

1-7-2026

Social Workers' Perspectives of Using Teletherapy to Foster Resilience Among Middle-Class Single Black Mothers

Yvonne Judge
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Yvonne Silver

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. Curtis Davis, Committee Chairperson,
Social Work Faculty

Dr. Tiffany Wells, Committee Member,
Social Work Faculty

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

Walden University
2026

Abstract

Social Workers' Perspectives of Using Teletherapy to Foster Resilience Among Middle-

Class Single Black Mothers

by

Yvonne Silver

MSW, Widener University, 2017

BSW, Widener University, 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

February 2026

Abstract

Inadequate mental health support, particularly from social workers, disproportionately affects middle-class single Black mothers. Prior studies have examined low-income single mothers' access to mental health care and the potential of teletherapy as a tool for improving access; however, few have explored how middle-class single Black mothers navigate mental health challenges. Further, there is a lack of research on social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions. The purpose of this qualitative study was to explore social workers' perspectives of using teletherapy to support resilience among middle-class single Black mothers. This study was grounded in resilience theory and critical race theory. The research questions explored social workers' perspectives of the effectiveness of teletherapy and teletherapy based strategies that are most effective. A generic qualitative methodology was employed using semistructured interviews with 11 clinicians. Clinicians' perceptions revealed that teletherapy may foster resilience by enhancing access to mental health support, promoting comfort, sharing of feelings during sessions, and reducing common stressors associated with traditional in-person therapy. Also, teletherapy may support continuous engagement in care, which could strengthen coping skills, emotion regulation, and protective factors. Perceptions further revealed that adaptive functioning may be most effective when clinicians employ culturally competent strategies and clinical interventions that could promote positive social change by honoring mothers' cultural identities, spiritual beliefs, and lived experiences.

Social Workers' Perspectives of Using Teletherapy to Foster Resilience Among Middle-
Class Single Black Mothers

by

Yvonne Silver

MSW, Widener University, 2017

BSW, Widener University, 2015

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Social Work

Walden University

February 2026

Dedication

I dedicate this study to the middle-class single Black moms who inspired me to complete this research—I see you; hear you and understand you. Your perseverance, resilience, and courage cannot be measured or matched. I want you to keep pushing; you may not see it now, but your hard work and dedication to your career and parenting your children will shine through for many generations.

To my children, Hashim and Heather, I dedicate this study to you. Because of you two, I had the strength and motivation to take this journey. All of the long nights and endless sacrifices were because of you two. Your entire existence has made me a better human being. The love that I have for you two kept me going on the many sleepless nights staying up trying to finish this study. I love you both; thank you.

To my grandchildren, Simone, Aleem, and Wahid—I dedicate this study to you. Watching my children love and care for you feels surreal. I am very grateful for the opportunity to watch you grow. Because of the three of you, life makes sense to me. Your compassionate love and hugs will always be the wind beneath my wings. I love you all.

To my loving and supportive husband, Allen, I could not have completed this study without you. You continue to motivate me to soar and reach new heights each and every day. Without you and your endless support, I could not have done this. Thank you for being my anchor and for always pushing me to be the very best version of myself. Thank you, my love.

To my amazing clinical supervisor and now friend, Dr. Valerie Daniels, PhD, LCSW. I can't even begin to describe how influential you have been in my life. You

modeled excellence and demonstrated integrity within everything I have watched you do. Thank you for allowing me to stand on the shoulder of a giant. Many hugs!

To my Godparents, Aunt Sandy and the late Oscar Fuller. You have been my biggest cheerleader's since I was a little girl. Thank you for attending every award ceremony and every graduation. Thank you for walking alongside my grandmother to help shape me. Thank you for dreaming with me and believing in me. You told me I would be successful, "because all tall people are successful" (smile). There are not enough words to help me describe how grateful I am for you. I value and honor you!

Last but not least, I dedicate this study to my late grandmother, Mildred Silver. Without you, there would be no me – thank you for raising me! You poured into me daily. You were truly my first qualitative research participant. I am thankful for the lived experiences you shared with me. I recall you describing your husbands' limited education, he couldn't read or write, and you helped him as best as you could with your 7th grade education. I will never forget the pain you shared about your inability to finish school because you had to work on the farm. You told me you love rainy days because those are the days the farm work paused, and you could go to school. I dedicate this study to you, in recognition of how deeply you valued education. I recall you stating, "Eve, get yo' education because that's something no one can take away from you." Thank you, Grandmom for teaching me how to show up for myself. I hope that I continue to make you proud.

Acknowledgments

There is truth to the adage that it takes a village to raise a child. I extend that concept toward my dissertation journey as it took a village to see me through completion. My heart is grateful for the love, support, and encouragement received from family, friends, and colleagues. I thank each of you.

I would like to acknowledge my friends. Thank you, William Kenner and Michael Francis for your support and encouragement as I pursued this educational endeavor. William Kenner, you have been nothing shorter than amazing as you tutored me from undergrad, listened to me vent, and held the space as I had mini meltdowns during my doctoral journey. I would like to acknowledge my committee chair and methodologist, Dr. Davis, for his nurturing personality which carried me through from beginning to end. I would also like to acknowledge my second chair, Dr. Tiffany Wells, and committee member, Dr. Alice Yick, for their guidance and constructive feedback. Lastly and most important, I would like to thank God for providing strength and intestinal fortitude to complete this arduous and rewarding achievement.

Table of Contents

List of Tables	v
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	3
Single Mothers as the Primary Caretaker	3
Single Mothers' Emotional Distress	4
Problem Statement	5
Seminal Pieces of Literature	6
Focus of This Study	7
Purpose of the Study	7
Research Question(s)	8
Theoretical Foundations for the Study.....	9
Resilience Theory	9
Critical Race Theory.....	9
Nature of the Study	11
Definitions.....	12
Assumptions.....	17
Scope and Delimitations	18
Limitations	20
Significance.....	20
Summary.....	21

Chapter 2: Literature Review.....	23
Introduction.....	23
Literature Search Strategy.....	24
Theoretical Foundation	25
Critical Race Theory.....	25
Conceptual Framework.....	27
Resilience Theory	27
Frameworks Summary	29
Literature Review.....	30
Middle-Class Status	30
Middle-Class Single Black Mothers	32
Mental Health Stigma, Strong Black Woman Stereotype, and Stress	35
Sources of Resilience.....	39
Systemic Racism in Mental Health Care	41
Access Gaps and Inequities	42
Culturally Competent Care, Teletherapy and Policy Advocacy.....	43
Summary and Conclusions	47
Chapter 3: Research Method.....	50
Introduction.....	50
Research Design and Rationale	51
Role of the Researcher	53
Methodology.....	55

Participant Selection Logic	55
Instrumentation	56
Procedures for Recruitment, Participation, and Data Collection	57
Data Analysis Plan	60
Issues of Trustworthiness.....	61
Credibility	62
Reflexivity.....	63
Transferability.....	63
Dependability	64
Confirmability.....	64
Content Validity.....	65
Ethical Considerations	65
Summary	68
Chapter 4: Results	70
Introduction.....	70
Setting	71
Demographics	72
Data Collection	75
Data Analysis	76
Evidence of Trustworthiness.....	77
Credibility	78
Transferability.....	78

Dependability	79
Confirmability.....	79
Results.....	80
Research Question 1 Findings	81
Research Question 2 Findings	112
Summary	144
Chapter 5: Discussion, Conclusions, and Recommendations.....	147
Introduction.....	147
Interpretation of the Findings.....	148
Limitations of the Study.....	152
Recommendations.....	153
Policy Recommendations.....	154
Future Research	155
Implications.....	155
Theoretical Implications	156
Methodological Implications	157
Policy Implications	158
Conclusion	160
References.....	161
Appendix A: Screening Checklist.....	194
Appendix B: Interview Questions.....	195

List of Tables

Table. 1 Participant Demographics.....	73
Table. 2 Overall Effectiveness of Teletherapy	82
Table 3. Differences Between Teletherapy and In-Person Therapy	89
Table 4. Teletherapy on Work-Life Balance	98
Table 5. Access to Care through Teletherapy	106
Table 6. Overall Strategies and Interventions for Effective Teletherapy	113
Table 7. Adjusting Assessment Practices via Teletherapy	118
Table 8. Cultural Competence in Teletherapy Services for Single Black Mothers	122
Table 9. Addressing Stigma and Privacy Concerns in Teletherapy.....	128
Table 10. Influence of Community and Kinship Networks on Teletherapy Use.....	131
Table 11. Integration of Resilience Factors into Teletherapy Sessions	136
Table 12. Gaps in Teletherapy for Single Black Mothers	141

Chapter 1: Introduction to the Study

Introduction

In the United States, single-parent homes have been rapidly increasing since the 1960s (Bradley & Goldstein, 2022; U.S. Census Bureau, 2023). In fact, as of 2023, over 15 million children under age 18 lived with a single mother as head of the household (U.S. Census Bureau, 2023). Approximately 80% of single mothers in the United States are employed with 50% working full-time and 30% working part-time. This reflects a significant increase from the 1960s. The rise in single mother homes can be attributed to several intersecting legal, social, and economic factors. For instance, the divorce rate began to rise substantially in the 1960s and peaked through the 1970s and early 1990s. (Kennedy & Ruggles, 2014). This was driven in part by the beginning of no-fault divorce and couple separations that became more socially acceptable. Becker and Liddle (2001) noted that there were major shifts in the late 1960s and 1970s toward nontraditional family structures including single parenthood and cohabitation without marriage. More women entered the workforce for financial independence and left unsatisfactory or abusive relationships to raise children on their own (Abrams et al., 2019). Anat (2023) asserted that the rise in incarcerated Black men during the 1980s contributed to an increased number of children growing up in single mother homes.

In the United States, Black children have the highest rate of residence with their mother who is a single parent (Anat, 2023). With continuous increase in single Black mother families, it is important for social workers to respond in innovative and diverse ways to help this population manage stress and lean into resilience. Teletherapy could be

a resource to provide tools for managing stress, anxiety, isolation, and systemic challenges in a supportive, empathetic space (Sartor et al., 2023). Single mothers are often juggling many responsibilities, leaving little time for self-care but teletherapy can be helpful because this approach to care offers schedule flexibility, no commute time, and sessions can be attended from home (Steinbach & Augustijn, 2023). Single mothers can seek virtual support from social workers without the added stress (Sartor et al., 2023).

Motherhood is a life-changing experience (Vo & Canty, 2023). Single mothers often have fewer economic and emotional resources due to the demands of raising a child without the support of a spouse or coparent (Kim et al., 2023). Van Gasse and Mortelmans (2020) asserted that high stressors, such as everyday hassles, social isolation, and financial strain result in single mothers being at high risk for mental health concerns. Middle-class single Black mothers face additional obstacles related to socioeconomic pressures and cultural status that present an even greater challenge. While progress has been made over the years to reduce racism in the mental healthcare system, Black people continue to be impacted. Socioeconomic disparities translate into oppression, dehumanization, and adversity which Black people continue to experience today. Socioeconomic status can exacerbate mental health (Black and African American communities and Mental Health, n.d.). Inevitably, middle-class single Black mothers face the loss of the other parents, socioeconomic hardships, self-management of the household, and navigating racial injustices within the mental healthcare system as they seek therapy.

In this chapter, I introduce the prevalence and the emotional distress that middle-class single Black mothers experience. The following parts of this chapter focus on the problem statement and the purpose of this study. I provide an overview of the nature, scope, significance, research questions, definitions, terms, assumptions, limitations, and summary of the chapter. It is important to note that the terms *social workers*, *clinicians*, and *participants* will be used interchangeably throughout this dissertation.

Background

Single Mothers as the Primary Caretaker

Single mothers remain the primary caregivers of children and assume greater parenting responsibility than men (Vo & Canty, 2023). Often, this is the result of maternal decisions, death of spouse/partner, intentional actions of child's father, gender expectations, or societal and cultural norms (Kennedy & Ruggles, 2014). Notwithstanding, mothering can be a challenging role for even the most successful, educated, or invested woman, including those who parent with a partner (Taylor & Conger, 2017). However, mothering can be incredibly demanding for single women who are both the primary caregiver and primary wage earner for their children (Van Gasse & Mortelmans, 2020). According to the U.S. Census Bureau (2023) the percentage of children living in homes with two parents has decreased by nearly 20% from 1960 to 2023. The number of children living in single-mother households has tripled (Porter, 2020). Single mother households' make up a large population of the United States and are often overlooked by social workers (clinicians) unless there is a severe or major concern (Dey & Cebulla, 2023).

Single Mothers' Emotional Distress

Often, single mothers are functioning from a space of survival and therefore do not recognize the emotional distress they are experiencing (Aviles et al., 2024).

Emotional distress affects the entire family unit which increases the risk of psychopathology in parents as well as problematic behaviors in children (Aviles et al., 2024). Liang et al. (2019) noted that adults confronted with stressful life events such as the challenge of sole parenthood often experience later onset of depression and anxiety due to stress. Kim et al. (2023) asserted that single mothers are twice as likely to have symptoms of depression and anxiety than married mothers or mothers with partners. Given that depressive symptoms include a reduction in motivation for life and increases the risk of suicidality, social work interventions to emotionally support single mothers for a healthy family life may be necessary (Kim et al., 2023).

Understanding stress and life adjustments that single Black mothers experience is essential to helping them build resilience and reduce stress (Sartor et al., 2023). According to the National Association of Social Workers (NASW, 2021) Code of Ethics, recognizing the unique challenges Black mothers face allows social workers to approach them with empathy, respect, and cultural humility. Further, social workers learning more about single Black mothers lived experiences is essential to advocating for fair treatment, access to services, and policy reform that improves their overall well-being (NASW, 2021). Given the substantial increase in households led by Black single mothers, social workers expected to see a rise in the number of Black women presenting for mental health treatment (Becker & Liddle, 2001). However, this has not been the case, Black

women as providers and clients remain one of the least represented groups in mental health services. Terlizzi and Norrisl (2021) asserted that non-Hispanic Black adults are 9.1% less likely to have received any mental health treatment than non-Hispanic White adults. Although there are many proven benefits to receiving therapy, there are still many logistical barriers that could potentially prevent middle-class single Black mothers from accessing therapeutic services such as availability of culturally sensitive social workers, time constraints, flexibility, costs, and social stigmas related to receiving mental health treatment (DeCou & Vidair, 2017). Accordingly, this research explored social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions. It is possible that understanding social workers' perspectives may inform more culturally responsive practices.

Problem Statement

While prior studies have examined low-income single mothers' access to mental health care and the potential of teletherapy as a tool for improving access (Bhuyan et al., 2024; Yan, 2022) few have explored how middle-class single Black mothers navigate mental health challenges. Existing research tends to generalize single parents as a homogeneous group, overlooking group differences such as race, class, and cultural stigma (Widan & Greeff, 2019). Importantly, the problem is that there is a lack of research on social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions. Understanding social workers' perspectives could

inform more culturally responsive practices. Middle-class single Black mothers face distinct barriers, including cultural stigma around mental health, historical mistrust of medical systems, and underrepresentation in mental health care (Richard & Lee, 2019). Research that centers on social work perspectives can reveal how individual, cultural, and systemic factors shape engagement with teletherapy.

Seminal Pieces of Literature

Prior studies examined single mothers with low socioeconomic status perceptions of mental health care support and highlighted the need for family support services aimed at addressing maternal mental well-being (Yan, 2022). Another prior study focused on teletherapy as a promising technology to address barriers to access mental health services and found that individuals struggling with depression were more likely to use teletherapy due to its convenience, health insurance coverage, and no means of transportation needed (Zangani et al., 2022). Taylor et al. (2011) prior study looked at mental health and single mother role strain and found that African American single mothers often carry a “superwoman” role expectation that contributes to chronic stress, depression, and emotional exhaustion. The authors implicated that culturally sensitive support systems are needed to reduce psychological burden and enhance coping. Van Gasse and Mortelmans (2020) prior study focused on perspectives given by single mothers who experienced stress from the combination of work and motherhood found that policymakers and employers need to focus on initiatives that improve work–life balance of single mothers by reducing financial and role strains. Lastly, Cairney et al. (2003) studied maternal depression and found that single mothers have significantly higher rates

of depression than married mothers, but social support helped this effect. Promoting social support and access to mental health services could improve outcomes.

Focus of This Study

Teletherapy is a new perspective, and this study will focus specifically on social workers' views regarding the use of teletherapy to support resilience for middle-class single Black mothers. This population face unique challenges, including historical medical racism, social workers cultural incompetence, stigma within the Black community, and lack of representation. Research focusing specifically social workers perspectives regarding the mental health needs of middle-class single Black mothers will be able to assess individual differences that influence the use of technology in mental health care for this population (Richard & Lee, 2019). Despite circumstances that most likely vary considerably, single parents are often viewed as a homogeneous group when their trajectories of emotional well-being most likely differ because of a variety of factors (Widan & Greeff, 2019).

Purpose of the Study

The purpose of this qualitative study is to explore social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions. While prior studies have examined low-income single mothers' access to mental health care and the potential of teletherapy as a tool for improving access (Bhuyan et al., 2024; Yan, 2022) few have explored how middle-class single Black mothers navigate mental health challenges. Existing research tends to generalize single parents as a homogeneous

group, overlooking group differences such as race, class, and cultural stigma (Widan & Greeff, 2019). This study gathered insights from social workers that could inform and enhance social work practice to better support and empower middle-class single Black mothers. The Social Work Code of Ethics (NASW, 2021) posits that social workers should advocate for clients to increase choice, services, and resources for all people, with special concern for vulnerable, disadvantaged, and oppressed groups. The Grand Challenges of Social Work (Alcantar et al., 2023) asserted that innovative, adequate access, and evidence-based social work interventions may help improve mental health care and lead to better health outcomes for society.

Research Question(s)

The following two research questions guided this study:

RQ1: How do social workers perceive the effectiveness of teletherapy in fostering resilience among middle-class single Black mothers?

RQ2: What teletherapy-based strategies or interventions do social workers find most effective when fostering resilience among middle-class single Black mothers?

Middle-class, single, Black mother is defined as an African American woman who is the head-of-household, unmarried, with one or more children, and earns the wages as sole provider of the family costs and expenses. Additionally, the mother has a household income between two-thirds and double the median U.S. household income of \$80,610 in 2023, according to the U.S. Census Bureau or between \$56,600 and \$169,800 according to the Pew Research Center (2023).

Theoretical Foundations for the Study

Resilience Theory

Resilience theory focused on how individuals cope with adversity and the factors that contribute to preserving or improving well-being in the face of hard times (Widan & Greeff, 2019). The core principles of resilience theory included eight factors aimed to support and empower populations navigating barriers, and they are recovery from adversity, protective factors, strength-based outlook, fluctuating levels of resilience, cultural and social context, agency and empowerment, ecosystems, and positive adaptation. Resilience theory is rooted in the notion that life experiences have a harmful impact on people's lives but one can recover with the proper skills. Antonovsky (1979) asserted that resilience refers to a breakdown in social functioning or emotional well-being while maintaining a stable trajectory of healthy functioning after a highly stressful event. Raemy (2021) added that resilience is functioning above the normal limits despite stressful circumstances and not becoming ill while experiencing adversity. Resilience theory was used as a framework for this research to highlight how social workers use teletherapy to build resilience and alleviate stress among middle-class single Black mothers (Meurer-Lynn, 2023).

Critical Race Theory

Critical race theory (CRT) focused on understanding the ways in which race and racism are ingrained in social systems and structures including healthcare and mental health services (Williams et al., 2023). The core tenets of CRT included racism as ordinary and systemic, interest merging, race as a social construct, intersectionality,

experiential knowledge, scrutiny of liberalism, and pledge to social justice (Ocasio-Stoutenburg & Boveda, 2024). CRT guided the process of exploring equity and discrimination when assessing the disproportionality and disparity of Black mothers in need of mental healthcare services (Michener & Brower, 2019). It was important to assess the disparities in providing services to prevent Black mothers from being underserved, and CRT assisted with evaluating the impact of racism on the allocation of services. CRT was particularly relevant to this research because the study is centered on a specific racial group (Black mothers) and the perceptions of how social workers structured interventions within a modern healthcare service (teletherapy). CRT helped illuminate the perceptions of social workers and highlighted issues like access, equity, and cultural relevance in therapy, which intersected with broader social and structural inequalities.

The conceptual and theoretical framework guiding this study provided the foundation for the research approach, the formulation of the research questions, and the analysis process. Grounded in resilience theory and CRT, the study adopts a qualitative approach that aligns with the framework's emphasis on understanding participants' perceptions. The research questions were derived directly from the key constructs of the framework, ensuring that the inquiry remained focused on the concepts identified in the literature. The framework also informed the development of the interview questions. One-on-one semistructured interview questions and follow-up questions were designed to elicit participant responses related to the core components of the framework, while allowing flexibility to explore emerging themes. During the analysis, the framework

served as a guiding lens for organizing and interpreting the data. Initial codes were informed by the framework's concepts, while inductive coding allowed for the identification of unanticipated themes and emergent insights, ensuring both alignment and openness to participants' perceptions. Further elaboration and a more detailed explanation of resilience theory and CRT are presented in Chapter 2.

Nature of the Study

A qualitative methodology was employed to explore social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. Qualitative research is an in-depth approach aimed at understanding the nuanced meanings individuals associate with specific phenomena (Patton, 2015). This method involved using open-ended questions to infer the meanings held on concepts from respondents (Patton, 2015). To gain perspectives from clinicians who provided therapy to middle-class single Black mothers, I collected data from 11 licensed social workers. While saturation was reached for the primary, recurring thematic patterns across participants, less frequent observations did not reach saturation and are presented as emergent insights rather than fully developed themes. I used semistructured in-depth audio interviews conducted via Zoom and Teams to collect data for the study. Interviews were digitally recorded for approximately 60–90 minutes. The data were sourced from transcriptions, coded, and themed using inductive thematic analysis for generic qualitative research. These patterns and themes were used to develop a composite synthesis and response to the research questions. A generic qualitative methodology was most suitable to capture thoughts, experiences, and perceptions of participants, exploring

into an area that would be restricted by the same criteria, narrowed population, and location that specifically meet the criteria for other methodologies (Caelli et al., 2003).

Definitions

The study used the definitions of single mothers, middle-class status, work/life balance, workplace flexibility, mothering and work, motherhood, role strain, mental health stigma, parental chronic stress, strong Black woman, sources of resilience, community and kinship networks, spirituality/religion, personal strength, self-definition, culture, race, ethnicity, quality of care, systemic racism, care gaps, teletherapy, culturally competent care, and policy advocacy that have a universal application of meaning and depth. Each of these terms were important for understanding how the study approached topics such as middle class Black single moms and the intersection of race, gender, and mental health.

Care gaps: Instances where patients do not receive appropriate healthcare services or interventions, leading to missed opportunities for improving health outcomes. These gaps can occur at various stages of care, including prevention, diagnosis, treatment, and follow-up (Merriam-Webster, n.d.).

Clinical social workers/clinicians/licensed social workers: Licensed mental health professionals who are trained to assess, diagnose, treat, and prevent emotional and behavioral disturbances. They use talk therapy and therapeutic interventions to help individuals, families, and groups cope with mental health challenges, life transitions, trauma, and much more (Spivey et al., 2024).

Community networks: Interconnected relationships and social ties among individuals within a specific geographic area or shared interest group. These networks facilitate mutual support, resource sharing, and collective action, contributing to the social cohesion and resilience of the community (Lukacs, 2011).

Culturally competent care: Healthcare services that are respectful of and responsive to the cultural and linguistic needs of patients. This approach involves understanding and integrating patients' cultural backgrounds, beliefs, and values into their care plans to ensure effective communication, trust, and positive health outcomes (Purnell & Paulanka, 2023).

Culture: The shared beliefs, customs, arts, social institutions, and achievements of a particular society, group, or time period. It includes both material aspects, such as art, architecture, and technology, and immaterial aspects, like language, religion, and social norms (Merriam-Webster, n.d.).

Ethnicity: The social group a person belongs to and is defined by shared characteristics such as culture, language, traditions, religion, and sometimes physical traits (Merriam-Webster, n.d.).

Kinship networks: The web of relationships among individuals connected by blood, marriage, or other familial bonds. These networks play a crucial role in providing emotional support, caregiving, and material assistance, often serving as the primary source of social security for individuals within many societies (Lukacs, 2011).

Mental health stigma: The negative attitudes, beliefs, and stereotypes that individuals or society may hold toward those experiencing mental health conditions (Centers for Disease Control and Prevention, 2023).

Middle-class status: Commonly defined by income thresholds relative to the national median household income, with adjustments for household size and local cost of living (Pew Research Center, 2023).

Motherhood: A profound personal transformation, involving significant emotional and existential shifts during the transition to becoming a mother (Leanderz et al., 2025).

Mothering and work: The dual responsibilities and roles a mother undertakes such as nurturing and raising children while simultaneously participating in paid labor or career activities. This concept acknowledges both the emotional labor of caregiving, and the economic contributions mothers make through employment (Collins, 2020).

Parental chronic stress: The aversive psychological and physiological effects that occur when parents feel the strain of caregiving, overwhelming their capacities and internal and external resources (Aviles et al., 2024).

Personal strength: Inherent or developed traits that enable individuals to think, feel, and behave in ways that promote well-being, resilience, and personal growth (VIA Institute on Character, n.d.).

Policy advocacy: The active support or argument for a particular policy or set of policies aimed at influencing public opinion, legislative decisions, or government actions (Merriam-Webster, n.d.).

Quality of care: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. It encompasses the effectiveness, safety, patient-centeredness, timeliness, efficiency, and equity of healthcare services (World Health Organization, n.d.).

Race: A social construct used to categorize humans based on shared physical traits, such as skin color, facial features, and hair texture, which are often linked to perceived common ancestry (Merriam-Webster, n.d.).

Religion: A structured system of beliefs, practices, and rituals centered around a higher power or deity. It often involves communal worship, sacred texts, moral codes, and organized institutions. Religion provides a framework for understanding the divine and the purpose of life, and it often includes a community of believers who share common practices and beliefs (Merriam-Webster, n.d.).

Resilience: The ability to positively adapt to various stressors, maintain mental well-being in the sight of adversity, and/or recover from difficult life experiences (Van Seggelen-Damen et al., 2023).

Self-definition: The process by which individuals form and understand their own identity, encompassing their values, beliefs, roles, and personal attributes (American Psychological Association, n.d.).

Single mother: Women with co-resident children under the age of 18 and no spouse parent. This includes mothers who have never been married, are married with an

absent spouse, separated, divorced, widowed, and who do not have a cohabitating partner (Center for American Progress, 2023).

Spirituality: A sense of connection to something greater than oneself. It often involves a search for meaning in life and can be expressed through various practices such as meditation, mindfulness, and a deep sense of interconnectedness with others and the universe (Merriam-Webster, n.d).

Strong Black woman: A culturally ingrained archetype that portrays Black women as emotionally resilient, self-reliant, and perpetually enduring hardship without seeking help (Jones et al., 2020).

Systemic racism: The entrenched and pervasive patterns of racial discrimination and inequality embedded within the policies, practices, and structures of institutions across society (Gaztambide et al., 2024).

Teletherapy: The use of telecommunications or videoconferencing technology to provide virtual mental healthcare services as opposed to face-to-face (Appleton et al., 2023). As the need for virtual mental health care services increases, providers are exploring innovative strategies to deliver mental health therapy, assessments, interventions, and medication management to individuals in the comfort of their home.

Therapy interventions: Evidence-based structured techniques or strategies used by mental health professionals to help individuals improve their psychological well-being, cope with challenges, and achieve personal goals. These interventions are based on psychological theories and are tailored to address specific mental health issues, behaviors, or emotional difficulties (Bhuyan et al., 2024).

Work-life balance: The balance between professional responsibilities and personal life activities, ensuring neither area overwhelms the other (Cambridge University Press, n.d.).

Workplace flexibility: An employer willing to adjust employees' responsibilities, schedules, and working conditions to fit their specific needs (Awardco, 2023).

Assumptions

Research assumptions refer to my values and potential beliefs, which may be true and could impact the focus of the research approach selected. Understanding assumptions helped to distinguish between my beliefs and attitudes about ideas supported by the study (see Rudestam, 2015). As a licensed clinical social worker who provides teletherapy for various communities in Pennsylvania, I have acquired many assumptions. The first assumption is the notion of the *strong Black woman* schema, which is a cultural stereotype that depicts Black women as inherently strong, resilient, self-sacrificing, and emotionally passive (Spivey et al., 2024). A central attribute of Black womanhood is an expectation of unyielding emotional strength despite adversity (Malcome, 2024).

The second assumption is that the strong Black woman representation has been understood as a coping skill in response to stress, demonstrating how Black women should respond to oppression and life stressors (Spivey et al., 2024). When faced with stress, Black women are to embody strength that includes caretaking for the family, community, and prioritizing the needs of others over one's own (Jones et al., 2022). Many Black women view their strength as a concession that connects them to a legacy of Black women who have overcome insurmountable odds (Jones et al., 2021). Nelson et al.

(2024) noted that this idea that strength is important for survival, increases psychological stress, internalization of mental health symptoms, and undermines the need for professional emotional support.

In the United States, many Black women face real barriers to accessing therapy which include historical medical racism, cultural competence in therapy, stigma within the Black community, and lack of representation in the mental health profession. In some cases, seeking mental health support is still stigmatized (Liao et al., 2020). Phrases like “pray it away” or the “strong Black woman” stereotype can discourage vulnerability or asking for help (Campbell & Winchester, 2020, p. 112). The fourth assumption is that most Black women would prefer to utilize the pastor or church leader as their mental health therapist. Campbell and Winchester (2020) asserted that the Black church has been the spiritual hub and pillar of support in Black communities for many generations. For many Black women, the pastor or church leader is often the first person they turn to in times of psychological distress.

Scope and Delimitations

Delimitations are efforts made by a researcher to determine what will be included or excluded throughout each step of the research process (Simon & Goes, 2013). The study explored social workers’ perspectives of using teletherapy to foster resilience among middle-class single Black mothers. Social workers made up the study population. A high percentage of social workers are providing therapy to middle-class Black single mothers, specifically in underserved or underrepresented communities (Reamer, 2023). It is compelling and increasingly important to highlight that social workers (LCSWs) are

licensed professionals who provide psychotherapy and counseling just like psychologists or counselors (Yu et al., 2024). The selection of this population was appropriate for the study compared to other research groups because social workers bring a holistic, system-based approach that looks at how person, environment, policy, and life circumstances affect mental health which is particularly valuable for Black single mothers navigating an imbrication of challenges (Baviskar et al., 2023).

Research and clinical practice increasingly show that single Black mothers are actively seeking therapeutic support (Ash et al., 2024). However, due to the scarcity of culturally competent therapists, social workers are often stepping in to fill this critical gap (Yu et al., 2024). Their holistic, advocacy-driven approach is often rooted in empowerment and community collaboration resonates deeply with many single Black mothers. This flexibility and relational model of care not only address mental health needs but also acknowledge the socioeconomic and racial contexts that shape their experiences (Reamer, 2023).

The study utilized a qualitative approach to gather social workers' perspectives of using teletherapy to support coping among middle-class single Black mothers. The goal of this study is to use the results to better inform other studies with similar topics and samples. I conducted detailed and contextual interviews to achieve transferability. The population size of 11 licensed social workers chosen for this study met the criteria for this qualitative research. There is a basis for duplicating the study with another sample for transferability. I drew comparisons from professional experiences and existing literature to further support data transferability. The selection criterion for the study sample

included only social workers who provide teletherapy to middle-class single Black mothers.

