyn, L. A., McCarty, C. A., Rivara, F. P., Johnson, A. M., Wang, J., & Zatzick, D. F. (2021). Parent traumatic events and adolescent internalizing symptoms: The mediating role of parental depression among youth with persistent post concussive symptoms. *Journal of Pediatric Psychology*, *46*(5), 547-556. https://doi.org/10.1093/jpepsy/jsaa128

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50*(4), 370-396. https://doi.org/10.1037/h0054346

Maslow, A. H. (1958). A dynamic theory of human motivation. *Understanding Human*

Motivation., 26–47. https://doi.org/10.1037/11305-004

May, C. R., Albers, B., Bracher, M., Finch, T. L., Gilbert, A., Girling, M., Greenwood, K., MacFarlane, A., Mair, F. S., May, C. M., Murray, E., Potthoff, S., & Rapley, T. (2022). Translational framework for implementation evaluation and research: A normalization process theory coding manual for qualitative research and instrument development. *Implementation Science*, *17*(1), 1–15. https://doi.org/10.1186/s13012-022-01191-x

Mayne, S. L., Mitchell, J. A., Virudachalam, S., Fiks, A. G., & Williamson, A. A. (2021). Neighborhood environments and sleep among children and adolescents: A systematic review. *Sleep Medicine Reviews*, *57*(1), 1-14. https://doi.org/10.1016/j.smrv.2021.101465

Mbulaheni Paul Tshisikhawe, Tawanda Runhare, & Ndanganeni Florence Litshani. (2024). Challenges and opportunities of utilizing school nutrition programme to achieve educational goals in South African rural communities. *E-Journal of Humanities, Arts and Social Sciences*, *5*(5), 751–767. https://doi.org/10.38159/ehass.20245514

Millen, K., & Conroy, P. W. (2022). Perceived self-determination growth during an international expedition for adolescents with and without disabilities. *Journal of International Special Needs Education*, *25*(1), 14–24. https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=eric&AN=EJ1355712&site=eds-live&scope=site

Moody, M. D., & Lewis, J. C. J. (2022). Lifetime vicarious experiences of major discrimination and depressive symptoms among middle-aged and older Black adults. *Aging & Mental Health*. *3*(1), 1-8 https://doi.org/10.1080/13607863.2022.2117792

Moore, J. S., & Phelps, C. (2021). Changing the narrative on African American boys: A systemic approach to school success. *Improving Schools*, *24*(2), 112–123. https://doi.org/10.1177/1365480220962865

Moretti, F., Ruiz, F., Bonifazi, F., Pizzo, E., & Kindblom, J. M. (2022). Health technology assessment of paediatric medicines: European landscape, challenges, and opportunities inside the conect4children project. *British Journal of Clinical Pharmacology*, *88*(12), 5052–5059. https://doi.org/10.1111/bcp.15190

Morrissey, M. B. (2022). Advancing a phenomenology of law of migration and displacement: Centering recognition of persons and communities migrating and their lived experience of suffering. *Journal of Theoretical and Philosophical Psychology*, *42*(4), 238–246. https://doi.org/10.1037/teo0000208

Motulsky, S. L. (2021). Is the member-checking the gold standard of quality in qualitative research? *Qualitative Psychology*, *8*(3), 389-406. https://doi.org/10.1037/qup0000215

Murphy, D., Heary, C., Hennessy, M., O'Reilly, M. D., & Hennessy, E. (2022). A systematic review of help-seeking interventions for parents of adolescents. *Journal of Adolescent Health*, *70*(1), 16-27. https://doi.org/10.1016/j.jadohealth.2021.07.004

Murugan, V., Weaver, T. L., Taylor, M., Weaver, N. L., & Conlon, A. D. (2022). Addressing caregiver-child conflict in public: Barriers and facilitators to bystander engagement. *Journal of Family Trauma, Child Custody & Child Development*, *19*(1), 43–63. https://doi.org/10.3390/ijerph19084728

Needle, J. S., Friebert, S., Thompkins, J. D., Grossoehme, D. H., Baker, J. N., Jiang, J., Wang, J., & Lyon, M. E. (2022). Effect of the family-centered advance care planning for teens with cancer intervention on sustainability of congruence about end-of-life treatment preferences: A randomized clinical trial. *JAMA Network Open*, *5*(7), 222-236. https://doi.org/10.1001/jamanetworkopen.2022.20696

