

A QUALITATIVE GROUNDED THEORY EXAMINING THE INTERPLAY BETWEEN
ANXIETY AND SELF-ESTEEM AMONG FEMALE MEXICAN AMERICAN
ADOLESCENTS

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A Dissertation

Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
in Interdisciplinary Health

Northern Arizona University

May 2023

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ABSTRACT

A QUALITATIVE GROUNDED THEORY EXAMINING THE INTERPLAY BETWEEN ANXIETY AND SELF-ESTEEM AMONG FEMALE MEXICAN AMERICAN ADOLESCENTS

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Female Mexican American adolescents are at an increased risk for experiencing symptoms of anxiety and low self-esteem, which are often undiagnosed and untreated. Research with female Mexican American adolescents on the interplay between anxiety and self-esteem is lacking. This study explores the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and mental health therapists (MHTs) in Arizona. Qualitative semi-structured interviews were conducted with 16 adolescents (14-17 years) and qualitative focus groups were conducted with 17 MHTs via Zoom. Data were transcribed verbatim using Trint software, stored and analyzed in ATLAS.ti 8 Windows, and analyzed through grounded theory according to Charmaz. Participant perspectives on the interplay between self-reported symptoms of anxiety and self-esteem were described through six main themes and seven subthemes with majority of participants expressing there is an interplay between anxiety and self-esteem. The interplay can be influenced by external factors, pressure and stress, being perceived by others, and the experience of navigating multiple cultures. Participants discussed strategies to address the interplay between anxiety and self-esteem and suggested positive ways to do so. The identified strategies represent one main theme 'to feel connected and have meaningful relationships' and was further broken down into five subthemes: importance

of informal and formal supports, enhancing relationships – informal and formal strategies, community and environmental supports, cultural experience, and the need for political action. These findings shed new light into the interplay and treating symptoms of anxiety and low self-esteem among female Mexican American adolescents. Female Mexican American adolescents are more likely to experience symptoms of anxiety than adolescents of other ethnic groups and are at greater risk for experiencing stressors related to socioeconomic status, acculturation, and family stress, yet tend not to receive services. Participants identified the desire for enhancing relationships, supporting connection to peers and community resources, and creating programs and interventions to address symptoms of anxiety and low self-esteem among female Mexican American adolescents. To improve clinical outcomes, perspectives of female Mexican American adolescents should be prioritized in identifying strategies to address symptoms of anxiety and low self-esteem.

ACKNOWLEDGEMENTS

There are many who helped me along the way on this journey. I want to take a moment to thank them.

I want to gratefully acknowledge the adolescent participants, mental health therapists, and advisory board members who took time out of their already extremely full schedule to participate in this dissertation study. Additionally, I would like to acknowledge the various organizations, school administrators, teachers, and parents of the adolescent participants for their support and efforts in helping me identify and recruit participants for this study.

I am extremely grateful to my dissertation committee. I want to express my deepest appreciation to my chair, Dr. Monica Lininger, for her invaluable patience, feedback, and challenging me to strive for excellence, not perfection. I want to express my deepest gratitude to Dr. Anne Medill for keeping my spirits and motivation high during this process while providing constructive feedback and expertise. I want to extend my sincere thanks to Dr. Luis Fernandez and Dr. Samantha Sabo who served as wise committee members and generously provided knowledge and expertise.

I am also grateful to Dr. Ricky Camplain for her editing help, feedback sessions, and moral support. Thanks should also go to Amy Hughes, research librarian, who impacted and inspired me.

To my friends and family: thank you for your patience and encouragement. I missed many main events, and I am grateful for your understanding. I am looking forward to reconnecting with you and supporting you in your goals, as you did for me.

To my husband, Andrew, and my mentor, Dr. Ellen Betts: words cannot express my gratitude for you. Your love, understanding, and emotional support helped me through the dark and lonely times.

Finally, the author gratefully acknowledges use of the services and facilities of the Southwest Health Equity Research Collaborative at Northern Arizona University (U54MD012388).

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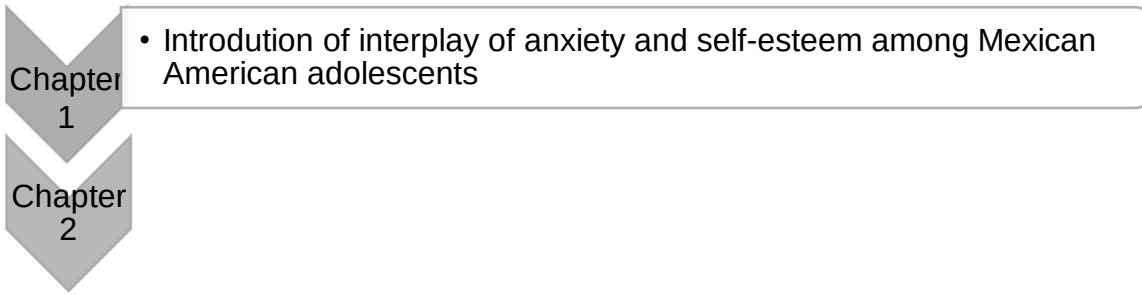
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DEDICATION

To my husband, Andrew, and my mentor, Dr. Ellen Betts. Without you believing in me, this endeavor would not have been possible.