Limitations

Several limitations could have occurred due to the complexity and sensitivity of the population being studied. Historical mistrust of researchers could have made it challenging to gain access and build rapport with social workers. Social workers could have been overprotective of the population, leading to guarded responses or limited sharing of information. Lived or professional exposure to trauma could have contributed to avoidance, emotional reactivity, or superficial responses. Social workers may have provided information they think is socially acceptable or expected as social workers, especially when discussing race, gender, or social class. It is likely that social workers projected their own biases onto the population, which potentially influences data collection.

I provided initial disclosures regarding the study before conducting interviews with the participants. I informed participants of affiliation and years of experience as a clinical social worker and current role as a psychotherapist. I offered participants the option to voluntarily participate in research via two audio platforms (Zoom or Teams). I acknowledged that social workers may be resurrecting trauma, and therefore, I had a list of mental health resources.

Significance

The study involved acquiring significant information from social workers to enhance and inform social work practice regarding the use of teletherapy to build

resilience among middle-class single Black mothers. The data obtained in this study added to the knowledge base of social work practice. As stated by Casaburo et al. (2023) middle-class single Black mothers' manage stressors that may be unlike mothers in any other social class. This study may influence positive social change, which may have a significant impact on the field of social work. Focusing on social workers' perspectives of using teletherapy could eliminate traditional barriers to care such as work hours, driving in traffic, time off from work, childcare concerns, and/or in-office co-pays (Casaburo et al., 2023). With the use of teletherapy, social workers could partner in a therapeutic relationship with one of the most vulnerable populations, single Black mothers, to help increase psychological functioning and well-being (Williams et al., 2023). There may be an identification of protective factors that arise from conducting this study. The study is both timely and significant for social work research and practice, addressing critical issues such as resilience may contribute to more responsive mental health interventions.

Summary

Middle-class single Black mothers make up a significant and growing portion of the Black family structure in the United States (Williams et al., 2023). Many single Black mothers are financially stable, educated, and professionally accomplished, but public narratives often focus on poverty and disadvantages (Loeb et al., 2023). Despite their prevalence, middle-class Black single mothers are underrepresented in research studies. They face dual burdens such as navigating the challenges of single parenthood while also managing class-based expectations and racialized gender stereotypes often experiencing

isolation, shame, or lack of social policy support because policies and support systems are usually geared toward low-income populations (Van Seggelen-Damen et al., 2023). All these multifaceted issues could lead to problematic mental health concerns for middle-class single Black mothers. This research centered around social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions. I utilized resilience theory and CRT as frameworks to ground the study. The theories were relevant to this study because resilience theory focused on social workers' perceptions of helping clients effectively use coping skills and manage adversity while CRT acknowledged the structural, oppressive, and exclusionary issues based on race within a historical system like mental health care that social workers have to navigate to help their clients. Creating positive social change within the mental healthcare system may be the catalyst for social policy reform and is the goal of this research. Chapter 2 presents a comprehensive review of the scholarly literature relevant to this study. The chapter examines theoretical frameworks, key concepts, and prior empirical research that inform the study and provide context for the research questions.

Chapter 2: Literature Review

Introduction

Middle-class single Black mothers in the United States experience increased levels of stress due to the nature of their role as the primary caregiver and primary wage earner. Social workers could potentially help this population maximize resiliency skills by offering clinical interventions via teletherapy (Bhuyan et al., 2024). This service is both timely and impactful, notably in the context of expanding access to culturally competent care. Middle-class single Black mothers are often overlooked for mental health care by social workers because this population occupies a unique and complex space when it comes to outreach and support (Casaburo et al., 2023). Middle-class single Black mothers may not face the same economic disadvantages as those in lower-income brackets, they still contend with a range of systemic, cultural, and social pressures that often go unrecognized (Kim et al., 2023).

Prior studies have examined low-income single mothers' access to mental health care and the potential of teletherapy as a tool for improving access (Bhuyan et al., 2024; Yan, 2022) few have explored how middle-class single Black mothers navigate mental health challenges. Existing research tends to generalize single parents as a homogeneous group, overlooking group differences such as race, class, and cultural stigma (Widan & Greeff, 2019). Importantly, the problem is that there is a lack of research on social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions.

Literature Search Strategy

I reviewed articles accessible through the Walden University library. I identified articles from various databases, such as SocINDEX, PsycINFO, PsycArticles, Sage Journals, ScienceDirect, Taylor and Francis Online, ProQuest Science Database, APA Psych info, and EBSCOhost, to obtain, review, and retrieve academic literature on relevant topics to my qualitative research. Google Scholar was also used to acquire peer-reviewed articles essential to this study. Key terms and concepts for this study were selected based on the purpose of research, research questions, and conceptual framework. These key terms included *middle-class status*, *single mothers*, *work/life balance*, *workplace flexibility*, *mothering and work*, *motherhood*, *role strain*, *mental health stigma*, *parental chronic stress*, *strong Black woman*, *sources of resilience*, *community and kinship networks*, *spirituality/religion*, *personal strength*, *self-definition*, *culture*, *race*, *ethnicity*, *quality of care*, *systemic racism*, *care gaps*, *teletherapy*, *culturally competent care*, and *policy advocacy*. Preliminary literature and theoretical constructs guided the identification of terms most relevant to the study topic. These terms ensured a focused and comprehensive search, capturing both theoretical perspectives and empirical studies related to the research questions.

I selected empirical studies for this dissertation to acquire past and current pertinent data regarding the identified key variables such as *single mothers*, *middle-class status*, *work/life balance*, *workplace flexibility*, *mothering and work*, *motherhood*, *role strain*, *mental health stigma*, *chronic stress*, *strong Black woman*, *sources of resilience*, *community and kinship networks*, *spirituality/religion*, *personal strength*, *self-definition*,

culture, race, ethnicity, quality of care, systemic racism, care gaps, teletherapy, culturally competent care, and policy advocacy. Most literature included in this study was published between 2019 and 2024. However, older formative studies with significant relevance were also included. Search results for this study ranged from 14 articles to 8,683. Searches resulting in fewer than 15 articles specially addressed middle-class single Black mothers or teletherapy services.

Theoretical Foundation

Critical Race Theory

The emergence of CRT began in the 1970s when researchers observed a decrease in advocacy and progress by the civil rights movement. Previous strategies of protesting and litigation were no longer effective in creating meaningful change when the civil rights era halted (Delgado & Stefancic, 1998). In that era, various types of racism led to new theories and strategies to advocate against the new types of racism that emerged. Derrick Bell was known as the original author of CRT (Cobb, 2021). Bell worked on numerous civil-rights cases, but his doubts about their impact launched a radical school of thought known as CRT. Bell asserted that racism is so deeply rooted in the framework of American society that it has been able to repeat itself after each wave of reform aimed at eradicating it (Cobb, 2021).

Baker and O'Connell (2022) asserted that racism is permanent and ingrained in social systems and structures, including healthcare and mental health services. In healthcare and mental health services, racism shows up in the radical disparities in diagnosis, access to care, quality of treatment, perceptions of pain and psychological

distress, and response to care (Adebayo et al., 2022). Gaztambide et al. (2024) asserted that Black patients are less likely to be offered the same treatments as White patients and often face misdiagnosis, delayed care, provider bias, and outcomes. Baker and O'Connell (2022) posited that the notion of permanence regarding racism does not mean there is no hope for change, rather, racism is so deeply rooted that solutions must be vast and structural, not surface level. Howell (2023) noted that healthcare and mental health providers often dismiss or minimize Black mothers' symptoms and there is documented evidence of medical professionals taking Black women's pain or concerns less seriously. CRT represents researchers' efforts to study the changes in relationship between race as impacted by racism and power (Williams et al., 2023).

CRT is particularly relevant to this research because this study is centered on a specific racial, socioeconomic, and gender group, middle-class single Black mothers, and the perceptions of how social workers structure interventions within a modern mental health service such as teletherapy. Gaztambide et al. (2024) asserted that some Black mothers are hesitant to seek mental health treatment due to generations of medical mistreatment (i.e., forced sterilizations, abusive obstetric practices) which has contributed to clear mistrust. Hallmon et al. (2021) noted that in many Black communities there is stigma surrounding mental illness or a cultural norm of the "strong Black woman," which could potentially inhibit mothers from expressing vulnerability or asking for help. Further, there is a lack of representation of mental health professionals trained in culturally responsive care, and even fewer are Black themselves (Adebayo et al., 2022). Baker and O'Connell (2022) asserted that representation matters deeply when it comes to

feeling seen, heard, and understood in therapy. To that end, CRT helped explain the perceptions of social workers who note issues like access, equity, and cultural relevance in therapy because this intersects with the broader social and structural inequalities.

Conceptual Framework

Resilience Theory

Resilience theory focuses on how individuals or groups cope with adversity and the factors that contribute to preserving or improving well-being in the face of stress and tribulation (Widan & Greeff, 2019). The core principles of resilience theory included eight factors aimed to support and empower populations navigating barriers, and they are recovery from adversity, protective factors, strength-based outlook, fluctuating levels of resilience, cultural and social context, agency and empowerment, ecosystems, and positive adaptation. Across various stages of life, protective and vulnerability factors are activated when crisis occurs, contributing to operationalization of resilience. recovery, and returning back to a normal mental state after experiencing a difficult circumstance (Bolton et al., 2017). Early research into resilience is credited to Werner (1982) and Smith (Werner & Smith, 1992) who were pioneers in resilience research, and their work laid the foundation to understanding how individuals manage adversity. Shifting the narrative, Walsh (2016) highlighted that resilience is about pathology and risk as well as adaptation and flourishing. Brodsky (1999) asserted that resilience is a mechanism used as a means of coping and a collection of independent risk and protection factors. Tang et al. (2024) added that resilience has been described as the capacity to adapt to challenging

circumstances, not lose hope despite significant hardships, and continue to function despite stress or misfortune.

Walsh (2016) noted that beyond coping, resilience provides strength and resources to enable recovery and positive growth from life events. For some, resilience allows them to see difficulties as opportunities to be mastered rather than challenges to be ensured (Bergeman & Nelson, 2024). Prior studies show resilience is increasingly vital in parenting because it moderates the effects of subjective well-being and acts as a buffer against adversity (Sia & Aneesh, 2024). Resilience as a protective mechanism could effectively suppress the overloading pressures of being a middle-class single Black mother and may show the ability to adapt to the stresses caused by various adjustments. Using a strength-based approach, social workers are well positioned to help middle-class single Black mothers focus on what is working within the family rather than what is not. Walsh (2016) suggested that a resilience family assessment could identify family members who are or could potentially provide support, encourage strength, and in troubled times help as a caregiver. Social workers also have the training to provide genogram assisted interviews that can be curated around the cultural and spiritual needs of middle-class single Black mothers.

For this study, resilience as a conceptual framework is particularly relevant in exploring the impact of teletherapy as a driver in supporting resilience and alleviating stress for middle-class single Black mothers from the social workers perspective (Meurer-Lynn, 2023). Prior research has often neglected middle-class single Black mothers and instead placed focus on single Black mothers in lower socioeconomic

brackets, often framing their experiences within narratives of poverty, systemic disadvantage, and welfare dependency (Afifi et al. 2020). This has led to a substantial gap in the literature regarding the nuanced realities of middle-class single Black mothers, who navigate both racial and gendered challenges, but from a different socioeconomic position (Nelson et al., 2024).

Frameworks Summary

The conceptual foundation of this research study drew on CRT and resilience theory to explore the perspectives of social workers who used teletherapy to support resilience among middle-class single Black mothers. CRT emphasizes the centrality of race and the impact of systemic racism on social structures, demonstrating how policies, healthcare institutions, and cultural norms shape the lived experiences of marginalized communities (Howell, 2023). Applying CRT allowed this study to explore clinicians' perceptions of how middle-class single Black mothers navigated structural barriers and societal inequities that influence access to mental health treatment. Resilience theory complements this perspective by focusing on the adaptive capacities and strengths that middle-class single Black mothers employ in the face of adversity (Sia & Aneesh, 2024). Collectively, these frameworks provided a lens for understanding both the challenges imposed by structural inequities and the strategies that clinicians use to foster well-being for this population. The combination of CRT and resilience theory informed the development of the study's research questions, interview protocols, and thematic data analysis, ensuring alignment between the theoretical constructs and the study's qualitative methodology. By grounding the study in these frameworks, the research was

able to highlight clinicians' perceptions of both systemic influences and mothers' strengths.

Literature Review

To provide a foundation for this study, it was important to examine the key concepts central to the research topic. These key concepts included middle-class status, single mothers, work/life balance, workplace flexibility, mothering and work, motherhood, role strain, mental health stigma, parental chronic stress, strong Black woman, sources of resilience, community and kinship networks, spirituality/religion, personal strength, self-definition, culture, race, ethnicity, quality of care, systemic racism, care gaps, teletherapy, culturally competent care, and policy advocacy. The concepts were selected based on their significance in prior studies and their relevance to the research questions. The literature highlighted that these concepts played a critical role in understanding middle-class single Black mothers and in addressing the gaps identified in previous research. By focusing on these constructs, the study is grounded in both theoretical and empirical evidence. Each concept also guided the development of the interview questions, ensuring alignment with the study's objective. This section explored each concept in detail, emphasizing its role within the study.

Middle-Class Status

There has been increasing disparities in the United States over the last few decades that has shifted the middle-class income distribution (Schettino and Khan, 2020). The share of Americans who are in the middle class is smaller than it used to be from 1970 to 2023 (Pew Research Center, 2023). In 1971, 61% of Americans lived in middle-

class households. By 2023, the share had fallen to 51%, according to Pew Research Center analysis of government data. Fakou (2024) asserted that many groups fall behind in their presence within the middle-income tier. For instance, Black Americans and people who are not married are more likely than average to be in the lower-income tier (Grabka, 2025).

Kaube (2024) asserted that middle-class in the United States can be difficult to define as people generally interpret middle-class based upon earnings to live comfortably, not necessarily rich and also not quite struggling. From an economic perspective, the Pew Research Center (2023) defines middle-class households as those earning between two-thirds and double the median income. In 2024, with a median U.S. household income around \$75,000 this would mean middle-class incomes are roughly between \$50,000 and \$150,000 per year adjusted depending on family size and location. Khullar and Sudarshan (2024) noted that middle-class have a social and cultural component, which includes owning a home or preparing for home ownership, having health insurance, ability to send children to college, retirement savings, and overall financial stability but still vulnerable to job loss and medical crises.

Education and job security matters for moving into the middle-class income bracket and beyond (Kaube, 2024). Among Americans ages 25 and older in 2022, 52% of those with an undergraduate/bachelor's degree or higher level of education lived in middle-income households and another 35% lived in upper-income households. (Pew Research Center, 2023). Kaube (2024) noted that it is not a surprise that having a secure job is strongly linked to advancement from the lower-income tier to the middle- and

upper-income tiers. Among employed American workers ages 16 and older, 58% were in the middle-class tier in 2022 and 23% were in the upper-class tier. Approximately, 19% of employed workers were lower income, compared with 49% of unemployed Americans (Pew Research Center, 2023).

Middle-Class Single Black Mothers

Middle-class single Black mothers occupy a unique and often ignored space in American society (Grabka, 2025). This population is a part of a demographic that confronts stereotypes often related to both single motherhood and with Black women, yet they also face distinct challenges that arise from the intersections of race, gender, class, and family structure (Scherer, 2023). Middle-class single Black mothers typically obtain economic stability more precariously than their White counterparts and face higher risks of downward mobility (Baker & O'Connell, 2022). They often juggle professional responsibilities with parenting demands and other obligations without the support of a partner. Letiecq et al. (2023) noted that despite their education and income levels, these mothers frequently encounter systemic racism, workplace discrimination, and social stigma.

Work-Life Balance

Single mothers face vast challenges as they seek to find a work-life balance in their single-parent household. For many families, working and raising children is a challenge because there is a commitment to not only the employer, but also to the family (Van Gasse & Mortelmans, 2020). Work-life conflict places the single mother under a significant amount of stress due to financial strain and parenthood strain. Van Gasse and

Mortelmans (2020) argued that both strains are problematic for single mothers compared to their married or partnered counterparts. The combination of finances and parenthood ideologies are repeatedly confronted with bureaucratic systems, decisions about what to spend on children, increased stress, and less energy to consistently interact with and provide adequate supervision for their children (Bradley & Goldstein, 2022). Moreover, the labor market is not family friendly at its core, and all single working mothers must navigate through the demands of working hours. Often, working hours do not match the children's school hours and unfortunately single mothers do not have a partner to share this dilemma with (Van Gasse & Mortelmans, 2020).

Workplace Flexibility

Workplace flexibility is needed to help single mothers cope with the daily attempt to balance work and family (Van Gasse & Mortelmans, 2020). Single mothers are at a higher risk of mental health concerns, poverty, and gender pay gaps that women face in relation to men. The women's labor market is overrepresented in areas with lower earnings and no professional growth potential. Increasing work time is one-way single mothers attempt to reduce financial strain to maintain a lifestyle for their children. While increasing work hours can be beneficial to the family financially, the concern is subsequent mental health concerns for the single mother (Bradley & Goldstein, 2022).

Mothering and Work

Van Gasse and Mortelmans (2020) argued that there are four different perspectives on the blend of mothering and work experienced by single mothers. The authors placed an emphasis on mothers with a flexible ideology of motherhood, mothers

with a strict ideology of motherhood, mothers who sought flexible workplaces, and mothers who worked in rigid work environments. The workplace circumstances were not always chosen by mothers; some were stuck in situations that controlled their actions to show up as a mother. A motherhood ideology is described as a set of values and norms surrounding the role of mothers in society (Van Gasse & Mortelmans, 2020). Hanser and Zhang (2025) asserted that the historical context of motherhood depicts the way women are expected to prioritize their lives, family and caregiving over professional development or personal ambitions.

Flexible Notion of Motherhood

Mothers with a flexible notion of motherhood view their role as relaxed and adaptable (Van Gasse & Mortelmans, 2020). They focus on what works best for the family and their own mental well-being juxtapose to subscribing to strict societal expectations. This may include openness to various perspectives of parenting approaches, balancing work and home life, and exploring ways to incorporate self-care along professional interests and raising children. Mothers with these characteristics often prioritize emotional connection with their children compared to perfection, permitting room for error in their parenting journey (Van Gasse & Mortelmans, 2020).

Firm Notion of Motherhood

Mothers with a firm ideology of motherhood share similar characteristics with the lean version of motherhood, but the core set of values are more structured and firmer (Van Gasse & Mortelmans, 2020). Strict parenting generally revolves around discipline and control with high demands and low responsiveness. Hanser and Zhang (2025)

asserted that mothers who have a more rigid parenting style are more prone to internalized stress due to feelings of inadequacy. Along the continuum, rather flexible or firm, motherhood ideologies can change depending on the circumstances therefore it is important to understand the role of a single mother as the primary caretaker and decision-maker.

Role Strain in Motherhood

Mothers who pursue a flexible workplace experience a less restricted sense of commitment to their employer (Van Gasse & Mortelmans, 2020). They are more likely to find a balance between work and family life which eases the stress of role strain. Yan (2022) asserted that there is an invisible load that single mothers carry which includes scheduling and attending to their children's doctors' appointments, keeping track of their needs, and managing household duties that can roll over into work, affecting their ability to be attentive and efficient at work. Yan (2022) noted without a reliable emotional support system, stress and burnout can multiply because single mothers manage all household duties and child rearing by themselves, which leads to exhaustion. Often, internal conflict plays a significant role due to parenting guilt, this can determine how satisfied a mother feels in her role as a parent and employee (Kim et al., 2023). To that end, it is helpful to understand these typologies to better serve this population.

Mental Health Stigma, Strong Black Woman Stereotype, and Stress

Mental health is an important aspect of emotional well-being, yet it still remains stigmatized within the Black community (Ash et al., 2024). The topic is emotionally charged and surrounded by guilt, shame, silence, and misunderstanding despite growing

conversations around mental health in society (Lewis et al., 2024). Baker and O'Connell (2022) asserted that it is a complex issue that is often suppressed in Black spaces due to its foundation in historical trauma, social patterns, systemic inequality, and historical mistrust within the healthcare system. Suarez-Balcazar et al. (2024) noted that recognizing and addressing the stigma surrounding Black mental health is essential for healing, growth, and support. In many Black households, mental health concerns are often minimized and ignored with phrases like “just pray,” “be strong,” “it’s not that deep” (Nelson et al., 2020, p. 265).

Within the Black community, mental health struggles are highlighted as a personal failure rather than a real health concern (Anandavalli et al., 2021). Emotional suppression is ingrained within the culture, partly due to learned survival tactics from generations of oppression, contributing to difficulties asking for help due to fear of being judged (Brawer-Sherb et al., 2022). To that end, efforts are needed to dismantle mental health stigma to include openness, psychoeducation, normalization of mental health treatment, and training of Black mental health professionals (Black and African American communities and mental health, n.d.).

Strong Black Woman Stereotype

The *strong Black woman* stereotype is a widespread concept that is deeply rooted into the image of Black women as fundamentally resilient, strong-minded, strong willed, self-sacrificing, and able to ensure life struggles without portraying vulnerability for fear of judgement that one is weak (Abrams et al., 2019). In the Black community, this image can appear positive as strength sounds admirable, but in reality, for many Black women this

portrayal is harmful to one's mental health (Knighton et al., 2022). Jones (2024) asserted that the stereotype often places pressure on Black women to suppress their emotions and avoid vulnerability, making it challenging for them to seek support or prioritize their mental health needs. Often times, many Black women carry such a heavy load that they do not realize their mental health is declining (Abrams et al., 2019). Society may expect and perceive that Black women can "handle it all with no help" at work and at home (Abrams et al., 2019, p. 518). Within healthcare and mental health settings, this stereotype has led to Black women receiving inequitable care. Knighton et al. (2022) asserted that clinicians are less likely to provide compassionate care to Black women which leads to symptoms being dismissed, minimized, or undiagnosed. Further, the "strong Black woman" stereotype can take away the complexity of being human within the normal limits of feeling angry, tired, happy, frustrated, and joyful ultimately placing Black women into a linear role (Jones, 2024). Graham et al. (2022) asserted that Black women's identification with the pursuit of strength has been linked to several harmful psychological outcomes which include stress, depression, anxiety and binge eating to control the effects of psychological distress.

Chronic Stress

In the United States, Black women experience disproportionate levels of severe stress influenced by a blend of systemic racism, gender discrimination, socioeconomic disparities, and health inequalities (Graham et al., 2022). The intersectionality of these concerns produces a significant impact on both mental and physical health. Pressure from family and society to always "be strong" can lead to high cortisol levels, hypertension,

sleep disturbances, migraine headaches, and other stress-related illnesses (American Psychological Association, 2023; Spivey et al., 2024, p. 2). Thomas et al. (2020) facilitated a study focusing on Black women ages 21 to 44 and found that 51.7% of those experiencing moderate to high caregiving stress developed high blood pressure, compared to 40.6% with low or no caregiving stress. A report by Essence and Black Women's Health Imperative (2020) found that nearly half of Black women surveyed say that stress significantly impacts their daily lives, and they have experienced serious health consequences.

According to the National Women's Law Center (2024), stress impacts the health and well-being of a majority of Black women. A 2024 survey conducted by the National Women's Law Center in partnership with Morning Consult found that 51% of Black women reported that stress impacts their health and well-being, with 22% indicating it has a major impact. Muhammad (2020) reported that many Black women overextend themselves to meet personal and professional responsibilities, with 66% indicating they push themselves to excel despite stress. Additionally, 76% believe there is a societal expectation for them to be stronger and manage more stress than others. Many Black women are less likely to seek and or delay mental health care or medical treatment because being strong is so deeply attached to their identity that they often do not recognize symptoms until they are severe (Graham et al., 2022). Walton et al. (2023) noted that healing from stress often involves perceiving vulnerability as strength, setting clear boundaries, prioritizing self-care, and connecting with others who will provide emotional support.

Sources of Resilience

Resilience for middle-class single Black mothers is multifaceted and manifest in various ways to navigate and overcome the challenges they face while balancing family, work obligations, and often systemic barriers (Howell, 2023). The unique stressors they encounter such as limited access to resources, racial discrimination, and work-life balance are met with strength and persistence (Baker & O'Connell, 2022). Hallmon et al. (2021) asserted that despite facing hardships, single Black mothers often display emotional resilience by managing stress and supporting their children's well-being through connecting with a robust network of family, friends, and community (Tang et al., 2024). In the Black community it is often emphasized that kinship, extended families, and close-knit relationships are important (Malcome, 2024). Cultural practices such as connecting with community, faith, and traditions can provide comfort, meaning, and strength to navigate stress and strengthen motherhood identity (Braund et al., 2022).

Community and Kinship Networks

Community and kinship networks are significantly important for middle-class single Black mothers because they serve as vital sources for emotional support, empowerment, and survival (Shamir Balderman & Shamir, 2024). Middle-class single Black mothers often face invisible stressors such as balancing demanding careers, single-handed managing households, and dealing with microaggressions in predominantly White, middle-class spaces (Walton & Boone, 2019, p. 304). Walton et al. (2023) asserted that community networks provide space for emotional validation, mental health support, and collective healing, allowing this population to connect with others who

understand their lived experiences without judgment. Zakaria et al. (2019) shed light on the mental decline that middle-class single Black mothers experience when not connected to environments that offer cultural normality, noting that they may find themselves socially isolated, especially in environments where traditional two-parent households dominate. Thus, community connection is important for reducing feelings of loneliness, isolation, sadness, hopelessness, and mental health (Yafie et al., 2022). Also, mothers can instill pride, resilience, and coping mechanisms in their children by exposing them to positive cultural traditions (Wakai et al., 2023).

Spirituality and Religion

Spirituality and religion can provide a deep sense of emotional, psychological, and communal support for middle-class Black single mothers to navigate the complexities and pressures of race, gender, class, and single motherhood (Campbell & Winchester, 2020). Spiritual grounding has helped single Black mothers find purpose and meaning despite experiencing adversity. It may also provide a means to reframe current circumstances (i.e., financial stress, societal bias, single parenting) as part of a greater spiritual plan or spiritual journey (Bradley & Goldstein, 2022). Afifi et al. (2016) noted that faith in a higher power may foster faith, hope, and optimism which are key factors of psychological resilience. Historically, religion, particularly “the Black church,” has offered a safe space where cultural identity, resilience, and leadership is celebrated (Campbell & Winchester, 2020, p. 115). Church as a safe space can be empowering and affirming for single Black mothers who find spiritual and religious connection in prayer, meditation, gospel music, and scripture reading (Abrams & Maxwell, 2019). Further,

many church leaders offer spiritual counseling which can be an effective coping strategy to enhance emotional regulation and reduce stress (Benton, 2022).

Personal Strength and Self-Definition

Personal strength and self-definition are essential tools of resilience that have helped middle-class single Black mothers navigate and thrive in complex situations (Abrams et al., 2019). In most cases, this population has achieved several markers of success like higher education, professional status, and financial stability, but it does not exempt them from facing racial and gender stereotypes, systemic barriers, and the social stigma attached to single motherhood (Anandavalli et al., 2021). Baker and O'Connell (2022) posit that middle-class single Black mothers sit at the intersection of race, gender, class, and family structure discrimination. Thus, personal strength and self-definition enable them to endure even though challenges exist, and it supports the ability to advocate for themselves and their children in various environments such as the workplace, school, and community which may not fully honor or support their experiences (Adebayo et al, 2022). Overall, as middle-class single Black mothers strengthen protective factors such as personal strength and self-definition, it has helped them to own their narrative, reclaim their dignity, and manage the complexity of social views (Euteneuer et al., 2019).

Systemic Racism in Mental Health Care

In spite of economic mobility, middle-class single Black mothers continue to confront incredible barriers in accessing equitable mental health care due to systemic racism embedded in clinical practices, provider biases, structural gaps, and cultural

stigmas that intersect with race, gender, and family structure (Yan, 2022). Primarily, mental health disparities concentrate on low-income populations, ignoring the persistent inequalities experienced by middle-class Black women (Munir et al., 2024). Williams et al. (2023) noted that economic mobility does not equal mental health equity. While insurance and income have improved access to mental healthcare in theory, it has not provided equitable service in practice. Subsequently, middle-class Black women still face racism that affects the quality and responsiveness of care (Williams et al., 2023).

Access Gaps and Inequities

Gaps in mental health access for middle-class single Black mothers are not driven by income rather by the persistent realities of systemic racism, structural inequality, and intersectional invisibility (Bishop-Royse et al., 2021). For instance, middle-class Black women face limited access to culturally responsive clinical providers in suburban, rural, and gentrified regions or they come in contact with extended waitlists or provider shortages that disproportionately affects care (Zangani et al., 2022). Further, the mental health workforce is predominantly White, lacking culturally competent training to help this population navigate the daily challenges of motherhood (Weith et al., 2023). What is more, symptoms displayed by the Black community are often misinterpreted through racialized and gendered lenses such as anger seen as aggression rather than trauma or the need for medication seen as medication seeking (Williams et al., 2023). Consequently, when there is a lack of cultural training surrounding the specific stressors faced by middle-class single Black mothers, there is a limited understanding of the issues they

encounter (i.e. workplace microaggressions, lack of childcare, time constraints) making this population a challenge for non-culturally responsive providers.

While the research highlights elevated rates of psychological distress in Black communities, mental health screening and referral rates remain disproportionately low, particularly in women's care clinics (O'Connor et al., 2023). This gap may not be due to lack of service need, rather, due to cultural mistrust, systemic racism, and provider-level failure with the Black community (Bishop-Royse et al., 2021). Recent studies show that there are significant disparities in mental health screening for anxiety and depression for Black patients compared to White patients in primary care offices (O'Connor et al., 2023). These findings underscore the need for targeted interventions to address systemic barriers and ensure equitable mental health screening and treatment across all racial and ethnic groups (Weith et al., 2023).

Culturally Competent Care, Teletherapy and Policy Advocacy

Culturally competent mental health care strategies for middle-class single Black mothers must be sensitive to the nuanced realities they encounter while balancing professional life, parenting alone, navigating racial bias, and maintaining emotional well-being in a society that often marginalizes or overlooks their experience (Kim et al., 2023). Providers must first address the stereotype of the strong Black woman to break the barrier as many Black mothers internalize expectations to be strong, self-sacrificing, and emotionally resilient (Lewis et al., 2024). It is also important to encourage emotional expression and help this population reframe strengths to include asking for help (Whisenhunt et al., 2019). Meurer-Lynn (2023) asserted that part of relational work with

Black clients included affirming that seeking therapy is not weakness but an act of strength and self-preservation. Overall, interventions need to be tailored to the realities of being a single Black parent, working mother, and member of a historically marginalized group.

Teletherapy

Recent studies have examined the impact of teletherapy across various socioeconomic and racial groups, revealing both advancements and persistent disparities. For instance, Owusu et al. (2023) conducted a study aimed at assessing the effectiveness of blended care therapy, which combines video psychotherapy with internet-based modules. Data were collected from 6,492 adults with elevated anxiety and/or depression symptoms. The researchers evaluated changes in anxiety and depression symptoms over time, considering racial and ethnic differences in treatment outcomes. The study found that a blended care teletherapy program employing culturally responsive approaches can be beneficial for anxiety and depression outcomes across diverse racial and ethnic groups.

Williams and Shang (2023) conducted a study aimed to examine the hypothesis that there are systemic differences in telehealth usage among people who live at or below 200% of the federal poverty level. An analysis of 2,850,831 patients found that while low-income racial and ethnic minority communities are at greater risk for health inequities, Asian and Hispanic individuals were more likely to use telehealth services compared to non-Hispanic White and Black patients. Income is positively associated with telehealth usage in 3- to 10-person households. As telehealth usage is promoted, it is

imperative that socioeconomic and demographic factors among subgroups of people who experience poverty.