Newman, T. J., Santos, F., Black, S., & Bostick, K. (2022). Learning life skills through challenging and negative experiences. *Child and Adolescent Social Work Journal*, *39*(4), 455–469. https://doi.org/10.1007/s10560-021-00739-y

Noltemeyer, A., James, A. G., Bush, K., Bergen, D., Barrios, V., & Patton, J. (2021). The relationship between deficiency needs and growth needs: The continuing investigation of Maslow's Theory. *Child & Youth Services*, *42*(1), 24-42. https://doi.org/10.1080/0145935x.2020.1818558

Nowak, A. L., Braungart-Rieker, J. M., & Kuo, P. X. (2022). Social support moderates the relation between childhood trauma and prenatal depressive symptoms in adolescent mothers. *Journal of Reproductive and Infant Psychology*, *40*(6), 644-658. https://doi.org/10.1080/02646838.2021.1938980

O, H. K. L., Boring, J. L., Sandler, I. N., & Beck, C. J. (2022). Enhancing daily affect in youth experiencing high-conflict parental divorce: A multiple baseline trial of an online prevention program. *Family Court Review*, *60*(3), 458–473. https://doi.org/10.1111/fcre.12654

O'Connor, K. E., Sullivan, T. N., & Ross, K. M. (2022). Individual- and peer-level risk and protective factors for gun carriage among adolescents living in low-income urban communities. *Journal of Interpersonal Violence*, 088626052211242. *38*(7), 5564-5590. https://doi.org/10.1177/08862605221124252

Obideyi, M., & Kim, S. (2021). Correlates of African-born parents' attitudes toward the utilization of mental health services for their children. *The International Journal of Health, Wellness, and Society*, *11*(1), 199- 207. https://doi.org/10.18848/2156-8960/cgp/v11i01/199-207

Oh, J., Mahnan, A., Xu, J., Block, H. J., & Konczak, J. (2023). Typical development of finger position sense from late childhood to adolescence. *Journal of Motor Behavior*, *55*(1), 102–110. https://doi.org/10.1080/00222895.2022.2134287 Osborn, T. L., Johnson, N., Venturo-Conerly, K., Rusch, T., Weisz, J., & Wasanga, C.

(2022). Depression and anxiety symptoms among Kenyan adolescents: Prevalence rates and associations with socio-demographic and psycho-social factors during the COVID-19 pandemic. *Behavior Research and Therapy*, *151*(1), 1-9. https://doi.org/10.1016/j.brat.2022.104040

Papaleontiou-Louca, E., Esmailnia, S., & Thoma, N. (2022). A critical review of

Maslow's theory of spirituality. *Journal of Spirituality in Mental Health*, *24*(4), 327–343. https://doi.org/10.1080/19349637.2021.1932694

Parker, A. (2021). Reframing the narrative: Black maternal mental health and culturally meaningful support for wellness. *Infant Mental Health Journal*, *42*(4), 502–516. https://doi.org/10.1002/imhj.21910

Park, H., & Choi, S. (2022). Understanding the perceptions of low-income American working mothers in rural areas: exploratory analysis of relative care. *Journal of Family Studies*, 1–26. https://doi.org/10.1080/13229400.2022.2032797

Parker, J. S. (2021). School mental health services and predominantly Black churches: supporting African American students through collaborative partnerships. *Journal of Negro Education, 90*(4), 508–523. https://muse.jhu.edu/article/852412

Peltz, J., & Rogge, R. (2022). Adolescent and parent sleep quality mediates the impact of family processes on family members' psychological distress. *Sleep Health*, *8*(1), 73–81. https://doi.org/10.1016/j.sleh.2021.08.009

Peng, Y., Yang, X., & Wang, Z. (2021). Parental marital conflict and growth in adolescents' externalizing problems: The role of respiratory sinus arrhythmia. *Journal of Psychopathology & Behavioral Assessment*, *43*(3), 518-531. https://doi.org/10.1007/s10862-020-09866-9

Perras, N., Sternfeld, I., Fei, S., Fischer, B., Richards, G., & Chun, K. (2021). Analysis of domestic violence related homicides in Los Angeles county: Media portrayals, demographics, and precipitating circumstances. *Journal of Family Violence*, *36*(5), 629–636. https://doi.org/10.1007/s10896-020-00202-z