McCall et al. (2021) conducted a narrative review of studies published from 2012 to 2022. The objective of this systematic review was to survey the available peer-reviewed literature for studies that used telehealth interventions, specifically tailored for African American adults, to reduce anxiety or depression, and determine their effectiveness. Evidence from prior studies showed that telehealth interventions for anxiety and depression are effective in reducing symptoms. Telehealth interventions, primarily conducted via telephone, have been effective in reducing symptoms of anxiety and depression among low-income populations. These interventions increased patient engagement and improved treatment adherence. However, the downside was that African American adults utilized mental health services at less than half the rate of their White counterparts. While teletherapy has expanded access to mental health services, disparities persist, particularly among certain racial and ethnic groups. Addressing these inequities requires targeted efforts to improve digital literacy, access to technology, and culturally competent care.

Teletherapy Benefits

Teletherapy can be an effective and empowering mental health care option for middle-class single Black mothers, especially when tailored to their unique cultural, economic, and personal realities (Parisi et al, 2021; Weith et al., 2023). Social workers have helped normalize and promote teletherapy as a flexible accessible tool for busy mothers who balance work and parenting (Benudis et al., 2022). The message to clients

should reflect their lived experiences and prioritize mental wellness without feelings of guilt and shame (Becker & Liddle, 2001). Some of the key benefits worth mentioning include commute time elimination, flexible evening and weekend sessions, extra privacy at home, user friendly platforms, reduced stigma, broader therapist selection, lower costs, and on-the-go counseling (Bhuyan et al., 2024). Further, there is an even greater likelihood of therapist client cultural match or awareness by removing geographic limitations that often restrict options in traditional in-person therapy (Chen & Edwards, 2023).

Teletherapy Access

Connolly et al. (2024) noted that middle-class single Black mothers may struggle to find local therapists who understand the intersections of race, gender, class, and single parenthood. Teletherapy opens access to a national or even global pool of culturally competent providers, including Black women therapists or others trained in culturally responsive care. With the teletherapy option, Black mothers are more likely to find therapists who share lived experiences or understand racial identity, systemic stress, and community values (Ash et al., 2024). Therapists should validate, not minimize, race-related stress, gendered expectations, or social isolation to help clients feel safe, seen, and understood, which boosts the effectiveness of therapy (Coates et al., 2025).

Policy Advocacy

Social workers could advocate for equitable teletherapy policy for middle-class single Black mothers by addressing both system and structural barriers that can prevent meaningful access to mental health care despite income or education (Apt, 2019). For

advocacy to be effective, it needs to combine policy change, equitable frameworks, and intentional inclusion of silent voices in mental health form (Adebayo et al., 2022). Strategies need to include a push for culturally competent provider training in racial trauma, environmental trauma, single parenting stress, and cultural humility (Williams et al., 2023). This requires publicly funded and private telehealth platforms to include diversity in their provider networks and offer incentivized recruitment and retention for Black women mental health providers (Weith et al., 2023). Also, provider directories could be updated to include race, specialization, and lived experience filters. Lastly, recognize culturally rooted practices such as group-based spiritual healing circles and faith-based counseling as reimbursable under mental health codes (Abrams et al., 2019).

Summary and Conclusions

Middle-class single Black mothers often face a complex interplay of expectations and pressures as they navigate the dual demands of mothering and work (Van Gasse & Mortelmans, 2020). Striving to maintain middle-class status while upholding both firm and flexible notions of motherhood, they frequently experience role strain in motherhood and challenges in achieving work-life balance (Wiley, 2025). Wiley (2025) further stated that despite their socioeconomic standing, structural barriers such as workplace flexibility limitations and mental health stigma can exacerbate chronic stress, particularly when compounded by the Strong Black Woman stereotype. The disproportionate impact on single mothers, especially in the context of systemic racism and Black mothers' mental health, underscores the urgent need for quality-of-care improvements, including enhanced screening & coverage and addressing the problem of low screening and referral

rates (O'Connor et al., 2023). Cultural dimensions such as culture, race, and ethnicity influence access to mental health resources, as many mothers encounter cultural mismatch and provider mistrust, reinforcing the importance of culturally competent care and innovative solutions like teletherapy (Zakaria et al., 2022). Yet, sources of strength and resilience abound (Arat, 2013). Community and kinship networks, spirituality and religion, and a strong sense of cultural pride and identity offer emotional scaffolding (Afifi et al., 2016). Through personal strength and self-definition, these women often cultivate powerful coping mechanisms (Meurer-Lynn, 2023). Ultimately, meaningful change requires targeted policy advocacy to dismantle structural inequities, promote culturally competent care, and ensure that single Black mothers receive the support needed to thrive not just survive within the intersecting contexts of race, gender, class, and motherhood (Richard & Lee, 2019).

The review of literature in Chapter 2 revealed a clear gap in empirical research regarding the lack of research on social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. Although prior studies have contributed valuable insights into low-income single mothers' access to mental health care and the potential of teletherapy as a tool for improving access (Bhuyan et al., 2024; Yan, 2022) few have explored how middle-class single Black mothers navigate mental health challenges. To address this gap, the present study employed a qualitative research design aimed at capturing in-depth experiences. Chapter 3 outlines the methodological approach used to explore this gap in literature, including the research design, participant

selection, data collection procedures, and analytical strategies selected to generate rich and meaningful data aligned with the study's research questions.

Chapter 3: Research Method

Introduction

Single mothers tend to be more socially isolated than married mothers, work longer hours, receive less emotional and tangible support, and have less stable social networks (Taylor & Conger, 2017). Single mothers with lower perceived social support have higher levels of internalizing symptoms, poorer parenting behaviors, and are at an increased risk for mental health issues (Kim et al., 2023). Single mother households' make-up a large population of the United States and are often overlooked by social workers unless there is a severe or major concern (Dey & Cebulla, 2023). While prior studies have examined low-income single mothers' access to mental health care and the potential of teletherapy as a tool for improving access (Bhuyan et al., 2024; Yan, 2022) few have explored how middle-class single Black mothers navigate mental health challenges. Existing research tends to generalize single parents as a homogeneous group, overlooking group differences such as race, class, and cultural stigma (Widan & Greeff, 2019). Importantly, the problem is that there is a lack of research on social workers' perspectives of using teletherapy to support resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions.

The purpose of this research is to explore middle-class single Black mothers' perspectives of using teletherapy to support resilience. Middle-class single Black mothers face distinct barriers, including cultural stigma around mental health, historical mistrust of medical systems, and underrepresentation in mental health care (Richard & Lee,

2019). Understanding social worker perspectives could inform more culturally responsive practices. Research centered around social worker perceptions can reveal how individual, cultural, and systemic factors shape engagement with teletherapy. It is important to note that social workers, clinicians, and participants will be used interchangeably throughout this dissertation.

Research Design and Rationale

To address the research questions in this qualitative study, the specific research design included a generic qualitative methodology. I chose a qualitative research method for this study, and it assisted in developing a depiction of the problem under investigation by reporting multiple perspectives and identifying the many factors involved in the situation and the larger image that emerged (Creswell, 2017). The qualitative research approach respected participants' perceptions and provided them with the space to express themselves. Social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers would have been difficult to quantify with numbers because the robust narrative would be missed during the research process. Creswell and Poth (2018) stated that a qualitative study empowers participants to tell their stories without a researcher bringing in any preconceived ideas on the subject. This study utilized qualitative data collection methods for semistructured interviews. This chapter highlighted the details on the use of interviews to collect data while assessing the role reliability and validity played in the research process. This chapter also explained the critical role ethics played in this research study and identified the various ethical issues.

This qualitative study explored social workers' perspectives on using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions. I explored clinicians' descriptive perceptions on supporting middle-class single Black mothers using teletherapy. The Social Work Code of Ethics (NASW, 2021) posited that social workers should advocate for clients to increase choice, services, and resources for all people, with special concern for vulnerable, disadvantaged, and oppressed groups.

The Grand Challenges of Social Work (Alcantar et al., 2023) asserted that innovative, adequate access, and evidence-based social work interventions can help improve mental health care and lead to better health outcomes for society. Previous studies about single mothers and mental health focused on low socioeconomic status, poverty, and child welfare (Yan, 2022). This study specially focused on social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap, as social workers play a key role in tailoring mental health interventions. Data for this qualitative research was collected via Zoom and Teams audio using open-ended questions developed around the topic of study to answer the two research questions:

RQ1: How do social workers perceive the effectiveness of teletherapy in fostering resilience among middle-class single Black mothers?

RQ2: What teletherapy-based strategies or interventions do social workers find most effective when fostering resilience among middle-class single Black mothers?

This qualitative study used a small sample of 11 participants to establish relationships and patterns in the meanings developed by participants (Creswell, 2017). I gathered the perceptions of social workers from interactions held directly with middle-class single Black mothers. My goal was to lead social change that could help address the ongoing issues middle-class single Black mothers face with mental healthcare. Advocacy perspectives tend to focus on a political or a reform agenda to facilitate social change for marginalized groups that face social issues such as oppression, inequality, alienation, or domination (Creswell, 2017). This philosophical approach to inquiry was aligned with this research study as middle-class single Black mothers face discrimination and inequality in the social world, and facilitating positive social change is essential for this population.

Role of the Researcher

I work as a licensed clinical social worker in Philadelphia, virtually. For 5 years, I gained a vast knowledge of middle-class single Black mothers. I faced potential biases that developed due to preconceived ideas and views of how single Black mothers face discrimination within the mental healthcare system. This discrimination is multifaceted and can manifest in various ways, such as racial bias, cultural insensitivity, and unequal treatment. If I had experienced bias during the study, it could have negatively impacted the study results (see Gladas, 2017). I reflected on how their values and opinions may affect each step of the research process (see Gladas, 2017). I addressed the potential for bias in the research by taking a reflexive approach. Reflexivity in research involved a systematic approach of contemplating on potential bias by identifying their viewpoints,

relationship, or settings that could have impacted the study (Ravitch & Carl, 2016). I took reflexive notes during the research on thoughts, feelings, and assumptions held. I did not conduct any interviews or sample recruitment in Philadelphia due to potential bias. Reflexivity also occurs when a researcher provides transparency and the researcher's position could affect data collection and analysis (Walker et al., 2013). I allowed transparency in the study by revealing my present title with the social workers interviewed.

According to Rubin and Rubin (2012), researchers actively engage in communication that fosters conversation. Researchers respond verbally and nonverbally to interviewees and ask relevant questions to initiate good follow-up answers. Further, a researcher's attitude influences the way interviewees respond to questions, both verbally and nonverbally. Qualitative interviews are the most common style of interviewing and the most significant data collection tool in qualitative research. There are many varieties of qualitative interviewing, but the primary tool of qualitative research is the in-depth qualitative interview. The researcher, as an instrument, obtains rich descriptions of detailed information about experiences, perceptions, narratives, and stories that define meaning for the participant. This is created through the use of open-ended questions, rather than yes-or-no questions.

Patton (2015) asserted, as a general rule, that in-depth interviews are actually best when the researcher is interested in the experience, perceptions, and feelings of an interviewee; allowing the interviewee the space to respond in any way he or she chooses. While the qualitative interview appeared straightforward, it was not, it had many features,

problems, and pitfalls (Myers & Neuman, 2007). The research questions were under time constraints. I did not ask leading questions, as this could have unlocked researcher bias and lack of reliability. I used language that was clear for the participants to understand. This is in line with Rubin and Rubin (2012), who noted, when a qualitative interview is used to its full potential, it is a very powerful data gathering tool.

Methodology

A generic qualitative methodology was employed to capture the perspectives of participants related to the research questions. Specifically, as noted by Caelli et al. (2003), generic qualitative research is a flexible form of qualitative inquiry that is used when the research purpose does not align closely with the specific frameworks or strict criteria of established methodologies such as phenomenology, grounded theory, ethnography, or case study. Caelli et al. (2003) argued that it allows researchers to explore a topic in depth without being constrained by the methodological boundaries, targeted populations, or philosophical assumptions required by those more defined approaches. I focused on individual reports of perspectives, and responses were used to develop a composite synthesis and define themes existent within the data.

Participant Selection Logic

Rubin & Rubin (2012) asserted that there are many options a researcher could use to select participants. I reached out to the online community to find and select a pool of enthusiastic participants. Patton (2014) posited that purposive sampling related to the phenomenon of interest is commonly used in qualitative research. While there are various sampling strategies, utilizing the criteria for inclusion in the sample is generally used

most for implementation. This involves identifying and selecting participants that are experienced with the subject matter. Also, those who are available and willing to participate, able to communicate experiences in an articulate manner, and able to be expressive and reflective are great candidates. For this study, I reached out to specific Facebook groups to gather licensed social workers who met criteria for the sample. This is called purposive sampling.

I recruited the sample for the study using purposive sampling. According to Patton (2014) purposive sampling is a nonrandom sampling technique in which participants are intentionally selected based on the experiences they possess. I reached out to specific Facebook groups, such as Clinicians of Color in Private Practice, Mental Health Professionals of Tampa Bay, First Generation Doctoral Community, Successful Black Social Workers, Florida Online Therapists, Tampa Bay Mental Health Clinicians, Therapists Supporting Therapists, Florida Therapy Network, and Black Mental Health Professionals. This process was inexpensive, feasible, and most individuals in the specific groups met the criteria for inclusion. This researcher posted a research recruitment flyer with the criteria for inclusion. The criterion for inclusion noted that participants must be licensed social workers or licensed clinical social workers who meet with clients via teletherapy. They must work and live in the United States. They must have clients on their current or previous caseload that are middle-class single Black mothers aged 18-55.

Instrumentation

The development of the research study's data collection instruments was grounded in the research purpose, conceptual framework, and central constructs including

middle-class status, single mothers, work/life balance, workplace flexibility, mothering and work, motherhood, role strain, mental health stigma, parental chronic stress, strong Black woman, sources of resilience, community and kinship networks, spirituality/religion, personal strength, self-definition, culture, race, ethnicity, quality of care, systemic racism, care gaps, teletherapy, culturally competent care, and policy advocacy as informed by CRT and resilience theory. Interview questions and follow-up prompts were designed to explore clinicians' perceptions abouts mothers' adaptive strategies, and interactions with structural inequities, ensuring alignment with the research questions and theoretical frameworks. Prior empirical studies on single Black mothers (Bhuyan et al., 2024; Yan, 2022) were reviewed to identify relevant themes, key terminology, and culturally sensitive approaches to framing questions appropriately.

Jacob and Furgeson (2012) noted that when a researcher is interested in their social problem it makes exploring the literature fun, refreshing, and enjoyable. I took great interest in the literature related to the topic of this study. I conducted a thorough review of the literature to compose 10 quality interview questions to guide this study. Patton (2014) noted that the purpose of qualitative research is to discover as much information as possible about the participants and their circumstances through open-ended questions arranged from least contentious to those that are more difficult, as the idea is to keep the participant engaged to reduce withdrawal (Jacob & Furgeson, 2012).

Procedures for Recruitment, Participation, and Data Collection

Several ethical considerations were addressed during the recruitment process to protect participants' rights and well-being. Recruitment materials clearly stated the

purpose of the study, eligibility criteria, time commitment, and voluntary nature of participation. No incentives that could be perceived as coercive were offered. The participants for this study were recruited from specific Facebook groups. I posted a flyer on Facebook inviting participants who meet criteria for this research to participate in this study. This method of recruitment is described as purposive sampling. Participants needed to meet the criteria for inclusion in order to participate in this study. I was able to recruit 11 participants for the study. The participants are licensed social workers and/or licensed clinical social workers who provide therapy to middle-class single Black mothers aged 18 through 50 years old via teletherapy. The social workers live in the United States.

I conducted audio recorded interviews via Zoom and Teams for 11 participants. The interviews were audio recorded in-depth for approximately 60–90 minutes. Participants were interviewed about their perspectives of using teletherapy to foster resilience among middle-class single Black mothers. I collected data from participants until no substantially new themes emerged at the level of clinicians' accounts, recognizing that some themes were supported by a low code count.

There is no universally agreed-upon number for achieving data saturation in qualitative research (Patton, 2014). The variability arose from within the study design, research questions, participant diversity, and analytical methods. While saturation was reached for the primary, recurring thematic patterns across participants, less frequent observations did not reach saturation and are presented as emergent insights rather than fully developed themes. Hennink and Kaiser (2022) published a systematic review that

analyzed 23 empirical studies assessing sample sizes for saturation. The findings indicated that saturation was typically reached within a narrow range of 9–17 interviews or 4–8 focus group discussions, especially in studies with homogeneous populations and narrowly defined objectives. However, the range is not a strict rule.

As noted by Rahimi (2024), the point at which saturation is achieved varies across different qualitative methodologies such as grounded theory, phenomenology, and ethnography. Further, empirical studies provide guidance on typical sample sizes for saturation, the exact number can vary based on several factors (Hennink & Kaiser, 2022). Researchers are encouraged to consider the specific context of their study, including the research questions, methodology, and participant diversity when determining an appropriate sample size.

I gathered data through one-on-one semistructured interviews with 11 social workers across the United States. Respondents were given the option to participate via Zoom or Teams audio. For both RQ1 and RQ2, an interview guide consisting of open-ended questions aligned with RQ1 and RQ2 was used to ensure consistency while allowing flexibility to explore participants' perceptions in depth. Interviews were conducted online via Zoom or Teams, lasting approximately 60–90 minutes, and were audio recorded with participant consent. Field notes were taken during and after each interview to capture nonverbal cues and contextual details. Participants exited the study through an intentional and ethical closure process that helped to protect their rights and well-being. At the conclusion of each interview, each participant took part in a debriefing procedure. During debriefing, I explained the purpose of the study, reviewed the

activities participants completed, and provided an opportunity for participants to ask questions and/or share final thoughts. I collected data until the point saturation was reached; however, while saturation was reached for the primary, recurring thematic patterns across participants, less frequent observations did not reach saturation and are presented as emergent insights rather than fully developed themes. Virtual interviews helped increase the efficiency of the data collection process and reduced the time and cost of traveling to various field sites to collect data (Block & Erskine, 2012). The participants for this study were recruited from specific Facebook groups.

Data Analysis Plan

Data analysis for this study utilized inductive thematic analysis for generic qualitative research. The analysis followed six steps, including familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2006). Inductive thematic analysis refers to the coding of data to develop patterns and themes from within the data (Frankfort-Nachmias et al., 2015). These patterns and themes were used to develop a composite synthesis and a response to the research questions. Inductive coding scheme is a method in which codes are assigned to participants' open-ended responses and observations (Frankfort-Nachmias et al., 2015). The inductive process allows a researcher to look at these new concepts and develop a response that is general to the population at large (Percy et al., 2015).

I used a computer-assisted qualitative data analysis software (CAQDAS) to help code, manage, and sort through data that otherwise would be time-consuming to

complete. CAQDAS helps to increase the speed at which the qualitative data were coded and analyzed, giving a researcher the ability to generate theories (Frankfort-Nachmias et al., 2015). Saldana (2009) noted that CAQDAS is important for efficiently storing, managing, and reconfiguring qualitative data analysis. The data collected from each participant were coded and placed into categories and themes using the qualitative data analysis software. Research has shown that CAQDAS software is a better method for coding extensive data compared to hand-coding. CAQDAS software gives researchers the ability to identify links between data passages while also creating and developing codes (Silver & Lewins, 2014). I used NVIVO software to assist in coding the interviews held with licensed social workers who provided in-depth information on their perceptions of using teletherapy to foster resilience among middle-class single Black mothers. Saldana (2016) explained that CAQDAS software has the advantage over hand coding as it provides the opportunity to code, recode, merge, and move back and forth throughout the data at a quick pace while also observing patterns.

Issues of Trustworthiness

According to Burkholder et al. (2019) researchers are ethically obligated to adhere to rigorous ethical standards throughout the research process. In this study, I remained attuned to the emotional responses and experiences of social workers engaging in teletherapy as a means to promote resilience among middle-class single Black mothers. Ethical research practice necessitates a careful weighing of potential benefits against possible harm, guided by established ethical principles, moral reasoning, and the anticipated impact of each methodological decision (Frankfort-Nachmias et al., 2015).

Common ethical concerns in social research include safeguarding confidentiality and protecting participant privacy. As O'Sullivan (2017) emphasizes, ethical research involving human participants requires voluntary informed consent, respect for people, and the equitable distribution of both the risks and benefits. Central to these considerations is the principle of justice, ensuring that the research does not disproportionately burden or exploit any group, and that the potential benefits justify any risks involved (O'Sullivan, 2017).

Credibility

Burkholder et al. (2019) addressed credibility noting that credibility corresponds to the understanding that findings are believable considering the data presented, also called internal validity. The credibility of qualitative data was verified through various facets during the data collection process to ensure the data were appropriate, such as member checking, reflexivity, and triangulation. I used persistent observation to establish credibility by identifying critical aspects of the data related to the problem researched (Korstjens & Moser, 2018). I used persistent observation while conducting interviews with participants.

Member checking is a widely recognized technique in qualitative research aimed at enhancing the credibility and trustworthiness of study findings (Birt et al., 2016). It involved returning data, interpretations, or analyses to participants to verify the accuracy and resonance of representations of their experiences. McKim (2023) emphasized that member checking can be a valuable tool for enhancing the credibility of qualitative

research and its application should be thoughtfully considered, reflecting a specific methodological and epistemological context of the study.

Reflexivity

Reflexivity in qualitative research is a critical practice where researchers actively engage in self-examination to understand how their personal experiences, beliefs, and social identities influence the research process and outcomes (Jamie & Rathbone, 2022). Karcher et al. (2024) noted, this ongoing, deliberate process enhances the transparency and trustworthiness of qualitative studies by acknowledging and addressing potential biases. Reflexivity is an essential component of qualitative research that fosters critical self-awareness and methodological transparency, thereby strengthening the validity and reliability of research findings.

Triangulation is a methodological strategy in qualitative research that involved using multiple perspectives, data sources, methods, and the researcher to enhance the credibility and validity of study findings (Jamie & Rathbone, 2022). McKim (2023) highlighted the significance of cross-verifying data through different lenses. Triangulation helped to confirm results and reduced bias inherent in any single approach. Triangulation is a valuable strategy in qualitative research that, when applied thoughtfully, significantly enhances the trustworthiness and depth of the study findings.

Transferability

Burkholder et al. (2019) noted that transferability can be achieved by offering sufficient thick description of the phenomenon under investigation to allow readers to have a suitable understanding. This enables readers to compare the instances of the

phenomenon with those that seem to emerge in their geographic locations (Shenton, 2004). I selected questions aligned with the qualitative research topic, which could be reciprocated in another study outside of the United States to create external validity.

Dependability

The criterion of dependability refers to the stability and consistency of data collection, analysis, and reporting processes, even in the presence of methodological shifts (Ravitch & Carl, 2015). To ensure dependability, it involved providing a clear and detailed account of the research procedures, thereby allowing future researchers to replicate the study not necessarily to reproduce identical results. In this study, dependability was supported through regular debriefing with other researchers and the integration of their feedback on the development of research questions (Korstjens & Moser, 2018). Participants were informed of the research goals and purpose, fostering transparency and ethical engagement. Respect and empathy were emphasized during data collection to mitigate potential risks to participants. Furthermore, to protect confidentiality and uphold ethical standards, all sensitive data were securely destroyed upon completion and publication of the research.

Confirmability

Confirmability is the extent to which other researchers can confirm the data in the research (Korstjens & Moser, 2018). The main idea of confirmability is to assess researchers' bias that may influence the interpretation of the data (data are checked and rechecked) throughout data collection and analysis to confirm findings can be repeated by other researchers (Burkholder et al., 2019). The concept of confirmability is comparable

to objectivity in that the results highlight experiences and ideas of the participants rather than the characteristics of the researcher (Shenton, 2004). Confirmability can be documented by a good coding schema that demonstrates codes and patterns in the analysis, also called an audit trail ensured through member checking of the data. I used strategies of positionality and reflexivity to control confirmability (see Ravitch & Carl, 2015). I kept reflexive notes to highlight thoughts and observations while collecting data through interviews. I provided details on any knowledge and affiliation with mental health agencies that may impact personal views or opinions of teletherapy.

Content Validity

Reliability and validity are vital factors to consider when conducting a research study (Rudestam & Newton, 2015). Reliability is the ability of the research to be generalized to a larger group or setting. Internal validity focuses on the trustworthiness of the research regarding the data collected, interpretations, and generalizations made. Research should focus on maintaining reliability and internal validity to serve the valuable purpose of being applied to natural settings in other populations (Frankfort-Nachmias et al., 2015). Creating social change by using social workers perceptions to address teletherapy among a marginalized group through qualitative data can be used by researchers on a local and international scale.

Ethical Considerations

Institutional permissions were required prior to the initiation of data collection from the Institutional Review Board (IRB). Approval of conducting this study was obtained from Walden University's Institutional Review Board (IRB) to ensure the

ethical treatment of human participants and compliance with federal and institutional guidelines. Data collection did not begin until IRB approval was received. This study was reviewed and approved in accordance with ethical standards for research involving human participants. IRB approval was granted under protocol number (07-31-25-1039104). All data collection procedures adhered to the approved protocol.

It is the responsibility of the researcher to follow appropriate ethical practices when conducting research (Frankfort-Nachmias et al., 2015). Ethical issues may emerge in addressing areas or concerns of confidentiality and privacy. O'Sullivan et al. (2017) shared that the principles of ethical treatment of human subjects focus on voluntary participation and respect issues. O'Sullivan et al. (2017) also noted that ethical considerations include ensuring justice and the research benefits outweigh the potential harm to participants. I stored, transferred, and disposed of participant data in a safe and responsible manner, using encryption, passwords, or other methods to prevent unauthorized access or loss. Qualitative researchers must consider the ethics of privacy protection given the submergence and constructivist nature of this approach to research. This research sought to understand real-life phenomena, talking with people in their natural environment, and investigating behaviors (Ravitch & Carl, 2021).

As a researcher, it was important to have a thorough understanding of my role in order to collaborate with participants in their environments while carefully considering the steps needed to minimize harm and respect experiences. Further it is important to disclose a researcher's relationship with the topic to potential participants. To that end,

ethical safeguards were in place to help protect the rights of research participants, enhance research validity, and maintain academic integrity (Rubin & Rubin, 2012).

I focused on maintaining respect by keeping timely appointments, ensured appropriate language, facial expressions, and responses used to conduct interviews with respondents. Rubin and Rubin (2012) shared the need for interviews to be responsive to the feelings and emotions of participants. I was flexible to change the course of the questions asked when respondents were affected by it.

I ensured data provided by respondents were kept to the strictest privacy and confidence. Confidentiality and privacy for the research was of the utmost importance. The data presented for the study had no identifying information of respondents. All participants were identified by number. The data collected was adequately maintained and kept secured in a locked drawer. I was mindful that pertinent information regarding the participants was not revealed, and that the data were appropriately shredded and discarded after the research was published.

Maintaining privacy is essential in research (Frankfort-Nachmias et al., 2015). Social workers will detail their client cases, and it is a researcher's responsibility to ensure privacy, especially in a time when computerized data are vulnerable to outside interest groups. When maintaining privacy, researchers should consider the dimensions of sensitivity to the information provided and the setting in which participants are observed (Frankfort-Nachmias et al., 2015). Participants in this research were interviewed in a safe and secure environment, and their identity was not revealed.

Anonymity indicates that there is no identifying information of the participants in the data. Researchers face the ethical challenges of balancing confidentiality and anonymity during the research process. Securing the identity and confidentiality of participants in research is a challenge for some researchers when confronted with how to secure the identity of participants during the research (Ravitch & Carl, 2016). As the researcher, I was the main instrument of this qualitative study and sought to ensure anonymity was maintained throughout the research process. At each phase of the study, I examined positionality to avoid any ethical mishaps that would adversely affect confidentiality, transparency, and misconduct.

The study provided informed consent educating participants on the goals and benefits of the research along with the possible impact it may have on their feelings. I provided each respondent with informed consent to voluntarily participate or opt-out the research. Informed consent is a part of the federal guidelines requiring research participants to be informed of the risk of involvement in research whenever there is potential risk for emotional or physical and psychological harm (Frankfort-Nachmias et al., 2015).

Summary

From the development of the research topic and research problem I learned a lot about self and personal barriers experienced as a student and a middle-class single Black mother. Notably, the use of resilience can be life changing. As a clinical social worker, I support clients every day using teletherapy to assist them with a plan of action, positive reinforcement, and solution focused strategies that are practical for everyday life. Not all

clients are ready for change, but those who recover from uncomfortable circumstances learn skills that last a lifetime. With the use of teletherapy, clinicians can partner in a therapeutic relationship with one of the most vulnerable and unique populations, middle-class, single, Black mothers who seek to increase psychological functioning and emotional well-being.

Chapter 4: Results

Introduction

Chapter 4 presents the results of the study in relation to the research questions that guided the exploration. This research study sought to explore social workers' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. To achieve this overarching research objective, licensed social workers were the units of observation. The units of analysis were social workers' perspectives of using teletherapy in building resilience on the part of middle-class single Black mothers.

In many sections and subsections of the study, the research described the unprecedented socioeconomic challenges that middle class single Black mothers face in contrast to their counterparts who have spouses and/or are married. The concern is that single mothers have to juggle between working full-time and being the primary caregiver. The consequence is that they are likely to bear the brunt of psychopathology. Furthermore, owing to their busy schedules as wage earners as well as providers for their dependents, they may face hurdles in accessing in-person mental health services due to work schedules and transportation costs. Thus, teletherapy was integrated into psychotherapy as a means to bridge accessibility concerns and, more importantly, equip single mothers to be resilient in the face of the high stressors they encounter, such as social isolation and financial constraints, among others.

Although teletherapy has been heralded as a paradigm shift in enabling various groups of people to access mental health services, at the time of this study, its effectiveness and strategies to improve its application from the perspective of licensed

social workers is not known; thus, necessitating an empirical inquiry. The study relied on a generic qualitative methodology and employed an inductive inquiry in answering the research questions, which were:

RQ1: How do social workers perceive the effectiveness of teletherapy in fostering resilience among middle-class single Black mothers?

RQ2: What teletherapy-based strategies or interventions do social workers find most effective when fostering resilience among middle-class single Black mothers?

To understand the perspectives of social workers on the use of teletherapy in assisting individuals to cope with adversity, semistructured interviews were applied to collect data from social workers in the United States. Data were solicited via Zoom and Teams audio from participants who were purposively selected from Facebook groups. The study relied only on interviews with licensed social workers. No direct observation occurred. All findings reflect clinician perceptions. Equally important to note is that all descriptions of ‘seeing’ or ‘observing’ client behavior refer to clinicians’ accounts during their own teletherapy sessions, not to observations conducted by me.

Setting

Data collection took place virtually through Zoom and Microsoft Teams, which was in alignment with the increasing reliance on teletherapy platforms in clinical practice. All participants were licensed social workers practicing in the United States who actively provided teletherapy services to middle-class single Black mothers. Participants joined interviews from private environments of their choice, such as home offices or confidential workspaces, which ensured privacy and comfort.

During the interview process, participants shed light on their observations of the realities that single Black mothers face in balancing their professional and personal responsibilities while seeking mental health services and managing household duties. From the context of the study, I was able to explore the perceptions of clinicians on the use of teletherapy. I became familiar with clinicians' experiences of using teletherapy. This was useful in the subsequent thematic analysis. No unusual events occurred that compromised data collection. Interviews were conducted until no substantially new themes emerged at the level of participants' accounts, recognizing that some themes were supported by a small number of references. The study relied on interviews with licensed social workers only. No direct observation occurred. All findings mirrored perceptions of the clinician.

Demographics

The research study will not suffer any liability by presenting the sociodemographic attributes of the participants. The units of observation were licensed social workers who provided mental health services to middle-class single Black mothers aged between 18 and 50 years within the United States. I successfully solicited narrative data from 11 participants, which was sufficient until no substantially new themes emerged at the level of participants' accounts. Table 1 presents a summary of participant demographics.

As illustrated in Table 1, most of the participants in the study were female ($n = 10$), whereas only one participant ($n = 1$) was male. This demographic attribute mirrors the reality of the social work profession, which is female dominated in the United States

and beyond (Maddock, 2025). The inclusion of a single male participant, however, introduces a trace of gender diversity and provides an additional lens on the practice of teletherapy. Existing national statistics indicate that women comprise over 80% of licensed social workers (Maddock, 2025), which resonates with the female-majority representation in this study.

Table 1

Participant Demographics

Participant ID	Gender	State licensed	Nature of therapy
Participant 1	Female	Pennsylvania	In-person and teletherapy
Participant 2	Female	Illinois (Chicago)	Teletherapy only
Participant 3	Female	Illinois (Chicago)	In-person and teletherapy
Participant 4	Female	Kentucky	In-person and teletherapy
Participant 5	Female	New Jersey	In-person and teletherapy
Participant 6	Female	Pennsylvania	Teletherapy only
Participant 7	Female	Florida	In-person and teletherapy
Participant 8	Female	Texas	In-person and teletherapy
Participant 9	Female	New York	In-person and teletherapy
Participant 10	Female	North Carolina	Teletherapy only
Participant 11	Male	Michigan (Detroit)	Teletherapy only

Note. $N = 11$ licensed social workers participated in the study. All participants provided teletherapy, with some also offering in-person therapy.

In terms of geographic distribution, participants represented a range of states across the United States: Pennsylvania, Illinois (Chicago), Kentucky, New Jersey, Florida, Texas, New York, North Carolina, and Michigan (Detroit). Based on the diversity in participant representation from various parts of the country, the subsequent results captured perspectives from different regions, which is a key enabler of the transferability of the results. Equally, the mixture of locations emblems the decentralized

nature of teletherapy, which allows social workers to practice across various state contexts, subject to licensing restrictions.

Participants varied in modality of practice and their service delivery formats. Four participants provided teletherapy only, whereas seven participants engaged in both teletherapy and in-person therapy. This variation was important as it offered insights from practitioners who were fully in digital practice as well as those who balance both in-person and online modalities. In the subsequent qualitative analysis, this information was helpful in revealing how clinicians adjusted their assessment practices when working with single Black mothers via teletherapy platforms.

The demographic data of participants was crucial in situating the study findings within the social work profession. The substantial female representation is consistent with existing evidence that social work is a profession largely populated by women (Thyer, 2025). Furthermore, the range of geographic locations provide confidence that the insights into teletherapy are not confined to a single regional context but reflect an array of systemic and professional realities across the United States. The presence of participants who exclusively practice teletherapy provides evidence of the growing shift toward digital mental health services, which accelerated during and after the COVID-19 pandemic (Benudis et al., 2022).

The study sample adequately represented both the gender composition of the profession and the diversity of social workers engaged in teletherapy practice. This strengthened the trustworthiness of the study's findings because the perspectives analyzed were grounded in experiences across various practice contexts. The variations in

therapy modalities provide clear accounts of how teletherapy was perceived relative to in-person services, which was crucial in realizing a richer thematic exploration of its effectiveness in promoting resilience among middle-class single Black mothers. Having established participant demographics, the following section outlines the data collection process.

Data Collection

The study employed semistructured interview protocols in soliciting data from the respondents as the research was based on a generic qualitative approach. I developed a flyer inviting potential participants by posting it in Facebook groups that were populated with licensed social workers and/or clinical social workers. I used inclusion criteria, which required the participants to practice and be licensed as social workers in the United States. Equally, the participants were selected on the basis that they offered teletherapy because this was the central aim of the study.

Subsequent to meeting the selection criteria, participants were recruited using purposive sampling and interviews via Zoom and Teams audio were scheduled. The use of these digital platforms made it possible for me to save time and resources required to travel from one location to the other, as the participants were dispersed across different states, as outlined in the demographic section. The audios from the interviews were transcribed. The average interview time ranged from 60 minutes to 90 minutes. The anonymity of the participants was maintained by coding their names as Participants 1-11. This created rapport with the participants and expedited the data collection process. It is important to point out that data came only from interviews with licensed social workers. I

did not observe teletherapy sessions, homes, parenting, or interactions. Equally, any references to “seeing,” “in real time,” “observing,” “witnessing,” among others, refer to clinicians’ descriptions in their work, not to independent observations by me.

Data Analysis

Transcribed transcripts were uploaded to NVivo qualitative data analysis software after cleaning and ensuring that the data were readable and consistent with the questions that were posed to the informants. The use of the qualitative data analysis software enabled me to generate inductive codes in line with the six-step thematic analysis proposed by Braun and Clarke (2006). The first step entailed data familiarization, where I took a generous amount of time to understand the contents of the transcripts. In the second step, I generated initial codes by providing labels, which represented different aspects of the data. This means that the data were decomposed into meaningful segments and labels were inserted into the segments. The initial codes generated via NVivo were downloaded, where initial themes were formulated by me, reviewed, defined, and named in the subsequent stages.

Consistent with Braun and Clarke (2006), the study used inductive codes as opposed to deductive codes that depend on an established codebook. This resonated with the generic qualitative approach that the study used. I analyzed the interview questions in order to achieve the overall aim of the study, which was to explore social workers’ perspectives on using teletherapy to foster resilience among middle-class single Black mothers. Thus, the presentation of the results began with RQ1, then RQ2. Importantly,

the presentation of the results was completed in a manner that responded to the overall goal of the study.

In this study, resilience is conceptualized through three core constructs: adaptive functioning, protective factors, and emotional regulation. These constructs are used as an interpretive lens for understanding clinicians' perceptions rather than as a formal coding framework.

Evidence of Trustworthiness

In qualitative research, establishing rigor is achieved through demonstrating trustworthiness, as opposed to relying on quantitative aspects of validity and reliability. The study adopted the four pillars of trustworthiness in qualitative research proposed by Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability. This criterion guided the study in both data collection and analysis. The use of NVivo software enhanced the systematic organization of data through coding, memoing, sentiment analysis, and visualization, while traditional strategies such as journaling, reflexivity, member checking, peer debriefing, and thick description were integrated to strengthen analytic rigor. While saturation was reached for the primary, recurring thematic patterns across participants, less frequent observations did not reach saturation and are presented as emergent insights rather than fully developed themes. The following subsections describe how each of the four trustworthiness dimensions were achieved in this study.

Credibility

To ensure credibility, a number of strategies were leveraged during data collection and subsequent thematic analysis. Notably, member checking was used by providing participants with the opportunity to review summaries of their responses to confirm the accuracy and authenticity of representation. Reflexive journaling was maintained during interviews and throughout the analytic process, which allowed me to bracket personal biases and monitor assumptions.

Within NVivo, credibility was enhanced by systematically coding transcripts using inductive codes. Coding stripes and annotation features were utilized to trace how codes were applied consistently across the data set. NVivo memos were written during the coding process to document evolving interpretations, clarify meanings of codes, and record researcher reflections. Additionally, sentiment analysis was employed in NVivo to detect tone and emotional content in participants' narratives, which ensured that the participants' experiences were captured as opposed to oversimplifying them. Peer debriefing sessions with colleagues also provided external checks on the coding process and thematic development, thereby increasing trustworthiness.

Transferability

Transferability was established by providing thick and rich descriptions of the study context, participants, and findings. The participants represented a number of U.S. states and various practice modalities (teletherapy only vs. mixed teletherapy and in-person), which allowed for a more holistic account of social workers' perspectives. NVivo's visualization tools, such as word trees, coding queries, and thematic maps, were

used to identify recurring ideas and illustrate how participants across contexts expressed both shared and divergent perspectives. Similarly, the use of verbatim quotations tied to specific participants made it possible for me to provide sufficient detail for readers to assess whether findings were applicable to other contexts, such as different geographic regions, professional subgroups, and client populations.

Dependability

Dependability was enhanced by maintaining a clear audit trail of the analytic process. All coding procedures in NVivo were documented systematically, with timestamps showing when codes were created, modified, or merged. Analytic memos in NVivo offered a running log of decisions, rationale for coding choices, and reflections on evolving themes. In addition, reflexive notes outside NVivo captured my ongoing reflections about methodological choices and interpretive directions. Peer debriefing was employed by engaging colleagues to review selected transcripts and coding schemes so that the interpretations were logical and in line with the data. NVivo's query functions, such as coding comparison queries, were also used to check consistency and reliability across the data set, which helped to support the dependability of the analysis.

Confirmability

Confirmability was addressed by demonstrating that findings emerged directly from the data as opposed to my biases as the researcher. The use of NVivo made it possible for me to link codes directly to verbatim excerpts, thus underlining transparency between raw data and interpretations. Memos were attached to codes and nodes to capture my thought process, whereas reflexive journaling outside the software

documented positionality and steps taken to minimize bias. Bracketing was actively practiced by noting preconceptions about teletherapy and resilience in the journal and then critically reflecting on how these might influence analysis. Triangulation was achieved by comparing insights across different participants and coding categories. In the thematic analysis, participant voices were cited through extensive use of quotations, which made the analytic process transparent and verifiable.

Results

Thematic analysis was completed question-by-question to avoid information overload. Questions in line with RQ1 were presented first, followed by those that aligned with RQ2. The findings were structured thematically in tandem with Braun and Clarke's (2006) reflexive thematic analysis, which provided a rigorous yet flexible framework for examining participants' narratives. Codes were generated inductively from the transcripts and subsequently organized into themes that captured the participants' experiences. Interviews were conducted until no substantially new themes emerged at the level of clinicians' accounts, recognizing that some themes were supported by a low code count.

For clarity and systematic presentation, codes for a particular theme were clustered together, and a theme description/definition was given so as to guide the reader. To preserve confidentiality, participants were identified numerically as Participant 1 all the way to Participant 11. NVivo software facilitated data organization and coding, which in turn enabled me to track patterns, write analytic memos, and ensure coherence across the analysis. Presentation of results starts with RQ1.

Research Question 1 Findings

This section presents the findings related to Research Question 1: How do social workers perceive the effectiveness of teletherapy in fostering resilience among middle-class single Black mothers? To empirically answer RQ1, the analysis drew responses where participants reported on the differences, they observed between single Black mothers' use of teletherapy and in-person therapy, they discussed their perceptions of teletherapy on work-life balance and mental health and considered how teletherapy influences access to care when barriers such as childcare, transportation, or workplace flexibility were present. These areas of inquiry allowed for a holistic understanding of how social workers perceive teletherapy as a tool for fostering resilience in the lives of middle-class single Black mothers.

Overall Effectiveness of Teletherapy in Fostering Resilience

At the onset of the interviews, the question posed to participants sought to establish the overall effectiveness of teletherapy in promoting resilience among middle-class single Black mothers. This was the overarching and introductory question that was intended to provide an overview of the effectiveness of teletherapy. Through inductive coding as outlined by Braun and Clark (2006), five themes of the efficacy of teletherapy emerged from the qualitative data as summarized in Table 2.

Table 2*Overall Effectiveness of Teletherapy*

Theme	Code	References/code count
Improved access to services	Accessibility of services	2
	Continuity of care	2
Quality of care	Comparability to in-person therapy	2
Parenting support	Parenting support	3
Strengthening coping skills	Grounding and coping strategies	3
	Skill practice outside sessions	3

As summarized in Table 2, a few themes are based on low frequency codes and should be interpreted as exploratory or emergent, not saturated, which is a limitation to the overall effectiveness of teletherapy. Teletherapy entails the provision of mental health services through digital platforms such as video conferencing, phone calls, or other secure online tools (Benudis et al., 2022). Unlike traditional in-person therapy, clinicians perceived that, teletherapy allows clients and practitioners to interact remotely, which lessens the need for physical proximity while maintaining the core principles of psychotherapy. The clinicians further perceived that teletherapy improved the accessibility of mental health services and provided continuity of care. In line with these perspectives, Participant 9 had the following to say,

I do believe that single moms, especially middle class and working moms, are furthering their advancements, into their degrees, into their professional lives. I'm finding that telehealth will be a very possible and helpful option for them to receive services from licensed clinicians and practitioners simply because their

schedule may not a lot for the regular nine to four office hour type solution. So maybe they need to see somebody outside of the regular 5pm structure.

According to Participant 9, teletherapy provided an alternative means of accessing mental health services, which were traditionally offered only through in-person visits. In the past, middle-class single mothers had inadequate access to psychotherapy owing to their work-related schedules. Participant 9 also reported that with the advent of teletherapy, mothers are able to access these services and visit qualified clinicians. The Participant described mothers that they can easily juggle work and, at the same time, access therapy services using digital means. He/she believed that accessibility made it easier for mothers to attend sessions more consistently.

Clinicians described mothers talking about how teletherapy supports coping and well-being, and mothers do not have to worry about their work and parenting commitments, because the service can be accessed remotely. Clinicians described mothers talking about how routine therapy sessions helped them manage stress and anxiety. Clinicians perceived mothers talking about using coping strategies during difficult moments, based upon what they learned in sessions.

A number of clinicians reported that mothers were comfortable receiving the service from the ease of their homes. They described how clients talked about no longer worrying about transportation costs or someone knowing about their mental health needs due to teletherapy. They also described mothers reporting that they could easily find time after work, sign in to a digital device and get help from a licensed social worker.

Participant 11 had the following to share,

But again, I guess I would back up the fact that you can feel comfortable having a conversation, a session like this, and like the comfort of your own home, and it being able, just being able to navigate certain things in a better way, because you know, you have this access, you have the support, you have this outlet.

Quality of care emerged as a theme where participants perceived use of teletherapy did not compromise the standards of mental health. Clinicians reported that the use of virtual platforms to seek therapy did not in any way lower the status of mental health services. The clinicians also described mothers talking about teletherapy services as a preference versus in-person services. According to them, mothers did not incur travel time expenses. Clinicians perceived that teletherapy had better returns. This perspective was shared by Participant 3, who stated, “I really don’t see how it would be that much different from like a traditional in office setting.” Similar sentiments were cited by Participant 11, who inferred, “I mean, I really feel like there’s no, no, no difference when it’s telehealth.” Reflecting on the two verbatims, clinicians perceived that teletherapy provided care comparable to in-person sessions based on their clinical experience.

Clinicians reported that teletherapy enabled them to witness parenting stressors during their clinical work, provide immediate support, model coping strategies, and problem-solving during live situations. They perceived that taking awareness that mothers could access the service from home, they are able to empathize with the tribulations of single Black mothers who must work full-time and return home as primary givers. They also reported to having rare opportunities to provide mental health services in the natural setting of their clients as Participant 6, stated:

Well, again, the nice thing about it, working with single moms, telehealth wise, especially when they're doing those appointments at home, oftentimes kiddos are running around and so in the midst of, you know, Johnny comes running into the room in real time, I get the opportunity to help mom process, breathe, take a moment.

As reflected in the above statement, clinicians perceived that teletherapy created an interactive environment where clinicians could provide counseling as well as model immediate coping strategies in the moment of perceived stress. Clinicians perceived that the opportunity to intervene as parenting challenges unfolded in real time may support mother's practices of coping skills. They stated that mothers talked about teletherapy's unique effectiveness in helping them with practical tools they could apply in their day-to-day routines. Consistent with the tenets of resilience theory, resilience is enhanced through the development of adaptive coping strategies, emotional regulation, and problem-solving capacities that enable individuals to withstand and recover from adversity (Afifi et al., 2020).

Inductive codes pointed to the theme of strengthening coping skills as an indicator of the effectiveness of teletherapy. Clinicians believed that mothers' practice of coping strategies between sessions supported resilience-related skills. To highlight how teletherapy enhanced the practicality of coping skills, clinicians reported that they were able to get real-time feedback from their clients in terms of how they implemented some of the skills they learned and what more could be done to make teletherapy more effective. Participant 3 reported,

You're asking them how they are able to implement these skills independently, like in between sessions, I'm finding that the feedback is really good, that they're saying, you know what? Maybe I didn't handle this, you know, 100% the way you would have, or the way that we talked about, but I I'm proud of myself, because before I would have done X, Y, Z, and now I was able to remember what we did in session, and, you know, it really helped me, and I feel better.

They also reported that teletherapy creates opportunities for skill transfer beyond the session. Clinicians reported that mothers talked about testing and refining coping strategies in their day-to-day lives. They believed it is possible that when mothers learn by doing, they are twice as likely to grasp and translate the abstract ideas into action. they also believed that encouragement of independent application and self-reflection via teletherapy helped mothers with self-efficacy and adaptive coping. They described mothers expressing greater confidence in managing challenges.

Clinicians described mothers expressing that they practice skills outside of sessions. They reported modeling grounding and mindfulness techniques in session. Participant 4 stated the following,

And I do a lot of somatics. We do a lot of grounding, and a lot of I'm starting to incorporate EMDR into my practice, and so we're doing a lot of the tapping. And you know, I'm watching them as they're tapping things into themselves and being more aware and more in tune with their body.

Clinicians perceived the role of somatic and grounding practices enhances mothers' awareness of their bodies and emotions. The participants reported that mothers

expressed that grounding techniques help them regulate stress in the moment of crisis. they reported that such approaches are consistent with mindfulness and body-based therapeutic perspectives, and there may be value in present-moment awareness, self-regulation, and practical skill-building.

In addition to the core themes, a small number of clinicians reported the following emergent observations, which illustrate variability rather than dominant patterns. One clinician described mothers talking about comfortability accessing services from home, given that they did not have to leave their safe spaces in search of therapy. One clinician perceived access as a factor of effectiveness of teletherapy, considering most (80%) middle-class single Black mothers are full-time employees and have to juggle between work and parental duties at home. They argued that mothers talking about teletherapy offering mothers a flexible opportunity to access mental health services. They also perceived mothers talking about recognizing unhelpful responses and trying alternative coping strategies based upon what they learned via teletherapy.

Across themes, clinicians' observations highlight how teletherapy fosters resilience in single Black mothers. The theme of strengthening coping skills reflects the development of adaptive strategies and real-time application of mindfulness and grounding techniques, supporting emotional regulation in daily life. Boundary setting illustrates how clear limits around communication and scheduling promote adaptive functioning, allowing mothers to manage work and caregiving responsibilities more effectively. In access and continuity of care, teletherapy serves as a protective factor by providing flexible, consistent engagement with mental health services, reducing barriers

related to transportation, scheduling, and stigma. Spirituality and cultural integration further reinforce resilience by enabling mothers to draw on faith-based and culturally meaningful practices as sources of strength, while normalization and stigma reduction protect emotional well-being by reframing help-seeking as routine self-care. Together, these themes demonstrate that teletherapy not only provides clinical support but also cultivates resilience by enhancing coping, self-efficacy, and adaptive functioning in the context of mothers' everyday lives.

In summary, clinicians perceived the overall effectiveness of teletherapy in fostering resilience may be increased access to mental health services, continuity of care, a comfortable therapeutic space that encouraged openness, and sustained quality of care comparable to in-person services. Additionally, the clinicians reported that teletherapy allowed them to provide real-time parenting support. They were able to help mothers develop coping strategies in mindfulness, grounding, and practice outside of sessions. They also believed that increased access to services helped middle-class single Black mothers with adaptive coping strategies and self-efficacy. According to them, mothers expressed acquiring coping skills that help them balance the demands of caregiving and professional roles. These clinicians reported observations align most closely with emotional regulation through coping and grounding strategies.

Differences in Single Black Mothers' Responses to Teletherapy Services Compared to In-Person Therapy

The study sought to explore clinicians' perspectives on the differences between single Black mothers' responses to teletherapy services and in-person therapy. This

question was posed to the participants to describe whether teletherapy was effective compared with in-person therapy with clinicians. Thematic analysis yielded the following codes and themes, as summarized in Table 3.

Table 3

Differences Between Teletherapy and In-Person Therapy

Theme	Code	References/code count
Access to services	Accessibility	2
	Convenience	2
Comfortability	Comfortability	3
	Flexibility	5
Anonymity	Privacy	4
	Confidentiality	2
Consistency in attendance	Consistency in teletherapy	2
Disruptions during sessions	Distractions	3
Emotional connection	Emotion reading	2
	In-person preference	1

As summarized in Table 3, the distinction between teletherapy and in-person sessions yielded five themes and some illustrative observations. Clinicians reported that mothers expressed that access to mental health services was convenient for them to talk to a mental health professional from anywhere, as long as they were connected to the internet. They perceived access as the primary purpose of teletherapy as it eliminates barriers associated with traditional in-person therapy. Participant 6 reported the following, “And I think the difference between in-person versus telehealth for single Black mothers is it makes it more accessible to them.” Clinicians perceived that teletherapy offers convenient services to the single Black mothers who have busy schedules embedded in full-time employment and parenthood. These perceptions reflect

resilience theory by positioning increased access and continuity of care as protective factors that support sustained engagement in mental health treatment.

Owing to time and financial constraints faced by most middle-class single Black mothers due to their roles as employees and caregivers at home, clinicians reported that mothers expressed that teletherapy helps them save two aspects (time and money) as they do not have to attend physical sessions that require travelling from one point to another. Clinicians reported that convenience cannot be overlooked, single Black mothers rarely have time to travel from work or home to see a clinician at a physical location.

Participant 11 reported that teletherapy offers a complete departure from in-person sessions,

The biggest difference that I've noticed is convenience. For sure, it's really helpful to work with mothers that may have will usually have really extensive, busy schedules where they can be seen, particularly like in the car. I call it car therapy, whether it's like on a lunch break right be seen, it's really helpful for them to just be able to not have to commute to and from because there's already a lot of driving that they usually have to do, whether it's, you know, picking up the kids, having errands to run, just a lot that usually takes up a lot of space. But that telehealth option, it's super, super convenient, knowing you can use it on your phone, your tablet, or if you have Wi Fi nearby, using your laptop, but it's, it's just really convenient if it's in their schedule, not knowing that they have to come to somewhere, but also can pull out that phone or tablet anywhere that they have, you know, privacy. So that's what I've noticed the most.

In light of the above statement, the clinicians perceived that teletherapy offers access to mothers, which may be more convenient. Contrasted to traditional in-person services, teletherapy can be conducted from anywhere and at any time as long as clients can spare time. The clinicians also reported that mothers expressed that they could contact their therapist during lunch breaks and have the sessions while they (mothers) are in their cars. Clinicians reported that some mothers talked about ease of access helped them reflect more on their parenting, which clinicians believed could support healthier dynamics. This increased convenience was described as supporting mothers' ability to stay engaged in therapy, manage demands, and maintain consistent emotional support during challenging periods.

Clinicians reported comfort as a difference between in-person mental health services and teletherapy. They reported that some mothers expressed that they are more relaxed and open compared to in-person sessions. They believed mothers are more likely to have a better grasp of the session contents and how to implement them in their day-to-day lives via teletherapy. Participant 6 reported, "I think the other difference I found between in-person and telehealth is I think because they're in an environment that is more comfortable to them, they tend to be able to be more relaxed." Another clinician perceived that this sense of comfort helped mothers open up more during sessions. They believed that relaxation reduces emotional defenses and creates the mental bandwidth needed for reflection, coping, and problem-solving. They reported that some mothers expressed that the teletherapy platform helped them to feel less constrained in contrast to formal office settings. Participant 6 added,

I feel like in the long run, it's very, very beneficial, really, for everyone, but for single Black moms to really be in a secure space so they can just authentically be themselves and know that within these four walls, it's just me and you and I got you, you know, so that's kind of my take on the whole thing.

Clinicians reported that some mothers expressed that teletherapy creates a secure and private therapeutic space where they can be themselves authentically free from external judgment or stigma. This is in line with existing literature on the importance of psychological safety and therapeutic alliance, which emphasize that trust and confidentiality are prerequisites for meaningful self-disclosure and effective therapy (Tollaksen Nilsen et al., 2025). Additionally, the clinician underlines the role of relational security in helping mothers confront challenges openly and engage fully in the healing process. Clinicians reported that some mothers expressed that secure therapeutic spaces helped them cultivate self-reflection. They also perceived providing comfort helped mothers lean into vulnerability. They described the comfort of teletherapy as supporting mothers' ability to process emotions more effectively and engage in the therapeutic work with greater openness.

Clinicians reported that privacy and confidentiality are what differentiates teletherapy from in-person therapy. They suggested that unlike in-person sessions, which require clients to travel to clinics or offices where they risk being seen by others, teletherapy allows single Black mothers to seek support discreetly from the comfort of their homes. They described confidentiality as a form of comfort. Clinicians reported that some mothers talked about balancing many roles and the comfort of scheduling therapy

sessions at times that fit their routines. Participant 6 reported, “Um, them up in another room and be able to have some privacy. They can do it first thing in the morning before they go to work or at the end of the day.” Clinicians perceived teletherapy’s adaptability protects privacy as well as integrates seamlessly into daily schedules. Clinicians reported that some mothers noted that they created a safe and convenient space in their home for authentic engagement and to process stressors without worrying about judgment or exposure. Clinicians emphasized that this sense of protected privacy supports mothers’ ability to engage openly and maintain consistent participation in therapy.

Clinicians reported that teletherapy made it possible for single Black mothers to consistently attend mental health sessions, which can be challenging to do with in-person sessions, where logistical barriers, such as transportation, work schedules, and childcare, often limit attendance. Clinicians perceived that flexibility in teletherapy enables clients and clinicians to schedule sessions at convenient times because they can be accessed from virtually any location. Clinicians believed that flexible scheduling made it easier for mothers to attend sessions consistently. Participant 3 reported,

Say the biggest differences that I’ve seen are their attendance rates. I feel like with teletherapy, it’s definitely more convenient and it gives clients an ability to access mental health services pretty much anytime, anywhere. And so, I believe that most of the clients that I’ve had that are single Black mothers have been able to attend and keep mental health therapy appointments at a higher rate, and also being able to participate in mental health services for a longer period of time.

Clinicians reported that teletherapy increases attendance and long-term engagement in therapy, where these factors are central to continuity of care. Clinicians reported that mothers talked about consistent participation as important for ongoing support and skill development. They believed increased attendance may support recovery from adversity, improve protective factors, and provide a strength-based outlook. This steady engagement gives mothers sustained opportunities to practice and reinforce the skills that help them manage daily challenges more effectively.

According to the clinician, teletherapy was not very effective when accessed from home due to disruptions. Clinicians reported that single parents juggle multiple responsibilities such as working full-time, meeting financial obligations, providing childcare, and managing the emotional needs of their children (Aviles et al., 2024). They reported that that these overlapping demands are likely to compromise the quality of engagement in therapy sessions because mothers may struggle to find uninterrupted time and space for themselves. This challenge was highlighted by Participant 4 who reported,

I've had all kinds of stuff happen on telehealth, and I'm like, hey, maybe it's better if we see each other in person, because you it's a lot of people interrupting you. And, you know, we've only been on the call for 15 minutes, right? So now that's interrupting the way that you're receiving your therapy, and I think everybody deserves to have uninterrupted therapy for at least 60 minutes. The client doesn't appear focused or in the moment. They don't have so much going on because they're still like in the home environment.

Participant 10 added,

I'll say it seems like they're a bit more distracted. It is hard to kind of get to really fully engage, right? Maybe they're talking to me, but they got their eye on something else, or they're watching a kid or dropping someone off at practice, right? So, there's that piece. It's just kind of hard to get them to engage for the full hour.

Clinicians reported that while home environments are convenient, they are likely to be fraught with interruptions that limit focus and diminish the therapeutic process. Clinicians perceived that the competing demands of work, parenting, and household management may impede single Black mothers' ability to fully benefit from teletherapy which negatively affects the therapeutic process. They suggested that frequent disruptions interfere with the sustained attention and emotional presence that help clients apply new skills and make meaningful progress.

Clinicians reported that nonverbal cues and emotional depth are more observable in person, contrasted to teletherapy. Clinicians described face-to-face settings as a better means to read body language, facial expressions, and subtle shifts in posture or tone that are sometimes missed in virtual sessions. They reported nonverbal cues enhance emotional connection and allow clinicians to better assess their clients' unspoken feelings, which is especially important when working with single Black mothers managing multiple stressors. This point was supported by Participant 10, who reported, "Because it's just us in the office at this point, body language is huge, so I'm able to read their body language and read theirs." Clinicians perceived that in-person settings allowed therapists to observe silent forms of communication, which may create a deeper

understanding of their clients' emotional states. In contrast, teletherapy, while accessible, may sometimes obscure such cues due to screen limitations, poor internet connections, or the lack of full visibility of the client's environment. Richer emotional attunement, possible in person, can strengthen mothers' capacity to process feelings and stay engaged during challenging moments.

Clinicians reported that despite the benefits of teletherapy, many single Black mothers still preferred in-person sessions because of the emotional depth and sense of presence they provide. As Participant 2 reported, "Generally, most of them want to go in person for services, but that is not very sustainable with changing schedules and living, taking care of children, taking care of their parents, and working jobs themselves."

Clinicians reported that some mothers expressed the value of richer connection and attentiveness in in-person therapy. Still, their busy schedules and competing caregiving responsibilities make teletherapy a more practical option. Clinicians suggested that while in-person sessions may enhance emotional attunement, teletherapy allows mothers to maintain consistent engagement and apply coping strategies despite time and logistical constraints.

Centered on the differences between teletherapy and in-person therapy as explained above, clinicians perceived that teletherapy offers notable advantages for middle-class single Black mothers in terms of accessibility, comfort, privacy, and consistency in attendance. Clinicians described mothers' accounts that teletherapy addressed barriers such as travel time, rigid work schedules, and childcare constraints. Clinicians reported that teletherapy provides a flexible platform where mothers can

engage in therapy from their own spaces at times that better align with their routines. They perceived that flexibility improves mothers' ability to attend sessions more regularly and sustain long-term engagement, which clinicians believed supported mothers' ongoing engagement in therapy. Clinicians reported that the comfort of being in a familiar environment encourages openness and authenticity, privacy reduces stigma, which in turn allows mothers to seek help discreetly. On the other hand, clinicians described limitations in teletherapy, such as frequent distractions within home environments, reduced ability for clinicians to capture nonverbal cues, and a weaker sense of emotional connection compared to in-person therapy. Clinicians suggested that these advantages and limitations influence mothers' ability to engage fully, practice coping strategies, and sustain emotional regulation across daily stressors.

Teletherapy on Work-Life Balance and Mental Health of Single Black Mothers

The study examined clinicians' views on how teletherapy affects the work-life balance and mental health of single Black mothers. Given the stressors that single Black mothers face regarding their busy schedules as primary caregivers and income earners, clinicians reported the extent to which the flexibility of teletherapy influenced work-life balance and mental health. Work-life balance refers to the effectiveness of managing personal activities and career demands. In line with Braun and Clarke's (2006) thematic approach, data were analyzed using an inductive approach and summarized in Table 4.

Table 4*Teletherapy on Work-Life Balance*

Theme	Code	References/code count
Access to services	Accessibility	2
	Attendance consistency	1
	Consistency of service	2
Comfort in therapy	Flexibility	4
	Increased comfort	2
	Sharing feelings	2
Perceptions of improved mental health	Perceptions of reduced stress	2
	Perceptions of self-reflection	2
	Perceived self-confidence	1
	Perceived mental well-being	1
Managing boundaries	Boundary setting	2
	Distractions	1

As detailed in Table 4, a number of codes on teletherapy and mental health were generated, which aided toward the themes of teletherapy on work-life balance. Clinicians reported that teletherapy aides to work-life balance through access to services, comfort in therapy, perceived mental well-being, and managing boundaries. They perceived that teletherapy provides opportunities for mothers to access consistent mental health support, therapy comfort, perceived mental well-being through coping strategies, and enhances boundary setting between personal and professional responsibilities. Clinicians described boundary setting as supporting adaptive functioning in managing work and caregiving demands

Clinicians reported that access to teletherapy services may support single Black mothers' attendance. They expressed that some mothers reported that continuous attendance in therapy helped them process stress, acquire coping skills, and maintain continuity of care, as Participant 3 reported:

In the break room, she can have a session during her lunch break, versus it being in person. She may have to, like, take time off, or she may not have a time. She may not have time to travel to your office, have an hour session and get back. So I think access is so important. And then if things are happening, if you have a scheduled appointment, or, let's say there is an emergency and you have an opening, I think you are able, as a provider, able to take more emergencies and maybe even schedule more effectively, because in real time, you're able to say like, Hey, can you meet me in an hour or 2? I have a client. They cancel, I can see you.”