Peterson, T. L. (2022). Support and satisfaction: Perspectives of older grandparent caregivers about faith-based communities. *Journal of Gerontological Social Work*, *65*(8), 883–897. https://doi.org/10.1080/01634372.2022.2072433

Phillips, A., & Williams, E. (2022). "Psychoanalysis is one more way of taking people seriously": Adam Phillips in conversation with Emma Williams. *Journal of Philosophy of Education*, *56*(1), 180–189. https://doi.org/10.1111/1467 9752.12624

Pisinger, V. S. C., & Tolstrup, J. S. (2022). Are emotional symptoms and depression among young people with parental alcohol problems modified by socioeconomic position? *European Child & Adolescent Psychiatry*, *31*(5), 747–755. https://doi.org/10.1007/s00787-020-01716-z

Pluye, P., Tskhay, A., Grad, R., Barwick, M., Doray, G., Bartlett-Esquilant, G., Loignon, C., Reyes, A. G., & Sherif, R. E. (2023). Low SES parents report more benefits of trustworthy easy-to-read web-based parenting information: A 4-year time series. *Annals of Family Medicine*, *21*(S1), 1-10. https://doi.org/10.1370/afm.3017&#8203&#8203:citat n&#8203

Prasath, P. R., Steen, S., & McVay, K. (2023). A creative strengths-based group counseling intervention for African American boys. *Journal of Creativity in Mental Health*. *12*(1), 1-12 https://doi.org/10.1080/15401383.2023.2166184

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help

for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, *30*(2), 183–211. https://doi.org/10.1007/s00787-019-01469-4

Rankl, F., Johnson, G. A., & Vindrola-Padros, C. (2021). Examining what we know in relation to how we know it: A team-based reflexivity model for rapid qualitative health research. *Qualitative Health Research*, *31*(7), 1358–1370. https://doi.org/10.1177/1049732321998062

Reck, A. J., & Kogan, S. M. (2021). Family stress and rural African American adolescents' depressive symptoms. *Journal of Adolescent Health*, *69*(6), 1006-1012. https://doi.org/10.1016/j.jadohealth.2021.05.005

Ren, S., Xi, J., & Ray, A. (2021). Analysis of the correlation between students' self-compassion and external pressure under chronic stress response. *Work*, 1–13. https://doi.org/10.3233/wor-213501

Richardson Jr., J. B., Wical, W., Kottage, N., Chaudhary, M., Galloway, N., & Cooper, C. (2021). The challenges and strategies of affordable care act navigators and in person assisters with enrolling uninsured, violently injured young Black men into healthcare insurance coverage. *American Journal of Men's Health*, *15*(2), 1–14. https://doi.org/10.1177/15579883211005552

Riley, E. N., Vsevolozhskaya, O. A., Zaykin, D. V., Shimshock, S. M., & Lyons, J. S. (2021). Investigating the impact of caregiver transportation needs on children's response to behavioral and mental health treatment: A longitudinal analysis. *Journal of Transport &Amp; Health*, *23*, 101-

115. https://doi.org/10.1016/j.jth.2021.101262

Rivers, A. S., Bosmans, G., Piovanetti Rivera, I., Ruan-Iu, L., & Diamond, G. (2022). Maternal and paternal attachment in high-risk adolescents: Unique and interactive associations with anxiety and depressive symptoms. *Journal of Family Psychology*, *36*(6), 954–963. https://doi.org/10.1037/fam0000989

Rivers, A. S., Russon, J., Winston-Lindeboom, P., Ruan-Iu, L., & Diamond, G. (2021). Family and peer relationships in a residential youth sample: Exploring unique, non-linear, and interactive associations with depressive symptoms and suicide risk. *Journal of Youth and Adolescence*, *51*(6), 1062-1073. https://doi.org/10.1007/s10964-021-01524-x

Rojas, M., Méndez, A., & Watkins-Fassler, K. (2023). The hierarchy needs empirical examination of Maslow's theory and lessons for development. *World Development*, *0*(0), *165-175*. https://doi.org/10.1016/j.worlddev.2023.106185

Sabatini, S., Martyr, A., Gamble, L. D., Jones, I. R., Collins, R., Matthews, F. E., Knapp, M., Thom, J. M., Henderson, C., Victor, C., Pentecost, C., & Clare, L. (2023). Are profiles of social, cultural, and economic capital related to living well with dementia? Longitudinal findings from the IDEAL programme. *Social Science & Medicine*, *317*(1),1-9. N.PAG. https://doi.org/10.1016/j.socscimed.2022.115603