Clinicians noted that mothers frequently reported enhanced accessibility through teletherapy, as it allowed therapeutic engagement to be seamlessly integrated into their daily routines, including lunch breaks or unexpected openings in clinicians' schedules. According to clinicians, such flexibility is difficult to achieve in traditional in-person settings, where travel requirements and scheduling constraints often limit availability. Clinicians perceived that teletherapy facilitated more consistent session attendance and better alignment with mothers' work obligations and caregiving responsibilities. They further observed that single Black mothers were able to schedule and reschedule sessions with greater ease, reflecting improved control over their therapeutic participation. Clinicians also reported that mothers described teletherapy as supporting work–life balance, fostering greater self-reflection, and enhancing their sense of self-confidence. These observations suggest that teletherapy supports adaptive functioning and protective

factors, enabling mothers to manage stress more effectively and strengthen coping capacities.

As summarized in Table 4, comfort in therapy merged with a central organizing theme for the codes: flexibility, increased comfort, and sharing feelings. Clinicians described mothers' reports that teletherapy allows them to participate from anywhere, even on holidays or working remotely. Clinicians perceived that as result of mothers participating in mental health services from any location via digital spaces, they are likely to feel comfortable due to the flexibility associated with teletherapy. Even in instances when mothers are moving around, such as at work or home, they still have access to psychotherapy. Participant 5 reported,

So I would say definitely, telehealth definitely helps with work life balance of not having to sacrifice taking off additional leave at times. So, for example, if the mother is moving back and forth, doing all types of things, and, you know, can just barely make time for themselves. Oftentimes, I'm seeing clients that are on their lunch break, or they're like, you know, I have a small break from work, and my supervisor, my boss, that gave me some extended time just it creates the ability not to have therapy feel like something else to do, because it's giving them the ability to just kind of meet them where they are, or even sometimes have those 45-minute sessions. They're like all I have is 45 minutes, but I really want to be able to spend this time getting out some things and processing some things.

Clinicians reported that some mothers emphasized the advantage of not having to take additional leave days to attend or seek mental health services, as teletherapy

provides flexible access from virtually any location, including the workplace or while on holiday. As noted in the background of this study, approximately 80% of single Black mothers are employed, indicating that many already manage demanding schedules. Clinicians acknowledged that the requirement to travel from home or work to meet with a social worker could further exacerbate these time pressures. They perceived that the flexibility offered through teletherapy affords mothers the convenience of obtaining services remotely, potentially reducing both the time and financial costs associated with transportation. This ease of access and flexibility may further support mothers' ability to practice coping strategies consistently and manage daily stressors more effectively.

Clinicians noted that the digital accessibility of teletherapy allows single Black mothers to express their feelings from familiar and comfortable environments, such as their bedrooms, home offices, or backyards. As Participant 8 explained, "And I found that to be more helpful, because, like I said, they are more willing to open up because they're in a familiar place." Clinicians reported that mothers often described the comfort of these familiar settings as reducing the anxiety that may otherwise accompany in-person sessions. They believed that this reduction in anxiety fosters greater honesty and depth in therapeutic dialogue. According to clinicians, increased client vulnerability enables them to more effectively identify stressors and offer targeted coping strategies. Clinicians further shared mothers' accounts indicating that the ability to participate in therapy without leaving home allows mental health care to be integrated into daily routines with minimal disruption. They also reported that heightened openness supports self-reflection and enhances mothers' perceived capacity to manage the combined

pressures of work and caregiving. This comfort and familiarity may also help mothers apply coping strategies more consistently, supporting adaptive functioning and emotional regulation in their daily lives.

Teletherapy's influence on work–life balance and mental health for single Black mothers was reflected in how it helped them navigate barriers and adopt a more strength-based outlook. Participants observed perceived reductions in stress, increased self-reflection, greater self-confidence, and improved overall well-being among the mothers they served. Many mothers reported that virtual care removes several burdens associated with in-person sessions. As Participant 1 explained, “it just alleviates the additional load of trying to find someone to watch your kids, plan the commute to and from the office and all of those things.” Mothers frequently described how teletherapy eases the recurring logistical pressures of childcare and transportation—factors that often intensify the demands of juggling multiple roles. With fewer external constraints, they were able to conserve time, reduce stress, and direct more emotional energy toward coping strategies and caregiving. This reduction in logistical strain was seen as contributing to enhanced mental well-being and a greater sense of control, as daily demands became more manageable without the added challenges of travel, transportation costs, or other uncertainties associated with traditional in-person care. Alleviating practical barriers, teletherapy also supports the consistent practice of coping skills and fosters adaptive strategies that help mothers manage stress and maintain balance across their personal and professional responsibilities.

In addition to minimizing logistical challenges, clinicians noted that many mothers described teletherapy as creating opportunities for deeper self-reflection. This often became apparent during conversations in which mothers commented on events unfolding in the background of their homes, prompting spontaneous insights about their daily lives. Participants observed that some single Black mothers used these moments to reflect on their parenting styles, the difficulties they navigate, and the forms of support they might need. As Participant 7 explained

I think, become more honest about their own parenting style, the impact of their parenting style on their children, understand the connection between how they were parented and how they're parenting and they're then able to identify areas that they want to change that's maybe different than the way they parent it.

Clinicians perceived that the therapeutic process encourages single Black mothers to critically examine their parenting practices, confront intergenerational patterns, and consider intentional changes they wish to implement. Through this ongoing self-reflection, mothers appeared to develop greater self-awareness and stronger emotional regulation skills. Several participants noted that mothers described this reflective process as empowering, particularly in helping them balance professional responsibilities alongside their parenting roles. From the clinicians' perspective, such gains in insight and regulation may support the creation of healthier family dynamics by reducing perceived stress and enhancing overall mental well-being. This process demonstrates how teletherapy facilitates practical application of coping and self-regulation skills, enabling mothers to integrate reflective insights into daily routines and parenting practices.

As seen in Table 4, managing boundaries as a theme emerged from the inductive codes. Clinicians reported that the demands of work and caregiving among single Black mothers confuse personal and professional roles, making boundaries essential for sustaining mental health. In line with this view, Participant 4 observed,

Are you okay with having this on your or your cell phone? Are you okay with people reaching out to you outside of, you know, office hours, you know, however that looks for you. But you have to know yourself in order to create those boundaries. And then you can move on to say, okay, hey, um, so in order for me to have healthy work life balance. I'm going to only do this on these days. I'm only, only accept this on these days, or, you know, what have you.

Clinicians reported that setting clear limits regarding communication, scheduling, or availability helps single Black mothers protect their personal space while ensuring that therapy supports their interests in contrast to disrupting their daily functioning. They reported that mothers expressed that it helps them define what is acceptable in order to safeguard their professional and caregiving responsibilities. Establishing these boundaries, mothers are better able to integrate therapeutic strategies into their routines without overextending themselves, supporting sustained coping and emotional regulation.

Clinicians believed that teletherapy influences work-life balance and mental well-being of single Black mothers by improving access to services, fostering comfort and openness in therapeutic exchanges, cultivating resilience through perceived stress reduction and perceived self-reflection, and enabling clearer boundary management. The Clinicians described mothers talking about flexibility in scheduling allowed them to

attend sessions during lunch breaks or from home without the additional burdens of childcare, commuting, or taking time off work, which improved access, reduced common barriers, and appeared to support more consistent attendance. they described mothers reporting that familiar spaces, such as their homes, also made them more comfortable and willing to share feelings, thereby strengthening their coping skills. they believed that the opportunity for mothers perceived self-reflection encouraged more awareness about parenting styles and coping strategies, while boundary setting around communication and scheduling protected personal time and responsibilities. The participants' perception of teletherapy supports resilience by enhancing adaptive coping, emotional regulation, and problem-solving capacities, enabling single Black mothers to navigate stressors and maintain well-being amidst the demands of work and caregiving.

Teletherapy on Access to Care for Single Black Mothers

The study explored how teletherapy supports access to care for single Black mothers who face barriers such as transportation, childcare, or workplace flexibility. Teletherapy has been adopted as an alternative to in-person services, and this section highlights the extent to which it mitigates structural and personal barriers to mental health care. Results of the thematic analysis are summarized in Table 5.

Table 5*Access to Care through Teletherapy*

Theme	Codes	References/code count
Overcoming structural barriers	Removal of transportation barriers	6
	Removes financial barriers	3
	Workplace flexibility	4
Support for caregiving roles	Childcare	3
	Accessibility	2
	Provider availability	1
Psychological safety	Emotional safety	2
	Self-care	1

Clinicians reported that teletherapy positively affects access to mental health services by, among others, removing structural barriers, supporting caregiving roles, and enhancing psychological safety. However, clinicians described that mothers talking about teletherapy affects access to psychotherapy in terms of the technological obstacles, such as poor internet connectivity.

Clinicians reported that circumventing structural barriers is one of the notable ways that teletherapy positively influences access to care for single Black mothers. Traditional in-person therapy sessions that were predominant before the COVID-19 period were replaced with a more agile access to mental health services using digital space (Connolly et al., 2024). Clinicians described mothers expressing that they did not have to travel from their locations to see a social worker. Clinicians described mothers talking about the only requirement during COVID-19 was to find a qualified clinician and schedule a virtual meeting. Clinicians reported that teletherapy eliminated transportation expenses and other financial obligations when moving from one point to the other. Clinicians reported that the flexibility of online platforms reduces single Black

mothers' day-to-day hassles as wage earners and caregivers. Clinicians described mothers expressing that this gives them more time to care for their families, which is key for their mental well-being. In line with the observations made by participants, Participant 3 had the following to say,

I feel like that is like, really the blessing of teletherapy, whereas you may have a mom who would have to, like, get on the bus or ask for a ride or depend on Medicaid transportation, maybe, or it could just be distance or traffic for someone that has their own transportation.

Participant 5 added,

As far as transportation is concerned, there is not a public transit system. So they are, you know, dependent on their own vehicles, or if their vehicle is broken down, so that plays just as big a role as well. So, there I even hear sometimes I just don't have the gas in my car to come to in person and things like that. So, a lot of times we're reliant on telehealth services as well. And I would say the same for workplace flexibility, because it's not uncommon. Participants 3 and 5 perceived that teletherapy positively impacts access to care for single Black mothers by making it possible to have the sessions from the comfort of their homes. Clinicians described some mothers reporting that traveling from either work or home to therapy requires time and finances; however, with teletherapy, they are able to avoid such costs and time implications. Equally, clinicians believed mothers have flexibility as they do not have to contend with work, caregiving, and paying a visit to a social worker. Clinicians believe that single Black mothers have more time to either provide care for their dependents and/or put extra hours in their jobs

so that they can earn more. Clinicians perceived that improved mental well-being and better finances may help single Black mothers focus more on securing a nurturing environment for their families. These observations suggest that as reducing structural barriers enhances single Black mothers' ability to manage stress, maintain well-being, and effectively navigate the demands of work and caregiving.

Clinicians reported that saving transportation costs means that the disposable income for the single Black mothers is a higher. Social workers described mothers talking about the \$50 they save in lieu of transportation costs, which can be used to meet other expenses at home, such as groceries. Clinicians described mothers expressing that they have more money for food and other basic utilities, such as water and electricity.

Participant 9 stated the following,

Sometimes transportation is an issue. Sometimes they don't have a car.

Sometimes that car is in the shop. They can't get a \$50 Uber to come to session because they gotta pay \$50 to go back, and that's going to blow up their budget, the shopping for groceries, getting, you know, medication for blood pressure, getting school supplies.

Clinicians described some mothers' accounts of facing unprecedented budgetary constraints and having to access the most frugal means of mental health services.

However, clinicians reported that teletherapy brings mental health services to their homes, jobs, and cars. With this flexibility, clinicians perceived they are able to save money that will not be spent on travelling to have sessions in-person with clinicians.

Clinicians described mothers expressing that because they do not have to leave their jobs

by taking days off to seek care, they can devote those resources to more pressing demands. Clinicians described mothers expressing that when they leave home for in-person therapy, sometimes they have to pay for daycare services, meaning that in-person therapy services are associated with secondary costs that must be met subsequent to seeing a mental health professional. Participant 5 reported following,

Okay, so childcare definitely affects it most likely when single mothers are having a lack of childcare, it's hard for them to come in person. Usually, when the childcare is just not present, or it's kind of flaky, I'm noticing there's often times an immediate pivot to telehealth. So that makes it good that that service is there and available to them.

Clinicians perceived that teletherapy does not interfere with childcare. In fact, clinicians described mothers talking about teletherapy making it possible for mothers to seek care from the comfort of their homes and avoid the hassle of searching for a childcare provider. Clinicians described mothers talking about gaining coping strategies from therapy and being more effective in their jobs as parents, employees, or employers. Clinicians perceived therapy may increase the protective factors of middle-class single Black mothers and support them through day-to-day challenges. The participants suggest that teletherapy enhances protective factors within resilience theory, as reducing financial and logistical burdens, transportation and childcare costs strengthens single Black mothers' capacity to manage daily stressors, maintain mental well-being, and effectively navigate work and caregiving responsibilities.

Clinicians perceived that teletherapy services remove barriers through accessibility when therapists are available, given that the clinician and the client can schedule or reschedule sessions as appropriate without unnecessary cancellations. This accessibility may offer single Black mothers the ease of finding a clinician with whom they can connect. Participant 11 had the following to say regarding provider availability and the flexibility,

Since we're talking about mothers, thankful that they have this option, because it's really hard to find clinicians that can meet their or fit in their schedule, and so not having to go through the, you know, to and from somewhere, and deal with the transportation and everything else that kind of comes with being in person they love, and then on top of that, finding someone that they connect with.

Clinicians reported that some mothers mostly have tight schedules because they undertake dual roles as caregivers and employees. They are either at work or at home tending to their dependents. Clinicians described mothers as constrained in terms of time to go for an in-person session. On the other hand, clinicians described mothers' reports that this has been remedied with the advent of teletherapy, which provides a platform for clinicians to meet with their clients based on agreed timelines. The participants' perceptions suggest that teletherapy removes structural and logistical barriers, enabling single Black mothers to connect with clinicians more reliably.

Other observations observed by the clinicians was technological challenges. Receiving psychotherapy via digital gadgets requires internet connectivity and Wi-Fi in particular. Clinicians described some mothers talking about when they do not have access

to Wi-Fi, they are likely to miss out on teletherapy. The Clinicians reported this reduces access to mental health services, which may affect mothers' adaptive functioning.

Clinicians reported that technological considerations are crucial in determining access to care for single Black mothers. Participant 10 reported,

I've ran into single mothers who don't have Wi-Fi at their house and they have their children, so that's been a barrier, but again, connecting them to the local libraries to get some Wi-Fi in their home has been a work around as well.

Clinicians described mothers' accounts that internet connectivity presents a barrier for access to care via teletherapy. Clinicians reported that mothers should be helped to access the internet/Wi-Fi, which is essential for access to digital spaces and subsequent care. they also described mothers talking about competing priorities to the extent that they may not have sufficient resources to install Wi-Fi in their homes. they perceived that this is likely to limit their access to remote working opportunities as well as mental health services provided via the internet.

In summary, clinicians reported that teletherapy provides a wide variety of options for supporting access to care for single Black mothers. Clinicians described mothers' reports that teletherapy eliminates transportation costs and saves time due to its flexibility. Clients can access the service from the comfort of their home and choose their preferred clinician, given that geographical barriers are eliminated. Clinicians described mothers talking about having more time to tend to their dependents or work extra hours for enhanced pay. Clinicians described some mothers' reports that single Black mothers are some of the lowest wage earners, manage challenging professional roles and

occasionally face the hurdle of technological limitations, where they do not have access to Wi-Fi connectivity, which may decrease access to teletherapy sessions.

Research Question 2 Findings

The study sought to explore what teletherapy-based strategies or interventions social workers find most effective when fostering resilience among middle-class single Black mothers. Clinicians reported that middle-class single Black mothers face unique pressures as both primary caregivers and income earners. The research explored how social workers adjusted their assessment practices in teletherapy sessions, the ways they ensured cultural competence while addressing issues of race, ethnicity, and systemic racism, and how stigma and privacy concerns are managed in digital contexts. It also examined how community and kinship networks shaped the use of teletherapy, the integration of resilience factors such as spirituality, religion, and cultural strengths, and existing gaps in teletherapy delivery and their possible solutions for single Black mothers. To achieve this, the study employed an inductive coding process guided by Braun and Clarke's (2006) thematic analysis framework. This approach enabled the systematic identification of patterns within participants' perspectives, which were then organized into codes and themes.

Overall Strategies and Interventions for Effective Teletherapy

The study explored the overall strategies that could make teletherapy more effective so that it meets the unmet psychotherapy needs of the single Black mothers. An open-ended question was posed to the social workers who the units of observation were,

that is, sources of data. Several codes were generated, which established the themes as summarized in Table 6 below.

Table 6

Overall Strategies and Interventions for Effective Teletherapy

Theme	Code	References/code count
Therapeutic support	Emotional support	4
	Creating safe spaces	2
	Acceptance	1
	Personalized attention	3
Evidence-based interventions	Use of evidence-based modalities	5
	Trauma-focused interventions	3
	Narrative therapy	2
	Mindfulness	1
	Practical skill-building	3
Transformative progress	Case management	2
	Use social media	4
	Transparency	3
	Embrace teletherapy (culture shift)	4

As illustrated in Table 6, Clinicians reported feasible strategies to improve and/or make teletherapy more effective. These codes were merged and interpreted to generate four themes, namely: therapeutic support, evidence-based practice, and transformative progress. As it relates to therapeutic support, clinicians described mothers' reports of emotional support, acceptance, personalized attention, and a safe space for sharing feelings. These three codes are interrelated and explain the necessity of listening to single Black mothers so that they can feel seen and heard. The core function of psychotherapy is to give clients a safe space to express their emotions (Connolly et al., 2024). Clinicians reported that mothers are likely to share their feelings about their lives when they feel

understood and emotionally supported. Consistent with this, clinicians reported that they need empathy toward single Black mothers as they are already facing challenges in their daily lives. They also reported that social workers should be empathetic to the needs of the mothers in a way that supports their emotional healing. Participant 7 reported the following,

Creating a safe space for them and them feeling as if they are in a place where they there is nonjudgment, that there is empathy being provided to them, emotional support, that they're able to get to a place of comfort to begin to really address the struggles that they're Having, how those struggles may be impacting their parenting, and to get it provides a place for them to be honest how little they are leaving for themselves and how Important that is in their parenting of their children.

Participant 5 added,

A lot of times, the mothers just want to feel heard and understood. So, in the beginning, I spent a lot of time validating them, making sure that I understand them fully, asking questions so that I'm understanding all the facets of their life and all the things as far as strategies that I find to be the most effective.

From the two quotes, clinicians described that single Black mothers undergo emotional trauma emanating from an array of factors, such as abandonment and social isolation. Clinicians reported that they should be aware of their clients' emotional needs. Clinicians perceived that single Black mothers may need validation that they are not alone, and someone is concerned about their well-being. Similarly, single parenthood

means that they are mostly the sole financial providers for their children and other dependents. Equally, clinicians described mothers' reports of feeling overwhelmed by parenting responsibilities. Clinicians reported that teletherapy can be improved when clinicians are aware of the needs of single Black mothers and, in turn, offer them therapeutic support. they reported that this may support single Black mothers in developing coping strategies and self-efficacy. Clinicians' attention to mothers' emotional needs fosters self-efficacy and adaptive functioning, strengthening their capacity to manage stressors associated with parenting and caregiving and promoting psychological resilience.

As presented in Table 6, clinicians reported that evidenced based practices improved the overall effectiveness of teletherapy. Some of these practices include trauma-focused interventions, narrative therapy, mindfulness, and cognitive behavioral therapy (Kim et al., 2023). Clinicians described mothers talking about the use of these techniques in reinforcing coping skills. They perceived that trauma-focused interventions appeared useful in helping mothers process distress, regulate emotions, and develop a solid sense of self. Participant 9 reported,

I use the skills from DBT, such as, like, stop and give like interpersonal effectiveness and emotional regulation, which I found really helpful for single mothers, because usually they're stressed or they have, like, really high emotions, so using DBT for emotional regulation has been very helpful, um, interpersonal effectiveness, so how we're interacting with other people and how we can be more of a better communicator with, like, our partners or our children.

Clinicians reported that evidence-based modalities such as DBT offer practical and skills-based interventions that address both emotion regulation and relationship management (Kim et al., 2023). The clinicians described that mothers talking about tools to manage their emotions and improve communication within their families reduces immediate psychological distress as well as fostering long-term adaptation. In this way, participants believed that evidence-based practices in teletherapy enhance the mental wellness of single Black mothers and may reduce cycles of stress and support adaptive coping strategies. Clinicians reported mothers' accounts that this strengthens family dynamics and helps sustain both work-life balance and overall well-being. Teletherapy equips single Black mothers with practical strategies to manage stress, regulate emotions, and improve interpersonal relationships. Clinicians perceived that these skills foster psychological resilience, enabling mothers to navigate daily stressors, enhance family dynamics, and maintain work-life balance, ultimately supporting long-term mental well-being and adaptive functioning.

Clinicians reported that modeling a positive mindset and demonstrating mindfulness practices may be a way of helping mothers reduce stress and anxiety. The clinicians described mothers' reports that clinicians modeling mindfulness exercises and breathing techniques reduced levels of stress and emotional anguish. They perceived that educating clients in somatic awareness is essential to helping mothers listen to their body sensations and the subtle messages that the body is sending. These perceptions were shared by Participant 2, who reported,

So being more mindful and thinking about the things that are important and spending more time with things that are less stressful and building a tolerance for distressing things that come up that may impact us emotionally but not really impact our daily lives, or the things that we can easily remove so that we don't have to fight that battle. So, I'd say those DBT skills are definitely there in every session of narrative therapy as well.

Participant 2 described mothers' accounts that mindfulness and DBT helped them do the work from within, such as creating a positive mindset and limiting worries about things beyond their control. Clinicians reported general ways of fostering resilience among middle-class single Black mothers and understanding that teletherapy is new tool for aiding emotional support. Clinicians believe communication preferences need to be the best strategy that works for the client. Clinicians help single Black mothers develop skills to manage stress, regulate emotions, and cultivate a positive mindset, such interventions enhance mothers' ability to respond adaptively to daily stressors, reduce emotional distress, and strengthen psychological resilience, demonstrating how teletherapy can serve as a tool for promoting self-efficacy and adaptive functioning in challenging circumstances.

Adjusting Assessment Practices When Working With Single Black Mothers via Teletherapy Platforms

The study explored social workers' perceptions of how they adjusted their assessment practices when working with single Black mothers via teletherapy. The question posed to the respondents was open-ended and was intended to elicit their

perceptions. Table 7 provides a summary of the codes and themes that emerged from the data.

Table 7

Adjusting Assessment Practices via Teletherapy

Theme	Codes	References/code count
Depth and exploration	Allowing more time for storytelling	3
	In-depth exploration	1
	Resolve inconsistencies	1
Active engagement	Attentiveness	2
	More listening	2
	Clarity	2
Flexibility in context	Increased flexibility	2
	Real-time learning	1
Technology use	Use of technology	1
Continuity with tradition	Same as in-person	1

Summarized in Table 7. Clinicians reported ways they adjusted their assessment practices when working with single Black mothers: in-depth listening, active engagement, flexibility, use of technology, and using the same approaches applied within in-person sessions. They perceived that mothers were afforded a generous amount of time to share their feelings and emotions while talking with the therapist. This is aligned with the traditional in-person services, where clinicians listen to the accounts provided by clients. Participant 9 reported the following,

I'm a little bit more open to allowing them to go at their pace, because people don't typically go into everything that's happening until the following sessions after the intake, they'll give you the base level on the intake, but it's usually

session, where they're finally feeling open and confident enough where they can talk about what's going on. Now, it may take later, but it's never a rush.

Participant 11 added,

Well, because I have 100% virtual practice, I don't really have any changes. But if they need, Will you stop for the assessment? Yeah, so there's no changes every because everything's pretty much the same, pretty standard during the intake assessment phase.

From the two excerpts, clinicians perceived that teletherapy follows the traditional in-person therapy format. Clients are given a safe space to share their feelings. In turn, this enables the clinician to help the client choose the most appropriate way forward. When mothers are listened to, they are likely to share their feelings. The clinicians reported that giving time to mothers' allows the clinician to assess the mothers and, in turn, they (therapists) are able to make more informed clinical diagnoses. Teletherapy provides a supportive environment that enhances single Black mothers' adaptive capacity to manage stress and navigate challenges.

Clinicians perceived that listening is central to quality therapy sessions. Clinicians reported that missing details may contribute to social workers providing inaccurate clinical assessments. Attentiveness means that the clinicians should not only listen but also understand what the client is saying. Participant 5 reported the following,

You have to be even more attentive on telehealth to be sure you're not missing out on anything. So that is being observant of the pauses, really watching that eye

movement, really watching to see if, you know, the shoulders are shrugging up and down, just all the things, because that's all you get.

Clinicians reported listening and noting nonverbal cues that indirectly communicate feelings. The clinicians reported that attentiveness ensures that pauses, micro-expressions, or physical tension do not go unnoticed because they signal underlying distress, unspoken concerns, or emotional regulation struggles. They believe that this safeguards the quality of the assessment and intervention in virtual sessions. They also reported that attentiveness enables clinicians to capture the emotional depth of single Black mothers' experiences, which is central to tailoring clinical interventions. Likewise, careful observations build rapport and trust, which may support mothers in feeling genuinely heard and understood even within the constraints of digital sessions. Clinicians' attentive listening and recognition of nonverbal cues in teletherapy help single Black mothers feel understood, supporting their adaptive capacity to cope with stress and navigate challenges.

Clinicians reported that sharing their screens is a way of providing real-time analysis and explaining what the results mean for the client. The clinicians described mothers talking about infusing technology makes the sessions more robust and inculcates a sense of connection between them and the social worker. Participant 6 reported the following,

I can pull it up, share my screen and say, okay, so look, based on what your assessment said in this area, you got some higher scores. Let's talk about what's going on and what that might mean. And so again, it gives me not that I can't do

that in person with someone, but it allows me to do it right there with them, and I can show them.

Clinicians reported that infusing technology from screen-sharing makes the therapeutic process interactive and engaging, given that mothers can see assessments and screening tools on the screen and have the opportunity to discuss with the clinician. As opposed to leaving all the work to the clinician, clinicians described mothers expressing that teletherapy gives both a chance to discuss the screening tool results, so that mothers have a clearer understanding of their progress and areas of concern. The clinicians perceived that mothers are more actively involved in their care, and this may support agency and ownership of the therapeutic process.

In summary, results in this section show that participants may vary adjustments to their assessment practices to make their sessions meaningful. Among others, clinicians reported that it is essential to be attentive and actively listen to the narratives provided by their clients. The clinicians reported that attentiveness and clarifying issues as the client speaks means that both of them are mothers' accounts that technological infusion into the sessions, such as screen-sharing and displaying assessment screening tools help them to learn. Similarly, clinicians described mothers accounts that technological infusion into the sessions, such as screen-sharing and displaying assessment screening tools may build rapport and create robust exchanges. They believe that this may support clients' vulnerability and help them share their day-to-day challenges. Clinicians perceived that these practices may support coping strategies and self-efficacy.

Cultural Competence in Teletherapy Services for Single Black Mothers

The study sought to explore how social workers approached cultural competence in teletherapy while addressing issues of race, ethnicity, and systemic racism when supporting single Black mothers. The clinicians reported that, given the lived realities of this population, culturally competent care is key to building therapeutic trust, reducing stigma, and fostering resilience. To explore these perspectives, inductive thematic coding following Braun and Clarke's (2006) framework was applied, and the results are summarized in Table 8.

Table 8

Cultural Competence in Teletherapy Services for Single Black Mothers

Theme	Codes	References/code count
Collaborative cultural learning	Client-led cultural education	6
	Cultural curiosity	1
Affirmation and sensitivity	Cultural sensitivity	2
	Emotional validation	1
	Empathy	2
Building trust through shared understanding	Experience sharing	4
	Leveraging shared identity	8
	Listening	4

As illustrated in Table 8, a few themes are based on low-frequency codes (1-3) and should be interpreted as exploratory or emergent, not saturated. Clinicians suggested a number of approaches that clinicians could leverage to integrate cultural competence in offering psychotherapy services. This is important as single Black mothers are raised in an array of cultural backgrounds, beliefs, and ethnicities, among others. The clinicians

believe it is important to be aware of such attributes subsequent to providing mental health services. Some of the approaches highlighted by participants include client-led education, cultural curiosity and sensitivity, emotional validation, empathy, experience sharing, understanding shared identity, and listening to the clients. These codes generated three themes, namely, collaborative cultural learning, affirmation and sensitivity, and building trust through shared understanding.

It is important to conceptualize cultural competence as the ability of clinicians to understand and respect their clients' ways of life, values, beliefs, and world views. The Clinicians reported that it is important to collaborate with their clients as a way of learning about the culture. Clinicians reported that it is important to give adequate time for mothers to educate the clinicians on their background. This report was shared by Participant 1, who stated the following,

Specifically, there's not a lot of cultural diversity there, um, that that is so much different than, you know, my own culture. But in the instances where maybe there is a different religion, like Muslim or can't think of, I haven't really had another, that's the only one that I haven't. I don't, you know, no, I don't have a whole lot of knowledge about, okay, I allow the client to educate me on that and incorporate me. Let me know when it's important to incorporate that into the therapeutic journey. That's actually one of the questions on the assessment.

The clinicians described mothers talking about the need to have time in the session to educate clinicians about their background and religious ways of life in particular. They reported that it is necessary to ask clients about their cultural

orientations, such as religion, so that the same is integrated into the assessment. They also perceived that teletherapy can be more effective if cultural preferences of the clients are co-opted into mental health services, so that the suggested coping skills do not conflict with the day-to-day lives of the clients. Consistent with the need to learn clients' worldviews, Participant 3 reported the following,

I think you have to approach it in a way in which you're open, um, to what that mother, mother's experience would be, and whether it was, whether she's a mother or whatever her demographic may be. I think each and every client that you have, you have to approach them with a willingness to learn, be open and ask questions.

Clinicians described mothers expressing that clinicians need to ask questions to learn more about their cultural background. The clinicians reported that certain cultural values may not be in tandem with the suggested coping skills or problem-solving methods offered. The direct quote from the clinician resonates with the reviewed literature in this study, where it was suggested that single Black mothers are considered strong, which means that they should not seek mental health services, per the societal standards (Knighton et al., 2022). In alignment with CRT, psychotherapy services for Black women are limited in scope and availability as society has conditioned Black people to be emotionally strong.

Summarized in Table 8, clinicians reported the importance of cultural sensitivity as single Black mothers originate from diverse backgrounds, which may be different from that of the social worker. When clinicians understand the clients' ways of life, they

are likely to offer the appropriate coping skills. The Clinicians reported that it is necessary to be culturally curious and sensitive by, among others, creating safe spaces so that mothers can share their feelings. In the process, the clinicians can learn. This perspective was shared by Participant 9, who reported the following,

So, you cannot devalue the experience as a Black woman, nor as a woman in general. So, there is a sensitivity from a cultural and a gender standpoint that needs to be accounted for before I can even step into the room, and I take that seriously.

Clinicians suggested developing cultural sensitivity and integrating a gender perspective, especially because women and single Black mothers in particular face unique challenges in contrast to men or women with spouses. Clinicians reported that single Black mothers face lack of understanding and social isolation, which may predispose them to mental health concerns. Clinicians reported it is essential to integrate this information when providing therapeutic services.

Clinicians reported that cultural perspectives can be integrated by listening, showing empathy, and providing emotional validation. Clinicians believe these perspectives are key in understanding and appreciating the worldviews of single Black mothers. Clinicians described mothers' accounts that when they are validated through attentive listening and compassion, they are likely to paint a vivid picture of their way of life and how they influence their thinking, experiences, and expression of emotions. Participant 5 reported the following,

So, a lot of times spending time really processing their feelings with them so that they know it is okay to feel that way. If they're telling me their partner made them feel a certain type of way, and they're like, Oh, I'm not sure. No, nope, you're sure. And let's talk about that. So, validating and processing even the smallest thoughts and ideas so that they're being heard in that moment.

Clinicians reported that listening is closely linked to emotional validation and understanding the perspectives of mothers. They emphasized that ensuring single Black mothers feel their emotions are acknowledged is essential for fostering confidence in discussing their feelings. Clinicians described mothers reporting that when their emotions are recognized without judgment, they perceive their struggles as real and legitimate, which helps to reduce feelings of isolation and self-doubt. As Participant 3 reported,

I think as a clinician, it really is a detriment for us to just assume that we maybe share a lived experience with someone, or that we can judge them by what demographic that they are, that they've had certain experiences. So, I really think it's important for us to ask and then I do think that if you do happen to share similarities with that client.

Clinicians emphasized the importance of understanding clients' life experiences without making assumptions, noting that presumptions about a client's background can be detrimental and may provide an inaccurate view of the mental stressors they face. They highlighted that cultural appreciation of mothers enhances insight into their circumstances. The concept of shared identity was also reported as valuable by clients, with clinicians integrating shared cultural perspectives into therapy to connect with the

experiences of single Black mothers. However, clinicians acknowledged that this connection does not replace the need to listen and learn about each mother's unique worldview. While they may relate to the general experiences of mothers, clinicians stressed the necessity of attentive listening to understand individual lived experiences. As Participant 8 noted,

So, I don't mind using like. I don't mind you calling me girl. I don't mind you texting me and being like, hey, I absolutely love you. Because I get it, um, but then I have people who are not comfortable with that, and they would rather be strictly professional. And I get that and I like, I said, I match that energy.

Clinicians reported that sometimes it is okay to loosen the boundaries with clients so clients can feel more comfortable. Similarly, participants reported that a number of social workers relate to the challenges of single Black mothers, which means that they are professionally prepared to help mothers cope with life and stay grounded. Clinicians perceived that cultural competence can be exercised by relating to the experiences of others and letting them share.

In summary, integrating cultural competence into teletherapy requires listening to the clients and showing empathy. Clinicians perceived that clients may feel appreciated and emotionally validated. With emotion validation, it is likely that mothers will share their feelings about their backgrounds, which may help clinicians learn about the clients' cultural orientation in terms of worldviews, beliefs, and values, among others. Clinicians described mothers' reports that listening helps them to explain their cultures without clinicians assuming that they know about any given tradition, religion, ethnicity, or race.

Addressing Stigma and Privacy Concerns in Teletherapy

The study sought to explore how social workers undertake concerns related to mental health stigma and privacy in teletherapy services for single Black mothers. Stigma and confidentiality challenges discourage service uptake in situations where mental health is still highly stigmatized, and privacy is paramount. Through inductive coding, a range of perspectives were highlighted by participants that demonstrated how social workers intentionally build trust, create safety, and normalize mental health care. The results are summarized in Table 9.

Table 9

Addressing Stigma and Privacy Concerns in Teletherapy

Theme	Code	References/code count
Confidentiality assurance	Educating clients on confidentiality	4
	Maintain anonymity and privacy of clients	5
	Disclaimers	1
Normalization of mental health	Embracing mental health	9
	Appreciating other cultures	1
	Professionalism	3
Creating safe therapeutic spaces	Provide safe space	2
	Boundaries	1
	Nonjudgmental stance	2

As summarized in Table 9, participants reported that confidentiality was essential in building trust in teletherapy. Among others, participants reported the importance of reminding clients about HIPAA guidelines and reassuring them that their information would remain private. Participant 1 reported, “I am always educating the clients on confidentiality and HIPAA violations. I demonstrate professionalism that allows them to

trust that the information they share with me does not go beyond our screens.” Clinicians perceived that explicitly outlining the confidentiality framework may reduce mothers’ anxiety and strengthen the therapeutic alliance. Participant 3 added that encouraging clients to find a private and quiet spaces during sessions helps maintain anonymity and safety in therapy.

Clinicians reported that normalizing mental health was a central strategy for addressing stigma. They described mothers’ accounts indicating that stigma in Black communities often stems from generational attitudes that minimize or dismiss mental health concerns. As Participant 2 noted, “It just takes one person to start going to therapy, and people start seeing they’re a little bit happier, or they’re addressing problems differently and then other people start wanting to go.” Clinicians perceived that framing therapy as a routine part of self-care within families and communities may gradually reduce stigma. This perspective was further reinforced by Participant 5, who compared mental health treatment to medical treatment: “If you have high blood pressure, you still have to take the medication. It’s the same for anxiety and depression.” Clinicians believed that presenting therapy in this manner helps legitimize it as an ordinary and essential component of overall wellness.

Clinicians reported that the creation of safe therapeutic spaces is central to ameliorating both stigma and privacy concerns. This involved being nonjudgmental, affirming mothers’ experiences, and setting clear boundaries. These thoughts were shared by Participant 9, who reported that,

You can't devalue the experience as a Black woman, nor as a woman in general... there's a sensitivity from a cultural and gender standpoint that needs to be accounted for before I can even step into the room and I take that seriously.

Clinicians described some mothers talking about when clinicians create safety and respect for their identity, it helps to share freely without fear of being judged. In doing so, teletherapy becomes not just a space for clinical support but a protected environment where mothers can process their struggles authentically.

In summary, clinicians reported that addressing stigma and privacy concerns in teletherapy is achieved through a combination of confidentiality assurance, normalization of mental health care, and the creation of safe spaces. When these strategies are consistently applied, clinicians described mothers' reports that they are able to trust their therapists, reduce fears of judgment, and embrace therapy as a legitimate form of care. Clinicians perceived that this strengthens both engagement and the therapeutic process, while also promoting protective factors mothers may be able to integrate into their everyday lives.

Influence of Community and Kinship Networks on Teletherapy Use

The study sought to explore how community and kinship networks influence teletherapy. These networks are social structures of support, influence, and relationships that individuals rely on in their everyday lives. Single Black mothers are not on their own, as they sometimes rely on such networks from their families or the community at large. Results on the influence of these networks were summarized in Table 10.

Table 10*Influence of Community and Kinship Networks on Teletherapy Use*

Theme	Codes	References/code count
Family dynamics	Family support	9
	Lack of support	6
Community perspectives	Community advocacy	2
	Negative input from kins and community	5
	Progress in embracing teletherapy	1
	No direct relationship	3
Faith-based influences	Support of the church	1
	Nonsupportive church	1
Peer influence	Positive peer influence	4
	Nondisclosure	1
Stigma and barriers	Stigma	2
	Access to resources	1

As shown in Table 10, some themes are based on low-frequency codes (1-3) and should be seen as exploratory or emerging, not fully developed. Clinicians noted that community and kinship networks influence the adoption of teletherapy in various ways, including through family support, community advocacy, positive peer influence, church support, progress in accepting teletherapy, as well as challenges like lack of support, negative input from kin and community, stigma, unsupportive church environments, nondisclosure, limited resource access, and cases where there is no direct relationship with these networks. Clinicians also observed that community and community networks can have both positive and negative effects.

Clinicians identified negative influences such as adverse input from relatives and the community, lack of family support, stigma, unequal access to resources, and an unsupportive church, among others. They reported that community attitudes towards

psychotherapy vary, with some being progressive and others regressive. Considering that single Black mothers must handle parenting responsibilities alongside working, they often have little time to attend therapy, even if it's online. To prevent interruptions, clinicians said some mothers seek help in advance to ensure they have enough time with their social worker. However, this request is sometimes poorly received, as explained by Participant 3.

So, if you're depending on someone to watch your child so you can have this hour, they may or may not be likely to do it, unfortunately, because they don't necessarily agree with the reason why you're taking the time off or why you need assistance, which is really unfortunate.

Clinicians reported that family and community may not offer the support that single Black mothers need, such as caregiving services. As previously noted, many single mothers may lack sufficient resources to hire a caregiver, which can increase their mental stress. Similarly, clinicians described mothers expressing that family and community members often outwardly dismiss caregiving requests by minimizing the need for therapy. Participant 2 reported the following,

I've seen and I've heard my single mothers make comments about, you know, fear if someone knows that they're coming to therapy, there's fear of being judged, people thinking that they're crazy, or people like maybe family members not agreeing, and then that would make it more difficult.

Clinicians perceived that some families and community backgrounds have yet to fully recognize the role of therapy in equipping single Black mothers with coping and

problem-solving skills necessary for navigating daily life. They reported that some mothers may seek therapy privately to avoid family awareness, reflecting ongoing concerns about stigma. Clinicians described mothers' accounts, indicating that stigma remains pervasive within families and broader community networks. This stigma, they noted, may result in social ostracism, which can discourage mothers from seeking therapeutic support needed. As Participant 5 stated, "Well, you know, a lot of people don't believe in therapy. They think that you got to be crazy to go to therapy. And I think that's just an overall stigma." Clinicians also reported that mothers described their families' beliefs that therapy is intended only for individuals with severe mental challenges. Overall, clinicians perceived that the subjugation of mental health continues to exist in many Black communities, shaping attitudes toward help-seeking and access to care.

Clinicians reported that therapy faces familial and communal hurdles. A number of positive influences were reported, as already pointed out. They reported that many families do support their kin who need mental health services. Clinicians described mothers' reports that this support indicated that there is progress within Black communities in terms of supporting mental health therapy. The following perceptions were shared by Participant 9,

They do support, they do help, um, because if, if your family, if your community, if your friend group, if they know you're going to therapy, when something comes up, they're like, have you talked to Jordan about, oh, I said my name.

Participant 10 added,

Then I have some clients whose families are incredibly supportive, and they want them to have go, please, go, take care of yourself, and they understand how important it is, and so having those community and kinship networks, not only for support, whether they are like blood biological family or even just play cousins or play aunties, you know, or best friends that have become like family. I've seen my clients like, really lean in and so and use that support, because that may be all that they have to kind of keep going.

The influence of family and community in supporting mental health therapy cannot be ignored or overlooked. Clinicians reported that this support is essential in ensuring that single Black mothers access the help they need so that they can continue to be mentally well for their families and community. They described mothers expressing that supportive networks help reduce feelings of isolation, affirm the value of mental health care, and encourage sustained participation in therapy. In other words, clinicians reported that when these networks actively validate and normalize therapy, they act as a buffer against societal stigma and promote resilience among single Black mothers.

Participant 11 reported the following,

I think the use of kinship networks and community influence telehealth in a positive way. I think it takes a village. And I think most single mothers, Black single mothers, know that I am big on learning the supports of my clients, to understand who is your village and who do you go? To understand that I see these folks for maybe 60 minutes a week.

Clinicians perceived that supporting single Black mothers requires a collective effort, ensuring that the responsibility of care does not rest solely on the mother but is shared across her social networks. They reported that teletherapy sessions are limited in duration—typically 1 hour per week—and, as such, cannot fully address the ongoing emotional, financial, and practical challenges mothers face daily. Clinicians described mothers' accounts indicating that kinship and community networks help bridge this gap by providing continuous support beyond the therapeutic setting. They perceived that the principle of collective responsibility fosters adaptive skills by ensuring mothers have reliable sources of encouragement, guidance, and assistance outside of clinical interactions. Furthermore, clinicians reported that this shared responsibility is believed to enhance the effectiveness of teletherapy by complementing professional guidance with relational, cultural, and lived support, potentially reducing mothers' feelings of isolation and strengthening their capacity to cope with stressors.

Integration of Resilience Factors into Teletherapy Sessions

The study sought to explore how social workers integrated resilient factors into the teletherapy sessions. Some of the factors that were explored include culture, religion, and spirituality. It is important to note that resilient factors focus on how individuals cope with adversity and the influences that contribute to preserving or improving mental well-being in the face of stress and life challenges (Widan & Greeff, 2019). Results were presented in Table 11.

Table 11*Integration of Resilience Factors into Teletherapy Sessions*

Theme	Codes	References/code count
Spirituality and religion as coping resources	Religious sensitivity	2
	Use religion as a coping skill	4
	Understanding negative side of religion	1
	Support	2
Cultural strengths in therapy	Avoid assumption	1
	Challenge clients positively	4
	Learning clients' culture	2
	Relatability	1
	Use cultural strength	3
	Willingness to integrate culture in therapy	1

As illustrated in Table 11, a few themes are based on low frequency codes (1-3) and should be interpreted as exploratory or emergent, not saturated. The thematic approach grouped the codes into either spirituality and religion or cultural strengths. This was intended to offer a holistic overview of how given factors interact within a theme to shape the resilience of single Black mothers. In terms of spirituality and religion, clinicians reported that they separate the two concepts in teletherapy sessions to be sensitive to the background of the clients. Clinicians reported understanding the effects of religion in psychotherapy so that they can approach the sessions objectively. Participant 3 shared the following perspective,

I've had a lot of my clients say that they family members, especially like older people or like maybe their parents or aunties or and honestly, I'm not even going to say older people just felt some family members or friends have just said you

just need to pray about it, or you just need to give it to God, or they've even been told that they don't have enough faith like you, you're not believing. You're not you know what you you're not praying about this. You need to fast, or you need to engage in some other religious practice, or they maybe they're sin in their life. That's the reason why God hasn't come through for you. And that can be incredibly discouraging and traumatizing for people, absolutely and it definitely is. It can be very hurtful. So, people can be reluctant to come or even doubtful about the effectiveness of therapy.

Clinicians perceived that religion may have implications for the effectiveness of therapy. They reported that the role of spirituality should be understood and respected when conducting mental health sessions. To integrate spirituality into therapy, Participant 7 emphasized the importance of religious sensitivity, as illustrated in the following statement,

I'm also very sensitive to it as well, because I've noticed that there is a lot of religious traumas, um, in Black communities, which kind of, I don't want to say, kind of surprised me. There's a lot of things like quote, like things, and I'm like, we don't do that.

Clinicians reported that religious sensitivity allows them to approach sessions from an informed perspective, recognizing that spirituality—closely linked to religiosity—shapes how clients perceive and navigate their hardships. They described mothers' accounts indicating that when clinicians acknowledge their religious or spiritual beliefs, mothers feel able to discuss these perspectives in therapy without perceiving

them as contradictory to the therapeutic process. Clinicians further noted that spirituality can be incorporated into sessions as a coping skill. As Participant 9 reported,

Integrating like a client's spirituality and religion. For a lot of the population, religion and spirituality is a has a very heavy influence. And so if we can use that as like a coping skill, I think that is wonderful, because this is, this is already a connection point for our clients. This is something that they're familiar with. So we definitely use that.

Participant 11 added,

So, always asking, is that something that you would like to incorporate? So, for example, if they're telling me that you know they believe in God, you know, of course, clarifying which God and which religion. But so, it may be okay. Well, can we incorporate one of your coping skills being maybe to pray, or maybe one of your coping skills being to listen to worship music or things like that? So, if that is an aspect of counseling that they want, I'm going off of their tone and what they are preferring. So just really depends on if they have a religion, if they wanted incorporated in therapy, and a lot of times I'm using it as a coping mechanism, or a grounding mechanism or something like that.

Clinicians reported that spirituality is incorporated into therapy as a client-led coping mechanism aligned with mothers' lived experiences and belief systems. Participant 11 emphasized that religion and spirituality serve as natural points of connection for many clients, providing familiarity and emotional grounding. Participants noted that framing spirituality as a coping skill acknowledges that faith-based practices, such as prayer,

worship music, or reflection, already play a central role in how single Black mothers manage stress and navigate life challenges. Clinicians further reported that integrating faith-based elements requires careful consideration to ensure that interventions are respectful and appropriately tailored to each client.

Clinicians described how cultural strengths are integrated into therapy, with several inductively derived codes identified, including avoiding assumptions, positively challenging clients, learning clients' cultures, fostering relatability, utilizing cultural strengths, and demonstrating a willingness to integrate culture into therapy. They perceived that attentive listening and understanding clients' cultural backgrounds are essential for tailoring interventions from a culturally competent perspective. Clinicians emphasized that assumptions about a client's culture should be avoided, and that learning about the client's specific cultural context is critical. Participant 5 highlighted this point, stating, "That goes back to me not making assumptions absolutely about people's experiences just because we look alike, so I'm sensitive to it." Clinicians reported that making assumptions regarding a client's cultural background can be misleading and may result in inappropriate interventions. Participant 5 further suggested the following,

Of course, we talk about like, what are your cultural or spiritual like, values, like, what, what things are important to know about your spiritual life. And like, how do you practice that in Are you, like, satisfied with where you are?

Clinicians reported that intentionally exploring mothers' spiritual and cultural values is important for helping them derive meaning and direction in their lives. They emphasized the significance of inquiring about clients' personal well-being to encourage

single Black mothers to evaluate their goals, identify sources of strength, and engage with faith-based practices that foster hope and purpose. Integrating cultural and religious strengths was reported to enhance mothers' self-awareness and inner resilience. Some mothers described that such dialogue helps them align coping strategies with their belief systems, drawing on practices such as prayer, meditation, gratitude, or communal worship as stabilizing forces during stress. Clinicians perceived that this approach may also enable mothers to reframe adversity through a spiritual lens.

In summary, clinicians reported that incorporating resilience factors, such as cultural and religious beliefs of clients, requires clinicians to engage themselves in the ways of life and worldview of their clients. Clinicians reported that this helps them to integrate such beliefs into the interventions and coping skills within the treatment plan. Equally, clinicians reported that interventions that conflict with the spirituality and culture of mothers may not be helpful. The clinicians perceived that the worldview of the mothers should be integrated into the sessions in order to create interventions and coping skills within the treatment plan.

Gaps in Teletherapy for Single Black Mothers

The study explored social workers' perspectives on the gaps in teletherapy and how they could be addressed. The question posed to the participants was open-ended and was intended to explore as many perceptions as possible. The observations were presented in Table 12 below.

Table 12*Gaps in Teletherapy for Single Black Mothers*

Theme	Codes	References/code count
Accessibility of care	Availability of culturally competent therapists	1
	Shortage of clinicians	1
	Teletherapy is not an option	1
Systemic barriers	Financial barriers	4
	Licensing issues	1
	EAP limitations	1
	State-level restrictions	1
	Workload	1
Distractions	Distractions at home	1
Communication skills	Communication skills	1

As summarized in Table 12, a few themes are based on low frequency codes (1-3) and should be interpreted as exploratory or emergent, not saturated. The thematic approach employed in the analysis of the data generated a number of inductive codes, which were subsequently grouped into four central organizing concepts, namely, accessibility of care, systemic barriers, distractions, and communication skills. Accessibility of care was operationalized as the unavailability of culturally competent therapists, the shortage of clinicians, and therapy being viewed as not an option. To explore how accessibility of care manifested, the study integrated views from Participant 8, who stated the following: “Lack of representation among providers and shortage of culturally sensitive therapists, which limits single Black mothers’ trust and engagement in teletherapy. The clinicians reported that the shortage of clinicians who understand and appreciate the culture of single Black mothers limits the effectiveness of therapeutic engagement because clients may feel misunderstood, stereotyped, or emotionally unsafe.

They reported that when cultural congruence between therapist and client is absent, trust is weakened, and mothers may withhold personal details or disengage prematurely from sessions. This is likely to undermine the continuity and depth of therapy, which in turn restricts the accessibility and quality of care available to this population. Clinicians reported that improving access requires increasing the number of clinicians as well as ensuring that they are trained in culturally competent and culturally responsive practices that affirm the lived experiences of single Black mothers.

Clinicians reported that the need for culturally competent clinicians cannot be overstated when addressing the therapeutic needs of single Black mothers. This perspective resonates with CRT, which posits that systemic inequities and racial biases are embedded within social structures, including healthcare and mental health systems. They reported that the shortage of culturally attuned clinicians perpetuates unequal access and reinforces the marginalization of Black women, whose lived realities are misunderstood or invalidated in traditional therapeutic models. Clinicians reported that this can be ameliorated by intentionally diversifying the mental health workforce by embedding culturally responsive pedagogy in social work education and integrating frameworks that recognize and affirm the intersectional experiences of race, gender, and motherhood.

Besides accessibility concerns, a number of endemic barriers were reported by the participants, which were financial constraints, licensing issues, employee assistance programs (EAPs), workload, and state-level restrictions. Given that the issue of licensing and financial barriers will be dealt with extensively in the implications section of this

study, I will focus on clinicians' perceptions of EAPs because workload is again tied with licensing issues. Clinicians reported there are fewer clinicians, as a result of restricted licensing and social workers are overwhelmed with workloads.

EAPs, which are employer-sponsored mental health and wellness initiatives designed to provide employees with short-term counseling, psychological support, and referrals to external mental health services. While these programs are meant to enhance accessibility and reduce out-of-pocket costs, their structural limitations hinder continuity of care and accessibility, particularly for single Black mothers. Participant 6 highlighted this challenge by stating,

I would say the biggest one that I have encountered is EAP. It is not uncommon that certain companies their EAP is specific to certain like corporations. So, to try to give an example, I ran into a young lady recently, and she want to use her EAP, but I was not paneled with that particular EAP, so it took a while. I really wanted to help her. I got panel with the EAP. By the time I finished the lengthy process, she had found another job. Oh, gosh. Well, then she's like, well, can you get out my new EAP? And I was like, okay, hold on, you know, I can't be on everybody's EAP.

Clinicians reported that systemic inefficiencies within EAP frameworks inadvertently restrict therapy continuity and timely access to mental health support. For single Black mothers, whose schedules are already strained by caregiving and work responsibilities, delays caused by bureaucratic procedures are likely to exacerbate psychological stress, disrupt therapeutic practices, and erode trust in mental health

systems. Equally, clinicians perceived that these disruptions compromise resilience-building efforts because resilience is cultivated through ongoing support and connection. The inability to sustain consistent therapy due to EAP restrictions hinders emotional support and may also exacerbate the very vulnerabilities that teletherapy seeks to mitigate among single Black mothers.

In summary, clinicians reported that teletherapy faces a number of barriers, such as accessibility to care and structural issues in terms of affordability. Clinicians reported that because the sessions are conducted remotely, there are likely to be disruptions as single Black mothers have the responsibility to care for their families as well as go to work. This predisposes them to noisy environments, which are also embedded within communication. Clinicians reported that state-level restrictions in terms of licensing mean that available and accessible clinicians have a higher workload, which influences the effectiveness of teletherapy. Among others, clinicians suggested that licensing bureaucrats should ease the restrictions so that more Black clinicians can practice across the United States.

Summary

This chapter entailed the thematic analysis of data on the place of teletherapy in fostering resilience among middle class single Black mothers. It relied on the perspectives of licensed social workers in the United States who were recruited from Facebook groups. The inclusion criteria for the participants included meeting clients via teletherapy, and at the time of the study, they must have been working and living in the United States. In data analysis, I employed NVivo software to generate inductive codes,

which were subsequently organized into a central organizing concept. While saturation was adequate for core patterns, some sub themes with small counts should be read cautiously. To explore the perspectives of social workers' use of teletherapy to foster resilience among middle-class single Black mothers, the following questions guided the study:

RQ1: How do social workers perceive the effectiveness of teletherapy in fostering resilience among middle-class single Black mothers?

RQ2: What teletherapy-based strategies or interventions do social workers find most effective when fostering resilience among middle-class single Black mothers?

Using Braun and Clarke's (2006) approach to thematic analysis, results of the study under RQ1 on the overall effectiveness of teletherapy in fostering resilience clinicians perceived that it increased access to mental health services, maintained continuity of care, created a comfortable therapeutic space that encouraged sharing of feelings, and sustained quality comparable to in-person services. Clinicians perceived real-time parenting support facilitated the strengthening of coping skills through mindfulness, grounding practices, and encouraging outside of session support. Clinicians perceived that with increased access, middle-class single Black mothers may be supported in developing coping strategies and self-efficacy. Clinicians perceived that these skills are central to helping mothers balance the demands of caregiving and professional roles while maintaining emotional well-being.

Results under RQ2 on the strategies and interventions to make teletherapy effective clinicians perceived that offering emotional support to middle class single Black

mothers may help them feel appreciated, seen, and heard. Clinicians perceived that there is a need for more culturally competent and culturally responsive clinicians so that single Black mothers can get the best from the services. Equally, clinicians perceived that there was a need to have policy shifts in terms of how mental health is financed. Given the middle-class status of many single Black mothers, they face challenges in meeting their financial needs as well as those associated with seeking therapeutic services. Clinicians perceived that, consequently, mothers are likely to miss out on psychotherapy services. To circumvent this drawback, clinicians perceived that insurance reimbursements should be apt and offer reasonable pay to clinicians. Having provided clinicians perspectives exhaustively and answered the central research question and the accompanying specific research questions using clinicians' perspectives, Chapter 5 looks into the Discussion, Conclusions, and Recommendations. It will also explore the limitations of the study and provide implications in terms of policy, action, and future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to explore social workers' perspectives on using teletherapy to foster resilience among middle-class single Black mothers. This is a critical gap in the literature, as social workers play a key role in tailoring mental health interventions. To achieve this primary research objective, social workers were the unit of observation because they were the social entities that I invited to solicit data from. The study applied an inductive approach to coding, which was in line with the six steps of thematic analysis proposed by Braun and Clarke (2006). While saturation was adequate for core patterns, some subthemes with small counts should be read cautiously. The study sought to answer the following research questions:

RQ1: How do social workers perceive the effectiveness of teletherapy in fostering resilience among middle-class single Black mothers?

RQ2: What teletherapy-based strategies or interventions do social workers find most effective when fostering resilience among middle-class single Black mothers?

To understand the perspectives of social workers on the use of teletherapy in enabling individuals to cope with adversity, semistructured interviews were conducted to collect data from social workers in the United States. The study relied only on interviews with licensed social workers. No direct observation occurred. All findings reflect clinician perceptions. Equally important to note is that all descriptions of 'seeing' or 'observing' client behavior refer to clinicians' accounts during their own teletherapy

sessions, not to observations conducted by me. Data were solicited via Zoom and Teams audio from participants who were purposively selected from Facebook Groups.

Interpretation of the Findings

Taken together, the findings suggest that clinicians primarily perceived teletherapy as supporting emotional regulation and adaptive functioning, with protective factors emerging through access, continuity of care, and culturally responsive engagement. One of the strongest areas of evidence across the findings relates to the development and reinforcement of protective factors. Clinicians consistently perceived that teletherapy reduced structural barriers such as transportation costs, childcare challenges, and scheduling conflicts, which are commonly cited stressors for single Black mothers. According to them teletherapy functioned as a protective mechanism that allowed mothers to engage more consistently in mental health care without sacrificing employment or caregiving responsibilities. The reduction of chronic stressors enables individuals to preserve emotional resources and prevents the accumulation of stress that undermines psychological well-being (Bolton et al., 2017).

Clinicians also mentioned financial relief, which includes savings from avoided transportation and childcare costs, indirectly strengthening resilience. These economic buffers helped mothers reallocate limited resources to basic needs like food, utilities, and healthcare. Research indicates that this relief stabilizes their daily routines. Resilience theory highlights that protective factors work not only at the psychological level but also include material and environmental supports that lessen vulnerability (Widan & Greeff, 2019). In this study, clinicians believed that teletherapy contributed to these protective

conditions, allowing mothers to stay emotionally available for their families while maintaining their own mental health.

Findings further suggest that teletherapy supported recovery from adversity by providing ongoing access to therapeutic support during periods of increased stress. Clinicians believed that consistent attendance enabled by flexible scheduling and remote access allowed mothers to address stressors gradually rather than delaying care until crises worsened. Resilience theory describes recovery as the ability to regain emotional balance after stress or disruption (Werner & Smith, 1992), and clinicians believe that continuous teletherapy helped facilitate this process.

Clinicians also described how teletherapy enabled mothers to reflect on intergenerational parenting patterns, emotional responses, and personal histories in ways that promoted insight and healing. This reflective process aligns with Walsh's (2016) assertion that recovery involves meaning-making and emotional integration, not merely symptom reduction. Through creating space for self-examination and emotional processing, teletherapy supported mothers in moving beyond survival-oriented coping toward intentional change and psychological restoration.

Emotional regulation emerged as one of the most robustly supported resilience constructs in the findings. Clinicians repeatedly described the use of evidence-based interventions to help mothers manage heightened emotional states. These skills were perceived to reduce stress reactivity, improve frustration tolerance, and support healthier responses to parenting and workplace demands. Emotional regulation is central to

adaptive functioning, enabling individuals to respond flexibly rather than reactively to stress (Tang et al., 2024).

Clinicians further perceived that teletherapy supported adaptive functioning by allowing real-time application of coping strategies within mothers' home environments. When children interrupted sessions or parenting challenges arose during therapy, clinicians were able to coach mothers in the moment to reinforce skill generalization. The Positive adaptation is defined as effective functioning despite ongoing adversity (Walsh, 2016). Teletherapy, therefore, was perceived not only as a platform for learning skills but also as a setting for practicing resilience in real-world conditions.

Agency and empowerment were evident in clinicians' perceptions of how teletherapy supported mothers' autonomy and self-determination. Clinicians described mothers setting boundaries around communication, scheduling, and availability, which helped them reclaim control over their time and emotional energy. Resilience theory posits that agency is foundational to adaptive coping and sustained well-being (Brodsky, 1999). Enabling mothers to make choices about when, where, and how they engage in therapy reinforces this sense of control.

Clinicians also perceived that increased flexibility empowered mothers to prioritize their mental health without guilt or disruption to their caregiving roles. This empowerment extended beyond therapy sessions, as mothers reportedly applied boundary-setting and self-advocacy skills in their workplaces and family systems. This empowerment acts as both an internal belief and an externally supported process that strengthens long-term adaptation (Widan & Greeff, 2019). Cultural and social context

played a critical role in shaping resilience processes in teletherapy. Clinicians perceived that culturally responsive listening, validation, and empathy were essential for building trust and engagement with single Black mothers. Clinicians noted that when mothers felt seen and understood in relation to racialized stress, gendered expectations, and cultural norms such as the “strong Black woman” narrative, they were more willing to disclose emotional struggles.

Clinicians also perceived that integrating clients’ spiritual beliefs, cultural values, and lived experiences into interventions enhanced therapeutic effectiveness. When therapy aligned with mothers’ worldviews, it activated culturally embedded resilience resources such as faith, perseverance, and communal responsibility. This finding supports the assertion that adaptation is contextually grounded and that culturally incongruent interventions may weaken protective processes rather than strengthen them (Tang et al., 2024). Finally, the findings reflect the ecological dimension of resilience theory, which recognizes that individual well-being is shaped by interactions across multiple systems, including family, work, healthcare, and policy environments. Clinicians perceived that teletherapy functioned as an adaptive response within these systems by accommodating mothers’ complex roles as caregivers and wage earners. Through integrating therapy into mothers’ daily ecosystems like homes, workplaces, and caregiving spaces, teletherapy reduced system-level friction that often impedes access to care.