Sanz-Martín, D., Ubago-Jiménez, J. L., Ruiz-Tendero, G., & Zurita-Ortega, F. (2022). Moderate-vigorous physical activity, family support, peer support, and screen time: An explanatory model. *International Journal of Environmental Research and Public Health*, *19*(23), 12-23. https://doi.org/10.3390/ijerph192316177

Seaton, E. K., & Carter, R. (2022). Puberty, depressive symptoms, and neighborhood context among African American and Caribbean Black males. *Cultural Diversity and Ethnic Minority Psychology*, *28*(4), 460-468. https://doi.org/10.1037/cdp0000512

Seitz, K. I., Bertsch, K., & Herpertz, S. C. (2021). A prospective study of mental health during the COVID-19 pandemic in childhood trauma-exposed individuals: Social support matters. *Journal of Traumatic Stress*, *34*(3), 477–486. https://doi.org/10.1002/jts.22660

Shan, Y., Zhao, W., Hao, W., Kimura, T., Ukawa, S., Ohira, H., Kawamura, T., Wakai, K., Ando, M., & Tamakoshi, A. (2023). Changes in social activities and the occurrence and persistence of depressive symptoms: Do type and combination of social activities make a difference? *Archives of Gerontology and Geriatrics*, *104*, 104-123. https://doi.org/10.1016/j.archger.2022.104800

Silver, H. C., & Zinsser, K. M. (2022). Lessons for the future: Supporting the social emotional needs of children, families, and educators in Head Start during the COVID-19 pandemic. *Translational Issues in Psychological Science*, *8*(3), 362-374. https://doi.org/10.1037/tps0000335

Simes, D., Shochet, I., Murray, K., & Sands, I. G. (2021). A systematic review of qualitative research of the experiences of young people and their caregivers affected by suicidality and self-harm: Implications for family-based treatment. *Adolescent Research Review*, 1-23. https://doi.org/10.1007/s40894-021-00164-3

Skar, A. M. S., Jensen, T. K., & Harpviken, A. N. (2021). Who reports what? A comparison of child and caregivers´ reports of child trauma exposure and associations to post-traumatic stress symptoms and functional impairment in child and adolescent mental health clinics. *Research on Child and Adolescent Psychopathology*, *49*(7), 919–934. https://doi.org/10.1007/s10802-021-00788-y

Shoib, S., Amanda, T. W., Menon, V., Ransing, R., Kar, S. K., Ojeahere, M. I., Halabi, S. E., & Saleem, S. M. (2022). Is Maslow's hierarchy of needs applicable during the COVID-19 pandemic? *Indian Journal of Psychological Medicine*, *44*(1), 98-100. https://doi.org/10.1177/02537176211060435

Souza, C. T. de, Nobre, G. C., de Souza Filho, A. N., Autran, R. G., Pizarro, A., Mota, J. A. P. da S., & Martins, C. M. de L. (2023). Does parents' perception of the environment associates with outdoor physical activity duration in low-income preschoolers? *Cadernos de Saude Publica, 38*(12), 51-82. https://doi.org/10.1590/0102-311XEN051822

Stefanella, C., Anastassia, V., Alejandra, R., Camilo , A., & Jaime, S. (2022). Social support and depressive symptoms in the context of COVID-19 lockdown: The moderating role of attachment styles. *International Journal of Public Health*, *67*(1), 61-85. https://doi.org/10.3389/ijph.2022.1604401

Stelmach, R., Kocher, E. L., Kataria, I., Jackson-Morris, A. M., Saxena, S., & Nugent, R. (2022). The global return on investment from preventing and treating adolescent mental disorders and suicide: A modelling study. *BMJ Global Health*, *7*(6), 7-43. https://doi.org/10.1136/bmjgh-2021-007759

Stern, J. A., Jones, J. D., Nortey, B. M., Lejuez, C. W., & Cassidy, J. (2022). Pathways linking attachment and depressive symptoms for Black and White adolescents: Do race and neighborhood racism matter? *Attachment &Amp; Human Development*, *24*(3), 304–321. https://doi.org/10.1080/14616734.2021.1976924

Suryoputri, N., Kiesow, H., & Bzdok, D. (2022). Population variation in social brain morphology: Links to socioeconomic status and health disparity. *Social Neuroscience*, *17*(3), 305–327. https://doi.org/10.1080/17470919.2022.2083230