However, clinicians also identified ecological constraints that limited resilience-building, including technological barriers, inconsistent internet access, and restrictive licensure policies that reduce provider availability. These systemic challenges assert that

individual adaptation cannot be fully understood apart from structural conditions (Bergeman & Nelson, 2024). While teletherapy was perceived as enhancing resilience, clinicians emphasized that broader policy and infrastructure reforms are necessary to sustain these gains and ensure equitable access for single Black mothers.

Limitations of the Study

One limitation was the focus on a relatively small sample of clinicians, which restricts the generalizability of the findings. Because participants were primarily drawn from specific regions within the United States, their experiences may not reflect the full geographic, cultural, or socioeconomic diversity of single Black mothers nationally. Equally, the study relied on clinicians' perspectives, which suggests that it did not incorporate the direct voices and lived experiences of middle-class single Black mothers themselves. The study lacks the direct perspectives of middle-class single Black mothers, and their voices could have helped to triangulate the findings. This presents a methodological gap as assessments of access, resilience, and stigma were examined through the professional lens of service providers. Consequently, the voice of the single Black mothers was negated.

At the onset of data collection and analysis, interviews were conducted until no new themes were generated, it must be noted that some codes had low counts. It is important to treat the small code counts as exploratory or emergent in contrast to saturation. As noted in tables in Chapter 4, it must be appreciated that some subthemes had low references. This means that such codes should be read cautiously due to their exploratory nature.

The study relied on generic qualitative data because the data were collected using a nonspecialized, generic qualitative approach that is not tied to a specific methodology. The goal was to obtain straightforward thematic descriptions rather than theory building. In soliciting clinicians' perspectives, I aimed to gather descriptive accounts in order to explore experience and meaning. In line with this limitation, it is possible that clinicians may have provided responses that were influenced by social desirability bias or aimed at portraying their therapeutic practices in the best possible light. Likewise, generic qualitative data limits the ability to observe changes in teletherapy engagement over time as seen from the evolving nature of digital infrastructure, post-pandemic policies, and clinical training. Although I remained objective and employed bracketing as a way of eliminating personal biases, it remains to be determined whether my interpretations remain inherently subjective.

The last limitation of the analysis was on saturation. While saturation was reached for the primary, recurring thematic patterns across participants, less frequent observations did not reach saturation and are presented as emergent insights rather than fully developed themes.

Recommendations

In this qualitative study, I focused on the clinicians' perspectives of using teletherapy to foster resilience among middle-class single Black mothers. The study provides policy recommendations and areas for further research.

Policy Recommendations

The study proposes the following recommendations based on the interpretation of the findings revealed from clinicians' perceptions:

Regulatory agencies and state mental health boards should streamline cross-state licensing policies and support interstate compacts that allow more culturally competent Black clinicians, in particular, to practice across jurisdictions. This could be achieved by reducing bureaucratic delays in licensure portability, subsidizing licensure fees for minority providers, and implementing targeted recruitment and training programs on resilience-focused interventions for single Black mothers. National policy stakeholders working with professional bodies, such as NASW and state licensure boards, should lead this initiative to increase therapist availability, improve racial concordance in care, and foster resilience through expanded and equitable access to qualified mental health professionals.

Federal and state governments, insurance regulators, and employer benefit providers should improve teletherapy affordability by mandating comprehensive insurance reimbursement, expanding EAP coverage, and subsidizing technological tools such as internet data and devices for vulnerable clients. These measures may reduce financial strain, support continuous engagement in therapy, and enable mothers to integrate coping strategies consistently into their daily environments. Implementation should involve Medicaid administrators, private insurers, corporate HR departments, and community-based organizations so that financial constraints no longer hinder mental health access or resilience-building opportunities for single Black mothers.

Future Research

Future research should address the methodological limitations of the present study by employing approaches that enhance generalizability and support stronger empirical conclusions. Because this inquiry relied on qualitative data, future studies should consider mixed-methods and explanatory sequential designs, which integrate quantitative measures to statistically assess the impact of teletherapy on resilience outcomes. Incorporating inferential statistical techniques, such as regression and correlation analysis, would allow researchers to test causal pathways between specific teletherapy interventions and improvements in coping skills, mental health functioning, or work-life balance.

Implications

The implications of this study are summarized into theoretical, policy, and mythological relevance of the findings in the study of therapy and how it enhances resilience in individuals and middle-class single Black mothers in particular. Theoretically, the findings add to the existing understandings of resilience theory and critical race perspectives by illustrating how psychosocial support delivered through teletherapy may support mothers adaptive functioning and address structural and systemic barriers. From a policy view, the study highlights the need for reforms in insurance reimbursement, cross-state licensing, and digital access initiatives to enhance equitable availability of culturally competent teletherapy services for single Black mothers. Methodologically, the study demonstrates the value of inductive thematic analysis in uncovering clinician perspectives and offers a framework for future mixed-

methods research that can quantify observed benefits and establish causal pathways. The study takes a step further to explain these implications.

Theoretical Implications

This study contributes to resilience theory by demonstrating how teletherapy may support the adaptive capacity of middle-class single Black mothers through flexible access, emotion validation, and culturally grounded interventions. Findings revealed that resilience is supported when therapeutic support acknowledges the burdens placed on Black women, such as caregiving and income-earning roles. Thus, placing coping strategies within the realities of mothers' homes, teletherapy may offer mothers the opportunity to practice emotional regulation, boundary setting, and problem-solving skills in real time. Equally, the study expands critical race perspectives by clinicians' report on how resilience among middle-class single Black mothers is an individual trait as well as a response to systemic inequities, such as financial stress, stigmatization of mental health, and limited culturally competent care. Integrating spirituality, cultural identity, and lived experiences within therapy emblems a relational model of resilience grounded in personal, familial, and communal strengths.

From the above, the study revealed that clinicians' perspectives of resilience theory can be explained in light of teletherapy because digital mental health environments are now active spaces where coping is developed, exercised, and reinforced. This illuminates the place and relevance of culturally responsive teletherapy practices that affirm identity, dismantle stigma, and support help-seeking behaviors. The findings of clinicians' perspectives highlight that fostering resilience among middle-class single

Black mothers requires approaches that empower adaptive functioning and counteract structural barriers, which could inform future theoretical work on resilience.

Methodological Implications

Methodologically, this study acknowledges the strength of qualitative inquiry in probing perceptions, emotional realities, and culturally grounded therapeutic experiences among middle-class single Black mothers from the perspectives of clinicians. The use of semistructured interviews and thematic analysis guided by Braun and Clarke's (2006) framework enabled me to explore insights that might have been obscured through purely quantitative measures. The inductive design allowed participants' voices to guide theme development so that the findings authentically reflected the perspectives clinicians who support middle-class single Black mothers.

However, the qualitative focus also introduced limitations in terms of generalizability and human experiences. This has methodological implications for future research, among others, the need to integrate quantitative approaches to measure resilience outcomes more objectively and determine the statistical effectiveness of teletherapy interventions. Incorporating explanatory or mixed-methods designs would allow researchers to establish empirical associations between teletherapy access, intervention strategies, and mental health improvement among middle-class single Black mothers. Equally, the study suggests the need for various sampling strategies, such as stratified sampling techniques, so that participants can be purposively recruited from various states in the United States.

Policy Implications

The findings of this study have policy implications for mental health policy as it relates to equity in teletherapy access and culturally responsive care. Although RQ2 focused on clinical strategies that clinicians use to foster resilience, clinicians also voluntarily raised policy and structural concerns that define the effectiveness and reach of teletherapy for middle-class single Black mothers. These perceptions did not describe therapeutic techniques but instead reflected clinicians' perceptions about the systemic conditions under which teletherapy occurs. For this reason, these perceptions are regarded here as policy and practice implications rather than findings tied directly to RQ2. Clinicians perceived a number of structural issues, such as insurance reimbursement challenges, restrictive licensing laws, limited cross-state practice authority, inadequate teletherapy platforms, and broader accessibility constraints, which, in their view, affect the environment in which teletherapy operates. Clinicians perceived that the availability of clinicians, the financial feasibility of care, and the regulations form the backdrop against which their clinical strategies are applied.

Insurance-related barriers also surfaced as a structural concern, where clinicians perceived that low reimbursement rates push therapists off insurance panels, which in turn reduces the number of providers accessible to single Black mothers who rely on insurance coverage. For context, clinicians perceived that the insurance companies do not reimburse providers fairly, which results in providers getting off insurance panels and only taking private pay. Clinicians perceived gaps in available resources for clients who do not qualify for subsidized programs yet cannot afford private-pay services. They

described this group as falling into a “coverage gap” with few accessible options. Clinicians perceived limited reimbursement from programs, such as Medicaid, which reduces clinicians’ willingness to accept these clients and may suggest that more reasonable reimbursement structures would expand access to teletherapy for middle-class single Black mothers.

The results demonstrated that, whereas teletherapy expands access, flexibility, and continuity of care, these benefits are unevenly distributed due to systemic constraints, such as insurance reimbursement barriers, restrictive licensing policies, and inconsistent technological access. These implications do not fully align with the realities of middle-class single Black mothers, who are disproportionately represented among the middle/working class and overextended caregiving populations. As such, the study points out policy gaps that limit mothers’ ability to sustain engagement in mental health treatment despite demonstrated need and willingness.

The study revealed clinicians’ perceptions that culturally competent therapeutic support enhances trust, reduces stigma, and strengthens resilience among middle-class single Black mothers; however, the scarcity of culturally responsive clinicians, which state-level licensure is partially responsible for these barriers, restricts access to such care. This implies that policies designed without cultural considerations may inadvertently aggravate disparities in mental health care. The findings also show that protections around privacy and confidentiality are strong enablers of service utilization, which indicates that policies strengthening digital security and informed consent directly influence treatment engagement and mental health equity. Equally, out-of-pocket costs

and reimbursement uncertainties suggest a policy environment that prioritizes clinical service delivery mechanisms but insufficiently protects consumer access to those services.

Conclusion

This qualitative inquiry explored the perceptions of licensed social workers who provide teletherapy to middle-class single Black mothers. Based upon clinicians' perspectives, findings revealed that teletherapy may foster resilience among middle-class single Black mothers by enhancing access to mental health support, promoting comfort, sharing of feelings during sessions, and reducing common stressors associated with traditional in-person therapy, such as transportation, childcare, and inflexible work schedules. Clinicians perceived that teletherapy may support continuous engagement in care, which could strengthen coping skills, emotion regulation, and protective factors. The findings of clinicians' perspectives further revealed that adaptive functioning may be most effective when clinicians employ culturally competent strategies and clinical interventions that could promote positive social change by honoring mothers' cultural identities, spiritual beliefs, and lived experiences. Despite these strengths, structural barriers, such as limited insurance coverage, technological challenges, and restrictive licensing policies continue to impede equitable access to teletherapy services.

References

- Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the mask of the strong Black woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among U.S. Black women. *Sex Roles, 80*(9/10), 517–526.
<https://doi.org/10.1007/s11199-018-0956-y>
- Adebayo, C. T., Parcell, E. S., Mkandawire-Valhmu, L., & Olukotun, O. (2022). African American women’s maternal healthcare experiences: A critical race theory perspective. *Health Communication, 37*(9), 1135–1146.
<https://doi.org/10.1080/10410236.2021.1888453>
- Agnafors S, Bladh M, Svedin CG, & Sydsjö G. (2019). Mental health in young mothers, single mothers and their children. *BMC Psychiatry, 19*(1), 112.
<https://doi.org/10.1186/s12888-019-2082-y>
- Alcantar, N. A., Cronley, C., Fields, N., Fogel, S. J., Mattingly, S., & Nordberg, A. (2023). Preparing students to address the grand challenges for social work: Researching, teaching, and practicing interdisciplinary collaboration. *Journal of Social Work Education, 59*(sup1), S1–S4.
<https://doi.org/10.1080/10437797.2023.2274742>
- Aldulaimi, J. L. (2024). *In-person therapy vs teletherapy treatment differences for maltreated children: A paired-comparative study* (Doctoral dissertation, Grand Canyon University).
- Anandavalli, S., Borders, L. D., & Kniffin, L. E. (2021). “Because here, White is right”: Mental health experiences of international graduate students of color from a

- critical race perspective. *International Journal for the Advancement of Counselling*, 43(3), 283–301. <https://doi.org/10.1007/s10447-021-09437-x>
- Apt, C. (2019). Invisible visits: Black middle-class women in the American healthcare system. *Choice: Current Reviews for Academic Libraries*, 56(10), 1271–1272. <http://doi.org/10.1177/0891243219881414>
- Arat, G. (2013). Doulas’ perceptions on single mothers’ risk and protective factors, and aspirations relative to child-birth. *Qualitative Report*, 18. <https://doi.org/10.46743/2160-3715/2013.1567>
- Afifi, T. D., Harrison, K., Zamanzadeh, N., & Acevedo Callejas, M. (2020). Testing the theory of resilience and relational load in dual career families: Relationship maintenance as stress management. *Journal of Applied Communication Research*, 48(1), 5–25. <https://doi.org/10.1080/00909882.2019.1706097>
- Afifi, T. D., Merrill, A. F., & Davis, S. (2016). The theory of resilience and relational load. *Personal Relationships*, 23(4), 663–683. <https://doi.org/10.1111/per.12159>
- Anat, R. (2023). Breaking the glass ceiling: Higher education as a lever for struggling with poverty and low esteem. *International Journal of Learning in Higher Education*, 30(1), 13–29. <https://doi.org/10.18848/2327-7955/CGP/v30i01/13-29>
- American Psychological Association. (2023). *Stress effects on the body*.
- American Psychological Association. (n.d.). Self-definition. In *APA Dictionary of Psychology*. <https://dictionary.apa.org/self-definition>
- Arroyo, A., Richardson, E. W., Hargrove, C. M., & Futris, T. G. (2024). Foster caregivers’ depressive symptoms and parenting stress: Applying the theory of

- resilience and relational load. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 73(2), 1438–1454. <https://doi.org/10.1111/fare.12908>
- Ash, M. J., Livingston, M. D., Sales, J. M., & Woods-Jaeger, B. (2024). Mental health treatment utilization and unmet mental health needs among Black reproductive-age women in the United States. *Psychiatric Services (Washington, D.C.)*, 75(11), 1092-1100–1100. <https://doi.org/10.1176/appi.ps.20230464>
- Aviles, A. I., Betar, S. K., Cline, S. M., Tian, Z., Jacobvitz, D. B., & Nicholson, J. S. (2024). Parenting young children during COVID-19: Parenting stress trajectories, parental mental health, and child problem behaviors. *Journal of Family Psychology (Division 43)*, 38(2), 296–308. <https://doi.org/10.1037/fam0001181>
- Awardco. (2023). Understanding workplace flexibility: For employers and employees. <https://www.award.co/blog/workplace-flexibility>
- Baker, R. S., & O’Connell, H. A. (2022). Structural racism, family structure, and Black–White inequality: The differential impact of the legacy of slavery on poverty among single mother and married parent households. *Journal of Marriage and Family*, 84(5), 1341–1365. <https://doi.org/10.1111/jomf.12837>
- Baviskar, S., Bergström, M., Danneskiold-Samsøe, S., Sjö, N. M., Sørensen, K. M., & Jacobsen, C. B. (2023). Developing an intervention to enhance parental monitoring in family foster care. *Research on Social Work Practice*, 33(6), 666–678. <https://doi.org/10.1177/10497315231168324>
- Becker, D., & Liddle, H.A. (2001). Family therapy with unmarried African American mothers and their adolescents. *Family Process*, 40, 413–427.

<https://doi.org/10.1111/j.1545-5300.2001.4040100413.x>

Bergeman, C. S., & Nelson, N. A. (2024). Building a dynamic adaptational process theory of resilience (ADAPTOR): Stress exposure, reserve capacity, adaptation, and consequence. *American Psychologist*, *79*(8), 1063–1075.

<https://doi.org/10.1037/amp0001280>

Benton, D. (2022). Examining website-based mission statements of traditionally Black methodist denominational churches in the top ten cities for African Americans in the United States. *Journal of Communication & Religion*, *45*(4), 28–40.

<https://doi.org/10.5840/jcr20224542>

Benudis, A., Re'em, Y., Kanellopoulos, D., Moreno, A., & Zonana, J. (2022). Patient and provider experiences of telemental health during the COVID-19 pandemic in a New York City academic medical center. *Psychiatry Research*, *311*, 1–6.

<https://doi.org/10.1016/j.psychres.2022.114496>

Bhuyan, S. S., Kalra, S., Mahmood, A., Rai, A., Bordoloi, K., Basu, U., O'Callaghan, E., & Gardner, M. (2024). Motivation and use of telehealth among people with depression in the United States. *Journal of Primary Care & Community Health*, *15*, 21501319241266516. <https://doi.org/10.1177/21501319241266515>

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative health research*, *26*(13), 1802-1811. <https://doi.org/10.1177/1049732316654870>

Bishop-Royse, J., Lange-Maia, B., Murray, L., Shah, R. C., & DeMaio, F. (2021).

Structural racism, socio-economic marginalization, and infant mortality. *Public*

Health (Elsevier), 190, 55–61. <https://doi.org/10.1016/j.puhe.2020.10.027>

Black and African American communities and mental health. (n.d.). Mental Health America. <https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health>

Block, E., & Erskine, L. (2012). Interviewing by telephone: Specific considerations, opportunities, and challenges. *International Journal of Qualitative Methods*, 11(4), 428–445. <https://doi.org/10.1177/16094069120110040>

Bolton, K. W., Hall, J. C., Blundo, R., & Lehmann, P. (2017). The role of resilience and resilience theory in solution-focused practice. *Journal of Systemic Therapies*, 36(3), 1-15. <https://doi.org/10.1521/jsyt.2017.36.3.1>

Boucher, N. (2022). *Exploring the needs of Black single mothers in therapy* (Doctoral dissertation, Antioch University).

Bradley, S. J., & Goldstein, S. (2022). “People think it’s easy because I smile, but it’s not easy”: The lived experiences of six African American single mothers. *Journal of African American Studies*, 26(1), 16. <https://doi.org/10.1007/s12111-022-09574-6>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Braund, A., James, T., Johnston, K., & Mullaney, L. (2022). Survival narratives from single mothers in an enabling program: “Just hope you don’t get sick and live off caffeine.” *Australian Journal of Adult Learning*, 62(2), 202–235.

Brawer-Sherb, M., Keitel, M., Cunningham, S., Ponterotto, J. G., & Lilliquist, B. (2022).

Lived experiences of emerging adult women with single mothers: Exploring responses to perceived maternal depression. *Emerging Adulthood*, 10(3), 752–766. <https://doi.org/10.1177/2167696820941958>

Brodsky, A. E. (1999). “Making it”: the components and process of resilience among urban, African American, single mothers. *The American Journal of Orthopsychiatry*, 69(2), 148–160. <https://doi.org/10.1037/h0080417>

Brown, T. (2008). Race, racism, and mental health: Elaboration of critical race theory’s contribution to the sociology of mental health. *Contemporary Justice Review*, 11(1), 53–62. <https://doi.org/10.1080/10282580701850405>

Cambridge University Press. (n.d.). Work-life balance. In *Cambridge English Dictionary*. <https://dictionary.cambridge.org/us/dictionary/english/work-life-balance>

Campbell, R. D., & Winchester, M. R. (2020). Let the church Say...: One congregation’s views on how the Black church can address mental health with Black Americans. *Social Work & Christianity*, 47(2), 105–122. <https://doi.org/10.34043/swc.v47i2.63>

Caelli K., Ray L., & Mill J. (2003). “Clear as mud”: Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2(2), 1–24 <https://doi.org/10.1177/160940690300200201>

Center for American Progress. (2023). The economic status of single mothers. <https://www.americanprogress.org/article/the-economic-status-of-single-mothers/>

Centers for Disease Control and Prevention. (2023, February 28). Mental health stigma. <https://www.cdc.gov/mental-health/stigma/index.html>

- Casaburo, G., Yzaguirre, M., Subramaniam, S., & Holtrop, K. (2023). A systematic review of family stress theory in mental health research (2010–2020). *Families in Society: Journal of Contemporary Social Services*, *104*(4), 557–569. <https://doi.org/10.1177/10443894231152511>
- Chen, C. P., & Edwards, J. (2023). The role of career counselling in improving the psychological and economic wellbeing of single mothers. *Current Psychology*, *42*(29), 25624–25633. <https://doi.org/10.1007/s12144-022-03657-z>
- Childress, S., LaBrenz, C. A., & Findley, E. (2023). Pandemic mothering: Mothers' experiences of adaptation and resilience during the covid-19 pandemic. *Child & Family Social Work*. <https://doi.org/10.1111/cfs.13117>
- Coates, E. E., Brumley, C. C., McLeod, A. B., Hoffman, S. B., Tall, J., Charlot-Swilley, D., & Farris Beauvoir, K. (2025). “My anxiety has been heightened”: Black mothers' concerns regarding children's return to in-person learning following COVID-19-related remote learning. *Journal of Black Studies*, *56*(2), 75–99. <https://doi.org/10.1177/00219347241293799>
- Collins, C. (2020). *Making motherhood work: How women manage careers and caregiving*. Princeton University Press. <https://doi.org/10.1177/08903344241252>
- Connolly, S. L., Ferris, S. D., Miller, C. J., & Azario, R. P. (2024). Patient and provider attitudes toward video and phone telemental health care during the COVID-19 pandemic: A systematic review. *Clinical Psychology: Science and Practice*, *31*(4), 488-503–503. <https://doi.org/10.1037/cps0000226>
- Connolly, S. L., Miller, C. J., Lindsay, J. A., & Bauer, M. S. (2020). A systematic review

- of providers' attitudes toward telemental health via videoconferencing. *Clinical Psychology: Science and Practice*, 27(2). <https://doi.org/10.1111/cpsp.12311>
- Council, L. D. (2021). Marriage matters for Black middle-class women: A review of Black American marriages, work, and family life. *Sociology Compass*, 15(11). <https://doi.org/10.1111/soc4.12934>
- Coba-Rodriguez, S., & Lleras, C. L. (2022). Nonstandard work and preschool child development in single mother families: Exploring the role of maternal depression and parenting stress. *Marriage & Family Review*, 58(8), 726–747. <https://doi.org/10.1080/01494929.2022.2042883>
- Creswell, J. W. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.
- Crumb, L., Haskins, N., Dean, L., & Avent Harris, J. (2020). Illuminating social-class identity: The persistence of working-class African American women doctoral students. *Journal of Diversity in Higher Education*, 13(3), 215–227. <https://doi.org/10.1037/dhe0000109>
- Davis, A., & Gentlewarrior, S. (2015). White privilege and clinical social work practice: reflections and recommendations. *Journal of Progressive Human Services*, 26(3), 191–208. <https://doi.org/10.1080/10428232.2015.1063361>
- Day, G., Ecker, A. H., Amspoker, A. B., Dawson, D. B., Walder, A., Hogan, J. B., & Lindsay, J. A. (2024). Black veteran use of video telehealth for mental health

care. *Psychological services*, 21(3), 478–488. <https://doi.org/10.1037/ser0000827>

DeCou, S.E., & Vidair, H.B. (2017). What low-income, depressed mothers need from mental health care: Overcoming treatment barriers from their perspective. *Journal of Child and Family Studies*, 26, 2252–2265. <https://doi.org/10.1007/s10826-017-0733-5>

Del Mar Fariña, M., & O’Neill, P. (2024). The structural clinical model: Disrupting oppression in clinical social work through an integrative practice approach. *Clinical Social Work Journal*, 52(3), 217–228. <https://doi.org/10.1007/s10615-022-00841-3>

D’Ercole, A. (1988). Single mothers: stress, coping, and social support. *Journal of Community Psychology*, 16(1), 41–54. [https://doi.org/10.1002/1520-6629\(198801\)16:1<41::AID-JCOP2290160107>3.0.CO;2-9](https://doi.org/10.1002/1520-6629(198801)16:1<41::AID-JCOP2290160107>3.0.CO;2-9)

Dow, D. M. (2015). Negotiating “the welfare queen” and “the strong Black woman”: African American middle-class mothers’ work and family perspectives. *Sociological Perspectives*, 58(1), 36–55. <https://doi.org/10.1177/0731121414556546>

Dunham, P. J., Hurshman, A., Litwin, E., Gusella, J., Ellsworth, C., & Dodd, P. W. D. (1998). Computer-mediated social support: Single young mothers as a model system. *American Journal of Community Psychology*, 26(2), 281–306. <https://doi.org/10.1023/A:1022132720104>

Edwards, L. (2022). Optimization of mental health appointment mix: Telemental health and in-person appointment model maximizing revenue and mitigating no-shows.

- Ellis, J. L., & Hart, D. L. (2023). Strengthening the choice for a generic qualitative research design. *Qualitative Report*, 28(6), 1759–1768.
<https://doi.org/10.46743/2160-3715/2023.5474>
- Euteneuer, F., Schaefer, S. J., Neubert, M., Rief, W., & Suessenbach, P. (2019). What if I had not fallen from grace? Psychological distress and the gap between factual and counterfactual subjective social status. *Stress & Health: Journal of the International Society for the Investigation of Stress*, 35(5), 675–680.
<https://doi.org/10.1002/smi.2892>
- Essence and Black Women’s Health Imperative. (2020). *The State of Black Women’s Health Report*. <https://bwhi.org>
- Fadare, S. A., Bautista-Baligod, M., Briones, R. M. B., & Perez, A. L. (2024). Double the love, double the duty: Supporting solo parents navigating recreation for their child with disabilities. *Library of Progress-Library Science, Information Technology & Computer*, 44(3), 18940–18946.
- Everts, J. (2024). Managing distractions and remaining present: Suggestions for online therapists. In *The Therapist’s Notebook for Systemic Teletherapy* (pp. 35-37). Routledge.
- Fakou, E. (2024). “I teach them what I can”: working-class mothers supporting their children’s relationship with schooling. *British Journal of Sociology of Education*, 45(1), 119–136. <https://doi.org/10.1080/01425692.2023.2284084>
- Fergus-Yemane, P. (2024). *Licensed professional counselors’ experience of resilience during the COVID-19 pandemic* (Capella University).

- Folk, K. F. (1996). Single mothers in various living arrangements: Differences in economic and time resources. *American Journal of Economics & Sociology*, 55(3), 277. <https://doi.org/10.1111/j.1536-7150.1996.tb02309.x>
- Frankfort-Nachmias, C., Nachmias, D., & DeWaard, J. (2015). *Research methods in the social sciences* (8th ed.)
- Furrow, B. (2023). The future of behavioral health: Can private equity and telehealth improve access?. *American Journal of Law & Medicine*, 49(2-3), 314–338.
- Galdas, P. (2017). Revisiting Bias in Qualitative Research: Reflections on Its Relationship With Funding and Impact. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917748992>
- Gangamma, R., Walia, B., Luke, M., & Lucena, C. (2022). Continuation of teletherapy after the COVID-19 pandemic: Survey study of licensed mental health professionals. *JMIR Formative Research*, 6(6), e32419.
- Gaztambide, D. J., Ojionuka, P., Simon, S., Rename, J., Diaz, G., & Stell, J. (2024). Standing against racial capitalism: Reconsidering psychology's role in dismantling systemic racism. *American Psychologist*, 79(4), 645–659. <https://doi.org/10.1037/amp0001333>
- Gottlieb, A. S. (1997). Single mothers of children with developmental disabilities: The impact of multiple roles. *Family Relations (Wiley-Blackwell)*, 46(1), 5–12. <https://doi.org/10.2307/585601>
- Grabka, M. M. (2025). Income distribution: Signs of a trend reversal in the poverty risk; single parents less frequently at risk of poverty. *DIW Weekly Report*, 15(7/8), 43–

52. https://doi.org/10.18723/diw_dwr2025-7-1

Graham, J., Welfare, L. E., Day, V. N. L., & Ghoston, M. (2022). Stress, coping, and the Strong Black Woman: An empirical analysis. *Journal of Multicultural Counseling & Development, 50*(3), 162–170. <https://doi.org/10.1002/jmcd.12235>

Green, B. “Nilaja.” (2019). Strong like my mama: The legacy of “strength,” depression, and suicidality in African American women. *Women & Therapy, 42*(3/4), 265–288. <https://doi.org/10.1080/02703149.2019.1622909>

Haidous, M., Tawil, M., Naal, H., & Mahmoud, H. (2021). A review of evaluation approaches for telemental health programs. *International Journal of Psychiatry in Clinical Practice, 25*(2), 195–205. <https://doi.org/10.1080/13651501.2020.1846751>

Hallmon, A., Anaza, E., Sandoval, A., & Fernandez, M. (2021). Black mothers’ recreational choices for their children: a critical race theory story. *Annals of Leisure Research, 24*(5), 552–566. <https://doi.org/10.1080/11745398.2020.1769487>

Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social science & medicine, 292*, 114523. <https://doi.org/10.1016/j.socscimed.2021.114523>

Hertz, R., Mattes, J., & Shook, A. (2021). When paid work invades the family: Single mothers in the COVID-19 pandemic. *Journal of Family Issues, 42*(9), 2019–2045. <https://doi.org/10.1177/0192513X20961420>

Hiefner, A. R., Smith, M. L., & Woods, S. B. (2025). Transitioning to telemental health:

Sociodemographic predictors of integrated behavioral health care utilization pre- and peri-COVID. *Families, Systems & Health: The Journal of Collaborative Family Healthcare*. <https://doi.org/10.1037/fsh0000981>

Holland, D.C., Moe, J.L., Woody, A.M., Schwitzer, S.P., & Franklin, J. (2023).

Counselors' perceptions of their preparedness for telemental health services: A phenomenological examination. *Telemedicine Reports*, 4(1), 279–285.

<https://doi.org/10.1089/TMR.2021.0011>

Howell, F. M. (2023). Resistance and gendered racism: Middle-class Black women's experiences navigating reproductive health care systems. *Psychology of Women Quarterly*, 47(4), 494–509–509. <https://doi.org/10.1177/03616843231168113>

Iancu, A., Pietroșel, V.-A., Salmen, T., Bica, C. I., Păunică, I., Andronache, L. F.,

Gherghiceanu, F., & Curis, C. (2023). Postpartum depression; associated factors and underdiagnosis. *Journal of Mind & Medical Sciences*, 10(1), 131–138.

<https://doi.org/10.22543/2392-7674.1391>

Iovan, M., & Oprea, M. (2016). Social aspects regarding the single-parent families vulnerability. *Academicus*, 14, 69–93.

<https://doi.org/10.7336/academicus.2016.14.05>

Jamie, K., & Rathbone, A. P. (2022). Using theory and reflexivity to preserve methodological rigour of data collection in qualitative research. *SAGE Open Medicine*, 10, 26320843211061302.

<https://journals.sagepub.com/doi/full/10.1177/26320843211061302>

Jauch, C. (1977). The one-parent family. *Journal of Clinical Child Psychology*, 6(2), 30–

32. <https://doi.org/10.1080/15374417709532758>

Jiang, Q., Wang, D., Yang, Z., & Choi, J. (2023). Bidirectional relationships between parenting stress and child behavior problems in multi-stressed, single-mother families: A cross-lagged panel model. *Family Process*, 62(2), 671–686.

<https://doi.org/10.1111/famp.12796>

Jones, A.M. (2024). Self-silencing as protection: How the “angry black woman” stereotype influences how Black graduate women respond to gendered-racial microaggressions. *Equity & Excellence in Education*, 57(1), 47–61.