Susiloretni, K. A., Smith, E. R., Suparmi, Marsum, Agustina, R., & Shankar, A. H. (2021). The psychological distress of parents is associated with reduced linear growth of children: Evidence from a nationwide population survey. *PLoS ONE*, *16*(10), 1–23. https://doi.org/10.1371/journal.pone.0246725

Swai, E., Moshi, H., Msuya, S., Lindkvist, M., Sörlin, A., & Sahlen, K. (2024). Adaptive adjustment to the needs of families caring for children and adolescents with physical disabilities in north-eastern Tanzania: A grounded-theory study. *Global Health Action*, *17*(1) 1-12. https://doi.org/10.1080/16549716.2024.2354009

Sweeney, A. M., Wilson, D. K., Pate, R., Van Horn, M. L., McIver, K., & Dowda, M. (2021). The role of parental support for youth, physical activity transportation and community-level poverty in the healthy community's study. *Journal of Behavioral Medicine*, *44*(4), 563–570. https://doi.org/10.1007/s10865-021-00213 1

Tam, C., Chau, B., Ha, Thao, B., Khanh, L., Hiep, D., Dung, T., Hoang, D., Nga, N., Ly,

L., Vu, D., Hien, N., Long, N., Anh, D., Thuc, V., Minh, L., Giang, V., Linh, L., Latkin, C., … Ho, R. (2022). Determinants of mental health among youths and adolescents in the digital era: Roles of cyber and traditional bullying, violence, loneliness, and environmental factors. *Frontiers in Public Health*, *10*(1), 2296-2315. https://doi.org/10.3389/fpubh.2022.971487

Taquette, S.R. & Borges da Matta Souza, L.M. (2022). Ethical dilemmas in qualitative research: A critical literature review. *International Journal of Qualitative Methods*, *21*(3), 1-15. https://doi.org/10.1177/16094069221078731

Thoits, P. A. (2022). Clinical need, perceived need, and treatment use: Estimating unmet need for mental health services in the adult population. *Journal of Health & Social Behavior*, *63*(4), 491–507. https://doi.org/10.1177/00221465221114487

Tokur-Kesgin, M., & Kocoglu-Tanyer, D. (2021). Pathways to adolescents' health: chronotype, bedtime, sleep quality and mental health. *Chronobiology International: The Journal of Biological & Medical Rhythm Research*, *38*(10), 1441–1448. https://doi.org/10.1080/07420528.2021.1931277

Tulagan, N., & Eccles, J. S. (2021). African American mothers' socialization strategies to address adolescent-related academic expectations and risk concerns. *Journal of Child & Family Studies*, *30*(4), 855–869. https://doi.org/10.1007/s10826-021-01922-6

Tuval-Mashiach, R. (2021). Is replication relevant for qualitative research? *Qualitative Psychology*, *8*(3), 365–377. https://doi.org/10.1037/qup0000217

Urcia, I. A. (2021). Comparisons of adaptations in grounded theory and phenomenology: Selecting the specific qualitative research methodology. *International Journal of*

Qualitative Methods, *20*, 1-14. https://doi.org/10.1177/16094069211045474

Valente, R., & Crescenzi-Lanna, L. (2022). Feeling unsafe is a source of psychological distress in early adolescence. *Social Science & Medicine*, *293*(1), 1-10. https://doi.org/10.1016/j.socscimed.2021.114643

Velazquez, E., Garthe, R. C., Pope, M., Avila, M., Romo, S., Everhart, R. S., Jones, H. A., & Corona, R. (2021). The Relationship between caregiver prompting behaviors, parenting practices, and adolescent tobacco use outcomes in Black families. *Journal of Child and Family Studies*, *30*(8), 2003-2015. https://doi.org/10.1007/s10826-021-01995-3

Vilanova, G., Xyrichis, A., Bohomol, E., & Salvador Rossit, R. A. (2021). University professors' perceptions about patient safety teaching in an interprofessional education experience: A phenomenological study. *Journal of Social, Behavioral, and Health Sciences, 15*(1), 123-140.