<https://doi.org/10.1080/10665684.2023.2201480>

Jones, M. K., Harris, K. J., & Reynolds, A. A. (2020). In their own words: The meaning of the strong Black woman schema among Black U.S. college women. *Sex Roles*, 82(11–12), 795–808. <https://doi.org/10.1007/s11199-020-01147-3>

Jones, M. K., Hill-Jarrett, T. G., Latimer, K., Reynolds, A., Garrett, N., Harris, I., Joseph, S., & Jones, A. (2021). The role of coping in the relationship between endorsement of the strong Black woman schema and depressive symptoms among Black women. *The Journal of Black Psychology*, 47(7), 578–592.

<https://doi.org/10.1177/00957984211021229>

Jones, M. K., Leath, S., Settles, I. H., Doty, D., & Conner, K. (2022). Gendered racism and depression among Black women: Examining the roles of social support and identity. *Cultural Diversity and Ethnic Minority Psychology*, 28(1), 39–48.

<https://doi.org/10.1037/cdp0000486>

Karcher, K., McCuaig, J., & King-Hill, S. (2024). (Self-) Reflection / Reflexivity in

Sensitive, Qualitative Research: A Scoping Review. *Qualitative Research in Psychology*, 21(1), 1–19.

<https://journals.sagepub.com/doi/full/10.1177/16094069241261860>

Kareem, O. M., Oduoye, M. O., Bhattacharjee, P., Kumar, D., Zuhair, V., Dave, T., Irfan, H., Taraphdar, S., Ali, S., & Orbih, O. M. (2024). Single parenthood and depression: A thorough review of current understanding. *Health Science Reports*, 7(7), 1–9. <https://doi.org/10.1002/hsr2.2235>

Kaube, H. (2024). Compassion as commodity: Middle-class women and care work in the long nineteenth century. *Journal of World-Systems Research*, 30, 78–103. <https://doi.org/10.5195/JWSR.2024.1234>

Kenku, A. A., & Umar, S. S. (2025). Ethical challenges in tele-therapy: A modern perspective. *International Journal For Psychotherapy In Africa*, 10(1).

Khullar, M., & Sudarshan, R. M. (2024). Work and family: Conversations about identity with middle-class women. *Indian Journal of Gender Studies*, 31(3), 372–393. <https://doi.org/10.1177/09715215241262357>

Kim, A., Jeon, S., & Park, I. (2023). Influence of parenting guilt on the mental health among single-parent women: Multiple additive moderating effect of economic well-being and level of education. *Healthcare* (2227-9032), 11(13), 1814. <https://doi.org/10.3390/healthcare11131814>

Kim, G. E., & Kim, E.-J. (2020). Factors affecting the quality of life of single mothers compared to married mothers. *BMC Psychiatry*, 20(1), 1–10. <https://doi.org/10.1186/s12888-020-02586-0>

- Kim, A., Jeon, S. & Song, J. (2023). Self-Stigma and mental health in divorced single-parent women: Mediating effect of self-esteem. *Behavioral Sciences, 13*(9), 744. <https://doi.org/10.3390/bs13090744>
- Kim, H. S., Lee, C. E., & Kim, K. M. (2023). Challenges of single parents raising children with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities, 36*(4), 777–786. <https://doi.org/10.1111/jar.13093>
- Kolos, A. C., Green, E. J., & Crenshaw, D. A. (2009). Conducting filial therapy with homeless parents. *American Journal of Orthopsychiatry, 79*(3), 366–374. <https://doi.org/10.1037/a0017235>
- Korstjens, I. & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing, *European Journal of General Practice, 24*(1) 120–124, <https://doi.org/10.1080/13814788.2017.1375092>
- Kulik, L. (2021). The centrality of resourcefulness in explaining wellbeing among financially challenged single mothers. *Journal of Family Social Work, 24*(3), 219–244. <https://doi.org/10.1080/10522158.2020.1819500>
- Knighton, J.-S., Dogan, J., Hargons, C., & Stevens-Watkins, D. (2022). Superwoman schema: A context for understanding psychological distress among middle-class African American women who perceive racial microaggressions. *Ethnicity & Health, 27*(4), 946–962. <https://doi.org/10.1080/13557858.2020.1818695>
- Lawson-Borders, G. (2019). Tilted Images: Media Coverage and the Use of Critical Race Theory to Examine Social Equity Disparities for Blacks and Other People of

Color. *Social Work in Public Health*, 34(1), 28–38.

<https://doi.org/10.1080/19371918.2018.1562402>

Letiecq, B. L., Williams, J. M., Vesely, C. K., & Lee, J. S. (2023). Publicly housed Black mothers' experiences of structural racism in their everyday lives. *Journal of Marriage & Family*, 85(3), 701–722. <https://doi.org/10.1111/jomf.12908>

Leung, L. B., Santos, J. J., Escarce, J. J., Ettner, S. L., Der-Martirosian, C., Raja, P., McCourt, A. D., Fortney, J., & McGinty, E. E. (2024). Protocol: A mixed-methods study to evaluate implementation and outcomes of U.S. state telemental health policy expansion during the COVID-19 pandemic. *PLoS ONE*, 19(11 November). <https://doi.org/10.1371/journal.pone.0312665>

Lewis, K. R., Grossman, K., Jones, N. E., & Horner, M. (2024). “Mentally you don’t function the same”: A qualitative examination of the normalization, embodiment, and psychological impact of everyday racism. *Journal of Racial and Ethnic Health Disparities*, 11(2), 631–642. <https://doi.org/10.1007/s40615-023-01548-y>

Lewis-Beck, M.S., Bryman, A. and Liao, T.F. (2004) The SAGE Encyclopedia of Social Science Research Methods.

Liang, L. A., Berger, U., & Brand, C. (2019). Psychosocial factors associated with symptoms of depression, anxiety and stress among single mothers with young children: A population-based study. *Journal of Affective Disorders*, 242, 255–264. <https://doi.org/10.1016/j.jad.2018.08.013>

Lipman, E. L., Kenny, M., & Marziali, E. (2011). Providing web-based mental health services to at-risk women. *BMC Women’s Health*, 11, 38.

<https://doi.org/10.1186/1472-6874-11-38>

Lipman, E. L., Waymouth, M., Gammon, T., Carter, P., Secord, M., Leung, O., Mills, B., & Hicks, F. (2007). Influence of group cohesion on maternal well-being among participants in a support/education group program for single mothers. *American Journal of Orthopsychiatry*, 77(4), 543–549. <https://doi.org/10.1037/0002-9432.77.4.543>

Leanderz, Å. G., Larsson, M., Lyngegård, F., Bäckström, C., & Henricson, M. (2025). The Meaning of Becoming a Mother. A Phenomenological-Hermeneutic Study. *Scandinavian journal of caring sciences*, 39(1), e70011. <https://doi.org/10.1111/scs.70011>

Lebert-Charron, A., Wendland, J., Vivier-Prioul, S., Boujut, E., & Dorard, G. (2022). Does perceived partner support have an impact on mothers' mental health and parental burnout? *Marriage & Family Review*, 58(4), 362–382. <https://doi.org/10.1080/01494929.2021.1986766>

Long, S. M., Clark, M., Ausions, C. D., Jacoby, R., & McGhee, C. (2019). The wellness and self-care experience of single mothers in poverty: Strategies for mental health counselors. *Journal of Mental Health Counseling*, 41(4), 343–358. <https://doi.org/10.17744/mehc.41.4.05>

Lovell, E. D., & Scott, R. (2020). Community college single-parent students' angst: Inequities balancing roles as parent and student. *Community College Journal of Research and Practice*, 44(4), 298–301. <https://doi.org/10.1080/10668926.2019.1576071>

- Lukacs, A. (2011). Kinship networks. In *Encyclopedia of Social Networks* (pp. 455–457). SAGE Publications. <https://doi.org/10.4135/9781412971991.n246>
- Maddock, A. (2025). Testing mindfulness mechanisms of action on depression, anxiety, and mental well-being of social workers. *Current Psychology*, *44*(10), 8995–9008. <https://doi.org/10.1007/s12144-025-07801-3>
- Malcome, M. L. (2024). A qualitative exploration of how Black mothers experiencing poverty make sense of the strong Black woman stereotype. *Psychology of Women Quarterly*, *48*(3), 373–389–389. <https://doi.org/10.1177/03616843241233286>
- Martin-West, S. (2019). Role of social support as a moderator of housing instability in single mother and two-parent households. *Social Work Research*, *43*(1), 31–42. <https://doi.org/10.1093/swr/svy028>
- Marriage matters for Black middle-class women: A review of Black American marriages, work, and family life. (2021). *Sociology Compass*, *15*(11), 1–9. <https://doi.org/10.1111/soc4.12934>
- Mason, M. (2010, August). Sample size and saturation in PhD studies using qualitative interviews. In *Forum qualitative Sozialforschung/Forum: qualitative social research* (Vol. 11, No. 3). <https://doi.org/10.17169/fqs-11.3.1428>
- McArthur, M., & Winkworth, G. (2017). What do we know about the social networks of single parents who do not use supportive services? *Child & Family Social Work*, *22*(2), 638–647. <https://doi.org/10.1111/cfs.12278>
- McCall, T., Bolton III, C. S., Carlson, R., & Khairat, S. (2021). A systematic review of telehealth interventions for managing anxiety and depression in African American

- adults. *Mhealth*, 7, 31. <http://doi.org/10.21037/mhealth-20-114>
- McKim, C. (2023). Meaningful member-checking: a structured approach to member-checking. *American Journal of Qualitative Research*, 7(2), 41-52.
<https://doi.org/10.1177/16094069241301383>
- Merriam-Webster. (n.d.). *Spirituality*. In Merriam-Webster.com dictionary.
<https://www.merriam-webster.com/dictionary/spirituality>
- Meurer-Lynn, M. (2023). Relational work through technology: Understanding the impact of telemental health on the therapeutic alliance. *Smith College Studies in Social Work*, 93(1), 37–54. <https://doi.org/10.1080/00377317.2023.2214621>
- Michener, J., & Brower, M.T., (2019) What’s policy got to do with It? Race, gender & economic inequality in the United States. *American Academy of Arts & Sciences*, 149(1), 100–118. https://doi.org/10.1162/daed_a_01776
- Moncher, F. J. (1995). Social isolation and child-abuse risk. *Families in Society*, 76(7), 421–433.
- Munir, M., Yuda, T. K., Kusumah, E. P., & Suwandi, M. A. (2024). An exploratory study on women single parents’ experiences in coping with socioeconomic insecurity. *International Journal of Sociology & Social Policy*, 44(7/8), 643–656.
<https://doi.org/10.1108/IJSSP-10-2023-0247>
- Muhammad, S. (2020). *The state of Black women in corporate America*. LeanIn.Org.
<https://leanin.org/research/the-state-of-black-women-in-corporate-america>
- National Association of Social Workers. (2021). NASW code of ethics.
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics->

English

- National Women’s Law Center. (2024). *Polling shows that Black women agree discrimination and other stressors impact their health.*
<https://nwlc.org/resource/polling-shows-that-black-women-agree-discrimination-and-other-stressors-impact-their-health/>
- Naz, I., Fatima, K., & Anjum, R. (2020). Prevalence and correlates of adjustment disorder in single parent mothers. *Pakistan Armed Forces Medical Journal*, 70(3), 830–834.
- Neal Keith, S., Coleman, M. L., Hicks Becton, L. Y., & Springfield, J. (2023). Assessing the social determinants of mental health in counseling practice. *Journal of Counseling & Development*, 101(4), 381–391. <https://doi.org/10.1002/jcad.12470>
- Nelson, T., Cardemil, E. V., Overstreet, N. M., Hunter, C. D., & WoodsGiscombé, C. L. (2024). Association between superwoman schema, depression, and resilience: The mediating role of social isolation and gendered racial centrality. *Cultural Diversity and Ethnic Minority Psychology*, 30(1), 95–106.
<https://doi.org/10.1037/cdp0000533>
- Nelson, M. (2022). Are online mental health resources beneficial to African American women?
- Nelson, T., Shahid, N. N., & Cardemil, E. V. (2020). Do I really need to go and see somebody? Black Women’s perceptions of help-seeking for depression. *Journal of Black Psychology*, 46(4), 263–286. <https://doi.org/10.1177/0095798420931644>
- Nichols, T. R., Gringle, M. R., & Pulliam, R. M. (2015). “You have to put your

children’s needs first or you’re really not a good mother”: Black motherhood and self-care practices. *Women, Gender & Families of Color*, 3(2), 165–189.

<https://doi.org/10.5406/womgenfamcol.3.2.0165>

Nizam Mohd Aziz, M. K., Ismail, M., Rabu, N., Ibrahim, K., Ayub, M. S., & Mali, M. A. (2024). Mental well-being of single mothers: A preliminary review issues and challenges according to Islam. *Global Business & Management Research*, 16(2), 217–229.

Nowland, R., McNally, L., & Gregory, P. (2024). Parents’ use of digital technology for social connection during the COVID-19 pandemic: A mixed-methods study. *Scandinavian Journal of Psychology*, 65(3), 533–548.

<https://doi.org/10.1111/sjop.12998>

Ocasio-Stoutenburg, L., & Boveda, M. (2024). “Who raised you?”: Black women’s indispensable conceptualizations of mothering for theorizing and researching. *International Journal of Qualitative Studies in Education*, 37(9), 2521–2539.

<https://doi.org/10.1080/09518398.2024.2348808>

O’Connor, E., Henninger, M., Perdue, L. A., Epstein, R. A., Copeland, E., Lin, J. S., Bean, S. I., & O’Neil, M. E. (2023). Screening for depression, anxiety, and suicide risk in adults: A systematic evidence review for the U.S. Preventive Services Task Force. *Agency for Healthcare Research and Quality*.

<https://www.ncbi.nlm.nih.gov/books/NBK592792/>

Ort, D. (2024). *Shifting from in-person to teletherapy: Client experiences in teletherapy during Covid-19*. Columbia University.

- Owusu, J. T., Wang, P., Wickham, R. E., Cottonham, D. P., Varra, A. A., Chen, C., & Lungu, A. (2023). Blended care therapy for depression and anxiety: outcomes across diverse racial and ethnic groups. *Journal of Racial and Ethnic Health Disparities*, *10*(6), 2731-2743.
- Parisi, K. E., Dopp, A. R., & Quetsch, L. B. (2021). Practitioner use of and attitudes towards videoconferencing for the delivery of evidence-based telemental health interventions: A mixed methods study. *Internet Interventions*, *26*.
<https://doi.org/10.1016/j.invent.2021.100470>
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* 4th ed.
- Perez-Vaisvidovsky, N., Halpern, A., Mizrahi, R., & Salamy, Z. A. (2024). Single Moms, absent Dads: Neglecting fathers and burdening mothers in social work practice with separated families. *European Journal of Social Work*, *27*(1), 205–219.
<https://doi.org/10.1080/13691457.2023.2222927>
- Pew Research Center, 2023. Race and ethnicity: The state of the American middle-class.
<https://www.pewresearch.org/race-and-ethnicity/2024/05/31/the-state-of-the-american-middle-class/>
- Pew Research Center. (2023). The state of the American middle class.
<https://www.pewresearch.org/race-and-ethnicity/2024/05/31/the-state-of-the-american-middle-class/>
- Purnell, L. D., & Paulanka, B. J. (2023). *Purnell Model for Cultural Competence*
https://en.wikipedia.org/wiki/Purnell_Model_for_Cultural_Competence

- Radu, M., Licu, M., Golu, F., David, I., & Cotel, A. (2024). Parenthood and depression a systematic review. *Medicina Moderna*, *31*(4), 287–304.
<https://doi.org/10.31689/rmm.2024.31.4.287>
- Rahimi, S. (2024). Saturation in qualitative research: An evolutionary concept analysis. *International Journal of Nursing Studies Advances*, *6*, 100174.
<https://doi.org/10.1016/j.ijnsa.2024.100174>
- Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage Publications
- Reamer, F. G. (2023). When the client is a struggling clinical social worker: Ethical challenges. *Clinical Social Work Journal*, *51*(2), 153–162.
<https://doi.org/10.1007/s10615-022-00859-7>
- Richard, J. Y., & Lee, H.-S. (2019). A qualitative study of racial minority single mothers' work experiences. *Journal of Counseling Psychology*, *66*(2), 143–157.
<https://doi.org/10.1037/cou0000315>
- Robinson II, C. E. (2025). *“Mommy and me”: A phenomenological study into the experiences of African American parents in their child’s teletherapy session* (Doctoral dissertation, Liberty University).
- Robinson, D. W. (2021). *Teletherapy service with substance abuse disorder clients during the Covid-19 pandemic* (Doctoral dissertation).
- Robledo Yamamoto, F., Volda, A., & Volda, S. (2025). Towards culturally competent design: A multistakeholder study of the adoption and use of teletherapy within the Hispanic community. *Proceedings of the ACM on Human-Computer Interaction*,

9(7), 1–30.

- Rossi, M. (2023). Breaking barriers: Cross-state licensing reform for licensed professional counselors. *Minn. J. L. Sci. & Tech.*, 25, 195.
- Roxo, L., Porto, G., & Perelman, J. (2022). Combining jobs and motherhood: is it worse when raising children alone? *Journal of Public Health*, 44(3), 507–515.
<https://doi.org/10.1093/pubmed/fdab048>
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data*. 3rd Edition, Sage Publications, Thousand Oaks. 143
- Rudestam, K. E., & Newton, R. R. (2015). *Surviving your dissertation: A comprehensive guide to content and process* (4th ed.). SAGE. ISBN: 978-1-4522-6097-61.
- Saldana, J. (2016). *The Coding Manual for Qualitative Researchers*. Los Angeles. Sage Publications.
- Sarpong, P. (2023). Online therapy: Challenges, benefits and implications for online financial therapy. In *Perspectives in Financial Therapy* (pp. 113-140). Springer International Publishing.
- Sartor, T., Lange, S., & Tröster, H. (2023). Cumulative stress of single mothers: An exploration of potential risk factors. *The Family Journal*, 31(1), 88–94.
<https://doi.org/10.1177/10664807221104134>
- Scherer, M. L. (2023). Privileged careerists, working-class idealists: Complicating the relationship of class, college values, and curricular choices. *Critical Studies in Education*, 64(2), 184–199. <https://doi.org/10.1080/17508487.2022.2052736>
- Schettino, F., & Khan, H. A. (2020). Income polarization in the USA: What happened to

the middle class in the last few decades?. *Structural Change and Economic Dynamics*, 53, 149-161.

Sia, S. K., & Aneesh, A. (2024). Single-parent adolescents' resilience and psychological well-being: The role of social competence and emotion regulation. *Journal of Indian Association for Child & Adolescent Mental Health*, 20(3), 205–211.

<https://doi.org/10.1177/09731342241239441>

Silver, C., and Lewins, A., (2014). Using software in qualitative research: A step-by-step guide, SAGE Publications, Second Edition. ISBN 978-1-4462-4973-4

Simon, M. K., & Goes, J. (2013). Dissertation & scholarly research. Recipes for success: 2013 edition. Create Space Independent Publishing.

Shamir Balderman, O., & Shamir, M. (2024). Social support, happiness, work–family conflict, and state anxiety among single mothers during the covid-19 pandemic. *Humanities and Social Sciences Communications*, 11(1).

<https://doi.org/10.1057/s41599-024-03764-1>

Spivey, B. N., Abrams, J. A., Watson-Singleton, N. N., & Metzger, I. W. (2024). “I can do bad all by myself”: Indirect effect of social support beliefs on the strong Black woman schema and depressive symptoms. *Cultural Diversity & Ethnic Minority Psychology*. <https://doi.org/10.1037/cdp0000672>

Stansbury, K. L., Marshall, G. L., Hall, J., Simpson, G. M., & Bullock, K. (2018).

Community engagement with African American clergy: Faith-based model for culturally competent practice. *Aging & Mental Health*, 22(11), 1510–1515.

<https://doi.org/10.1080/13607863.2017.1364343>

- Steinbach, A., & Augustijn, L. (2023). Parents' loneliness in sole and joint physical custody families. *Journal of Social & Personal Relationships*, 40(4), 1194–1203.
<https://doi.org/10.1177/02654075221124123>
- Stewart, T. J. (2023). *Preference for online psychotherapy: A comparison study of stigma, attitudes, and intentions* (Syracuse University).
- Stone, J. (2024). Digital sand therapy: Cognitions and the underworld. In *The therapist's notebook for systemic teletherapy* (pp. 61-69). Routledge.
- Suarez-Balcazar, Y., Buckingham, S., Young, R. I., Rusch, D. B., Mehta, T. G., Charvonia, A., Lewis, R. K., Ford-Paz, R. E., & Perez, C. M. (2024). Reproductive justice for Black, indigenous, women of color: Uprooting race and colonialism. *American Journal of Community Psychology*, 73(1–2), 159-169–169.
<https://doi.org/10.1002/ajcp.12650>
- Talpaş, P. M. (2022). The single parent family from a social work Perspective. *PANGEEA*, 22, 124–131. <https://doi.org/10.29302/Pangeea22.16>
- Targosz, S., Bebbington, P., Lewis, G., Brugha, T., Jenkins, R., Farrell, M., & Meltzer, H. (2003). Lone mothers, social exclusion and depression. *Psychological Medicine*, 33(4), 715–722. <https://doi.org/10.1017/S0033291703007347>
- Taylor, Z. E., Bailey, K., Herrera, F., Nair, N., & Adams, A. (2022). Strengths of the heart: Stressors, gratitude, and mental health in single mothers during the COVID-19 pandemic. *Journal of Family Psychology*, 36(3), 346–357.
<https://doi.org/10.1037/fam0000928>
- Terlizzi, E. P., & Norris, T. (2021). Mental health treatment among adults: United States,

2020 103 (NCHS Data Brief No. 419, October 2021). Center for Disease Control and Prevention; National Center for Health Statistics.

<https://doi.org/10.15620/cdc:110593>

Tang, C. S. K., Siu, T. S. U., Chow, T. S., & Kwok, S. H. (2024). A 6-Item family resilience scale (FRS6) for measuring longitudinal trajectory of family adjustment. *Behavioral Sciences (2076-328X)*, *14*(3), 251.

<https://doi.org/10.3390/bs14030251>

Thomas, S. J., LeBlanc, M., Bancroft, A., Loucks, E. B., Hickson, D. A., Taylor, H. A., & Sims, M. (2020). Caregiving and risk of hypertension in African American women: The Jackson heart study. *Journal of the American Heart Association*, *9*(24), e017407. <https://doi.org/10.1161/JAHA.120.017407>

Thyer, B. A. (2025). Mandated ideologies are harmful to social work practice and research. *Journal of Teaching in Social Work*, *45*(2), 298-316.

<https://doi.org/10.1080/08841233.2025.2469561>

Tollaksen Nilsen, K. M., Tungodden, A., Veseth, M., & Kristensen, P. (2025). Therapists' self-disclosure with bereaved patients: a qualitative exploration. *Counselling Psychology Quarterly*, 1-21.

<https://doi.org/10.1080/09515070.2025.2517019>

Turney K, & Harknett K. (2010). Neighborhood disadvantage, residential stability, and perceptions of instrumental support among new mothers. *Journal of Family Issues*, *31*(4), 499–524. <https://doi.org/10.1177/0192513X09347992>

Tyuse SW. (2003). Social justice and welfare reform: a shift in policy. *Social Thought*,

22(2/3), 81–95. <https://doi.org/10.1080/15426432.2003.9960343>

Vahhab, M., Latifi, Z., Marvi, M., Soltanizadeh, M., & Loyd, A. (2024). Effects of self-healing training on perfectionism and frustration tolerance in mothers of single-parent students. *Journal of General Psychology, 151*(3), 374–389.

<https://doi.org/10.1080/00221309.2023.2275305>

Valiquette-Tessier, S.-C., Vandette, M.-P., & Gosselin, J. (2015). In her own eyes: Photovoice as an innovative methodology to reach disadvantaged single mothers. *Canadian Journal of Community Mental Health, 34*(1), 1–16.

<https://doi.org/10.7870/cjcmh-2014-022>

Van Gasse, D. V. & Mortelmans, D (2020). Single mothers' perspectives on the combination of motherhood and work. *Social Sciences, 9*(5), 85.

<https://doi.org/10.3390/socsci9050085>

Van Oosten, A. J., van Mens, K., Blonk, R. W. B., Burdorf, A., & Tiemens, B. (2023). The relationship between having a job and the outcome of brief therapy in patients with common mental disorders. *BMC Psychiatry, 23*(1), 1–11.

<https://doi.org/10.1186/s12888-023-05418-z>

VIA Institute on Character. (n.d.). *Character strengths*.

<https://www.viacharacter.org/character-strengths>

Wahler, R. G. (2002). How do parents do it? *Journal of Child and Family Studies, 11*(3), 253–254. <https://doi.org/10.1023/A:1016861004823>

Wakai, H., Nawa, N., Yamaoka, Y., & Fujiwara, T. (2023). Stressors and coping strategies among single mothers during the COVID-19 pandemic. *PLoS ONE*,

18(3), 1–13. <https://doi.org/10.1371/journal.pone.0282387>

Walker, S., Read, S., and Priest H (2013). Use of reflexivity in a mixed-methods study.

Nurse Researcher, 20(3), pp. 38–43.

<https://doi.org/10.7748/nr2013.01.20.3.38.c9496>

Walton, Q. L. (2022). Living in between: A grounded theory study of depression among

middle-class Black women. *Journal of Black Psychology*, 48(2), 139-172–172.

<https://doi.org/10.1177/00957984211036541>

Walton, Q. L., & Boone, C. (2019). Voices unheard: An intersectional approach to

understanding depression among middle-class Black women. *Women and*

Therapy, 42(3–4), 301-319–319. <https://doi.org/10.1080/02703149.2019.1622910>

Walton, Q. L., Coats, J. V., Skrine Jeffers, K., Blakey, J. M., Hood, A. N., &

Washington, T. (2023). Mind, body, and spirit: A constructivist grounded theory

study of wellness among middle-class Black women. *International Journal of*

Qualitative Studies on Health and Well-Being, 18(1).

<https://doi.org/10.1080/17482631.2023.2278288>

Watson, N. N., & Hunter, C. D. (2015). Anxiety and depression among African

American women: The costs of strength and negative attitudes toward

psychological help-seeking. *Cultural Diversity & Ethnic Minority*

PSYCHOLOGY, 21(4), 604–612. <https://doi.org/10.1037/cdp0000015>

Weith, J., Fondacaro, K., & Khin, P. P. (2023). Practitioners' perspectives on barriers and

benefits of telemental health services: The unique impact of COVID-19 on

resettled U.S. refugees and asylees. *Community Mental Health Journal*, 59(4),

609–621. <https://doi.org/10.1007/s10597-022-01025-6>

Werner, E. E. (1993). Risk, resilience, and recovery: Perspectives from the Kauai longitudinal study. *Development and Psychopathology*, *5*, 503–515.

<https://doi.org/10.1017/S095457940000612X>

Werner, E. E. (1990). Protective factors and individual resilience. In Meisel, S. & Shonkoff, J. (Eds.), *Handbook of early intervention* (pp. 97–116). Cambridge: Cambridge University Press

Werner, E., & Smith, R. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press

Whisenhunt, J.L., Chang, C.Y., Parrish, M.S., & Carter, J.R. (2019). Addressing single parents' needs in professional counseling: A qualitative examination of single parenthood. *The Family Journal*, *27*, 188 - 198.

<https://doi.org/10.1177/1066480719835343>

Widan, R. J., & Greeff, A. P. (2019). Aspects of social support associated with adaptation in middle-class, single-mother families. *American Journal of Family Therapy*, *47*(3), 148–164. <https://doi.org/10.1080/01926187.2019.1636732>

Williams, C., & Shang, D. (2023). Telehealth usage among low-income racial and ethnic minority populations during the COVID-19 pandemic: retrospective observational study. *Journal of Medical Internet Research*, *25*, e43604.

Wiley, K. (2025). Beyond work: elite Black women's tensions with middle-class status. *Ethnic & Racial Studies*, *48*(5), 1139–1161.

<https://doi.org/10.1080/01419870.2024.2348001>

- Williams, S. E., Gist-Mackey, A. N., & Jewell, A. (2023). Colorblind on the color line: Critical ethnography of racial inequity in a human service organization serving a community of single-mother families at the margins. *Human Communication Research*, 49(2), 182–193. <https://doi.org/10.1093/hcr/hqad014>
- World Health Organization. (n.d.). Quality of care. <https://www.who.int/news-room/factsheets/detail/quality-of-care>
- Yafie, E., Septiani, D. I., Maulidia, L. N., Azizah, A. R., Alif, A., & Haqqi, Y. A. (2022). An android application based on mental health moderated by counseling: An experimental study for mothers with single parent status. *2022 8th International Conference on Education and Technology (ICET), Education and Technology (ICET), 2022 8th International Conference On*, 222–227. <https://doi.org/10.1109/ICET56879.2022.9990629>
- Yan, H. X. (2022). Race, socioeconomic status, and mothers' parental stress. *Society and Mental Health*, 12(2), 99-118. <https://doi.org/10.1177/21568693221091690>
- Yang, X. (2022). The impact of COVID-19 on access to mental health services and the use of teletherapy as an alternative form of treatment. *Archives of Clinical Psychiatry*, 49(3).
- Yu, Y.-A., Chiang, C.-M., & Domene, J. F. (2024). Counseling psychologists' interprofessional collaboration with social workers: An exploration of grounded theory. *Bulletin of Educational Psychology*, 55(4), 635-660–660. [https://doi.org/10.6251/BEP.202406_55\(4\).0001](https://doi.org/10.6251/BEP.202406_55(4).0001)
- Zakaria, S. M., Lazim, N. H. M., & Hoesni, S. M. (2019). Life challenges and mental

health issues of single mothers: A systematic examination. *International Journal of Recent Technology and Engineering*, 8(2 Special Issue 10), 48-52–52.

<https://doi.org/10.35940/ijrte.B1007.0982S1019>

Zangani, C., Ostinelli, E. G., Smith, K. A., Hong, J. S. W., Macdonald, O., Reen, G., Reid, K., Vincent, C., Sheriff, R. S., Harrison, P. J., Hawton, K., Pitman, A., Bale, R., Fazel, S., Geddes, J. R., & Cipriani, A. (2022). Impact of the COVID-19 Pandemic on the Global Delivery of Mental Health Services and Telemental Health: Systematic Review. *JMIR Mental Health*, 9(8), 1–19.

<https://doi.org/10.2196/38600>

Appendix A: Screening Checklist

1. Are you a licensed social worker or licensed clinical social worker in the United States of America?
2. Do you have experience providing teletherapy services?
3. Do you have experience working with middle-class single Black mothers aged 18 through 50 years old?

If the volunteer answers no, thank the person for their time and inform the individual that they do not meet the entrance criteria to participate in the study. If the volunteer answers yes, obtain an email address to send the Consent Form and Zoom link. Additionally, schedule a date/time to conduct the interview.

Appendix B: Interview Questions

1. What are the differences you've observed between single Black mothers' responses to teletherapy services versus in-person therapy?
2. What impact have you observed when using teletherapy to support work/life balance and mental health for single Black mothers?
3. How do you adjust your assessment practices when working with single Black mothers via teletherapy platforms?
4. How do you approach cultural competence in teletherapy services, especially concerning race, ethnicity, and systemic racism for single Black mothers?
5. In your experience, how does teletherapy affect access to care for single Black mothers facing barriers like transportation, childcare, or workplace flexibility?
6. How do you address concerns about mental health stigma or privacy when offering teletherapy services to single Black mothers?
7. How do community and kinship networks influence the use of teletherapy among single Black mothers?
8. In what ways, if any, do you integrate resilience factors like spirituality, religion, or cultural strengths into teletherapy sessions?
9. What gaps in teletherapy still exist for single Black mothers, and how could they be addressed?
10. From a policy perspective, what changes would you recommend to enhance teletherapy access for single Black mothers seeking mental health support?