Voisin, D. R., & Takahashi, L. M. (2021). The relationship between violence syndemics and sexual risk behaviors among African American adolescents: Implications for future research. *Journal of Adolescent Health*, *68*(5), 937–944. https://doi.org/10.1016/j.jadohealth.2020.11.015

Wende, M. E., Alhasan, D. M., Hallum, S. H., Stowe, E. W., Eberth, J. M., Liese, A. D., Breneman, C. B., McLain, A. C., & Kaczynski, A. T. (2021). Incongruency of youth food and physical activity environments in the United States: Variations by region, rurality, and income. *Preventive Medicine*, *148*, 106-121. https://doi.org/10.1016/j.ypmed.2021.106594

Werbick, M., Imran, B., Nino, P., & Hyder, A. (2021). Firearm violence: A neglected "Global Health" issue. *Globalization and Health*, *17*(1), 1- 5. https://doi.org/10.1186/s12992-021-00771-8

Wepf, H., & Leu, A. (2022). Well-being and perceived stress of adolescent young carers: A cross-sectional comparative study. *Journal of Child & Family Studies*, *31*(4), 934–948. https://doi.org/10.1007/s10826-021-02097-w

Whipple, C. R., Robinson, W. L., Jason, L. A., Kaynak, V., Harris, C. W., Grisamore, S. P., & Troyka, M. N. (2021). Patterns of community violence exposure among African American adolescents living in low-resourced urban neighborhoods. *American Journal of Community Psychology*, *68*(3–4), 414- 426. https://doi.org/10.1002/ajcp.12522

Wilson, T. K., Riley, A., Khetarpal, S. K., Abernathy, P., Booth, J., & Culyba, A. J. (2023). Exploring the impact of racism on Black youth: A multidimensional examination of discriminatory experiences across place and time. *Journal of Adolescent Health*, *72*(2), 246–253. https://doi.org/10.1016/j.jadohealth.2022.09.028

Witherspoon, D. P., Wei, W., Maereg, T., Chancy, D., & Boggs, S. (2023). African American and Black adolescents and young adults in the United States: Development in context. *APA Handbook of Adolescent and Young Adult Development.*, 343–357. https://doi.org/10.1037/0000298-021

Xu, X., Huebner, E. S., & Tian, L. (2023). Mother-child cohesion, friendship quality, and depressive symptoms in children: Direct and indirect associations between developmental trajectories. *Journal of Affective Disorders*, *320*, 413-420. https://doi.org/10.1016/j.jad.2022.09.150

Yip, T., Heining, C., Yijie, W., & Mingjun, X. (2022). Applying stress andcoping models to ethnic/racial identity, discrimination, and adjustment among diverse adolescents. *Developmental Psychology*, *58*(1), 176–192. https://doi.org/10.1037/dev0001283

Young-Shin, P., McMorris, B., Lisiane, P., Ying, S., Merrie, K., & Wyman, J. (2021). Use of geographic information systems to explore associations between neighborhood attributes and mental health outcomes in adults: A systematic review. *International Journal of Environmental Research and Public Health*, *18*(8597), 85-97. https://doi.org/10.3390/ijerph18168597

Yuen, K. F., Leong, J. Z. E., Wong, Y. D., & Wang, X. (2021). Panic buying during COVID-19: Survival psychology and needs perspectives in deprived environments. *International Journal of Disaster Risk Reduction*, *62*, 102-121. https://doi.org/10.1016/j.ijdrr.2021.102421

Zajdel, M., Davidson, H., Lea, D., & Koehly, L. M. (2022). Links of we-talk links to caregiver social network systems and health. *Journal of Family Psychology, 36*(8), 1386-1396. https://doi.org/10.1037/fam0001013.supp

Zhang, X., & Monnat, S. M. (2022). Racial/ethnic differences in clusters of adverse childhood experiences and associations with adolescent mental health. *SSM-*

Population Health, *17*(1), 2352-2373. https://doi.org/10.1016/j.ssmph.2021.100997

Zhao, R., & Yao, X. (2022). The relationship between bullying victimization and suicidal ideation among Chinese adolescents: The role of depressive symptoms and gender differences. *Journal of School Violence*, *21*(1), 60–80. https://doi.org/10.1080/15388220.2021.1985327

Zhong, B., & Chen, J. (2021). Health information helps mitigate adolescent depression: A multivariate analysis of the links between health information use and depression management. *Child: Care, Health, and Development*, *47*(2), 201-207. https://doi.org/10.1111/cch.12831

Zhu, A. Y. F., & Chou, K. L. (2022). Depression among poor older adults: The role of social support. *Social Science and Medicine*, *311*, 115-133. https://doi.org/10.1016/j.socscimed.2022.115293

Appendix A: Social Media Flyer

Participants sought for study on caregiver perceptions of African American adolescent depressive symptoms.

A better understanding on caregiver perceptions of African American adolescent depressive symptoms utilizing Maslow's needs hierarchy. For this study, you are invited to describe your experiences with African American adolescent depressive symptoms.

Caregivers Perceptions Include:

Basic Needs Safety and Security Love and Belonging
Self Esteem Self-Actualization

This study will involve completion of the following steps:

- Participate in an in person interview lasting approximately 60 minutes.
- Participation in follow-up emails for researcher interpretation, accuracy, and feedback.

The researcher seeks 6 to 10 caregivers who are:
Caregivers of an African American adolescent who has depressive symptoms.

- Caregivers who live in low-income areas within Georgia.
- Caregivers who have an African American adolescent between the ages of 13 through 17.
- African American adolescents cannot be a part of the Juvenile Justice system.
- Caregivers can receive assistance from the government.

This study is being conducted by a researcher XXX, who is a doctoral candidate at Walden University. Upon completion of the study, participants will receive a twentydollar gift card.

To confidentially volunteer, contact the researcher.

XXX xxx-xxx-xxxx

Appendix B: Interview Protocol

Interview Protocol Questions

Date of Interview: ____/_____/2023 Completed By: XXX

Participant ID#_____

Explanation of the study purpose and potential implications.

How caregivers perceive depressive symptoms in African American adolescents, using Maslow's hierarchy of needs as a framework.

Inquire if participant has any questions or concerns before beginning interview.

Introduction Questions:

1. What relations do you have to your adolescence?
2. Could you please specify the ethnicity of your adolescent?
3. How old is your adolescent?
4. Please describe your adolescent's living environment (e.g., urban, rural, etc.) and specify the region of Georgia in which your adolescent resides.

Sad

Empty

Hopeless
Negative attitudes towards themselves or others

Guilt

Sleep disturbance.

Lacking energy

Self-blame

Difficulty concentrating

Psychomotor problems

Worrying

Low self-esteem

Dependency

Death

Loneliness

Insecurities

Boredom

Apathetic attitudes

Aggressiveness

Hypochondria

Antisocial behaviors

Negative social situations

Semi-Structured Interview Questions:

Psychological

1. Please describe who in the household gets along with your adolescent.
2. Please describe who in your household does not get along with your adolescent.
3. Please describe how household challenges such as bills, food, clothing, or housing affect your adolescent's behavior and involvement at home.
4. Please describe how the pandemic impacted any changes in the behavior of your adolescent.

Safety

1. Please describe any problems your adolescent is having in the community.

2. Please describe how your adolescent conveys a sense of safety and security in their community.
3. Please describe how impactful situations such as fighting, drugs, gang involvement, gun violence, or school situations affect your adolescent's behavior and involvement at home. **Love/Belongingness**

1. Please describe some activities or interests that your adolescent enjoys doing with the family.
2. Please describe any social circles your adolescent associates with.
3. Please describe your adolescent's recent behavior and performance in school.

Esteem

1. Please describe how your adolescent usually talks or shows their thoughts and feelings.
2. Please describe how your adolescent views themselves and expresses their confidence.
3. Please describe any challenges your adolescent has if they identify as LGBTQ+.

Self-Actualization

1. Please describe your adolescent's abilities in problem-solving.
2. Please describe how your adolescent typically approaches challenges.
3. Please describe what your adolescent wants to do in the future.
4. Please describe what your adolescent is doing to achieve their future goals.
5. Please describe if your adolescent feels happy and satisfied with their life right now.

Closing Interview

"Is there anything else you would like to share with me?"

The information you have shared today is significant in identifying caregiver perceptions of African American adolescent depressive symptoms using Maslow's Hierarchy of Needs.

Debrief

Thank you again for participating in this interview as part of my research project. I want to reiterate that your privacy is of most importance and personal identifying information will not be shared. I will contact you via phone or email and share with you a summary of the interview for verification. Once my research study is complete and if you are interested, I will share my dissertation with you. Thank you for your time and participation.

Appendix C: Member-Checking

Date: _____/_____/2023 Time: _____ a.m./p.m.

Location: _____

Confirm contact information, follow-up date and time, and THANK YOU!

Contact XXX with any questions or scheduling concerns at xxx-xxx-xxxx or XXX@XXX.