PREFACE



Chapter 1 provides an overall introduction pertaining to the interplay of anxiety and self-esteem among female Mexican American adolescents. Chapter 2 is the comprehensive literature review using the socio-ecological model (SEM) to examine the unique factors that contribute to the manifestation of generalized anxiety disorder (GAD) among Mexican American adolescents living in the United States. Chapter 3 presents the main findings of this dissertation. Specifically, exploring the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and mental health therapists (MHTs) living in Arizona. Chapter 4 identifies strategies social workers can implement when addressing the interplay between symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and MHTs living in Arizona. Chapter 5 is an overall discussion of the results and conclusions and will not be submitted for publication.

Chapters 2, 3, and 4 were written as articles to appear in specific journals and at the time of this dissertation, were submitted for publication. Due to combining the articles within the university formatting requirements, there may be some redundancy throughout the dissertation.

CHAPTER 1

Overall Introduction

In the United States, Mexican Americans comprise 11.3% of the population and 61.9% of all Latino/a Americans (Varela et al., 2019). In Arizona, 31% of the population identifies as Mexican American (i.e., 2.1 million), which is the fourth largest statewide population and the sixth largest in the nation (Pew Research Center, 2016). When compared to their peers of other ethnicities, female Mexican American adolescents are at a higher risk for experiencing anxiety symptoms (Garcia et al., 2011; Varela et al., 2019).

Anxiety is the most common mental health disorder diagnosed among the general adolescent population contributing to significant impairment in various domains of functioning (Drake & Ginsburg, 2012). The National Comorbidity Study-Adolescent Supplement (NCS-A) in the United States found 31.9% adolescents aged 13-18 had an anxiety disorder (Demma Cabral et al., 2020; Merikangas et al., 2011; Martinez et al., 2012). Adolescents display high prevalence rates of anxiety symptoms with known persistence into adulthood (Demma Cabral et al., 2020; Essau et al., 2018; Llorca et al., 2017; Mathews et al., 2016). Females experience symptoms of anxiety more than their male counterparts. In fact, data from the NCS-A found that 38% of females aged 13-18 reported an anxiety disorder compared to 26.1% for males (Demma Cabral et al., 2020; Merikangas et al., 2011; Martinez et al., 2012). Symptoms of anxiety infrequently appear in young children but can present as early as six years old (Graczyk & Connolly, 2015; McBride, 2015; Montoro & Ceballo, 2021). The potential risk of, and protective factors against the development of anxiety among adolescents is well-established within

the literature. Anxiety is associated with low self-esteem, poor performance in school, inability to form interpersonal relationships, poor problem-solving skills, interference with overall daily functioning and activities, and a strong desire to be accepted (Calancie et al., 2017; Graczyk & Connolly, 2015). Female Mexican American adolescents report more physiological symptoms of anxiety and are at risk of experiencing elevated levels of anxiety and worry than their non-Mexican American peers (Anderson & Mayes, 2010; Brincks et al., 2018; Dixon De Silva et al., 2020; McLaughlin et al., 2007; Pina & Silverman, 2004; Rapp et al., 2022; Schlaudt et al., 2021; Seligman et al., 2020; Varela et al., 2019; Varela et al., 2004). Despite the elevated risks for experiencing symptoms of anxiety, female Mexican American adolescents are less likely to receive mental health services compared to their White counterparts resulting in anxiety disorders being undiagnosed and left untreated (Chavira et al., 2017; Dixon De Silva et al., 2020; Merikangas et al., 2011; Rapp et al., 2022).

The relationship between anxiety and self-esteem within the White adolescent population and from the perspective of MHTs is well-known (Fernandez, 2002, Ramirez et al., 2017). However, studies focusing on female Mexican American adolescents are limited. Literature suggests that since female Mexican American adolescents are at greater risk for experiencing mental health disparities, we can further understand the factors associated to symptoms of anxiety and self-esteem for female Mexican American adolescents by understanding their perspective (McCord, 2017). Engagement in the research process provides female Mexican American adolescents with the opportunity to exercise autonomy, engage in social issues within their communities,

enhance relationships with caring adults, and participate in the decision-making process.

Focus of Dissertation

Female Mexican American adolescents are grossly underrepresented in research studies and there is sparse literature on the interplay between anxiety and self-esteem in adolescence (Edwards & Lopez, 2006; Varela et al., 2019). The lack of studies suggests the national data addressing anxiety disorders and the prevalence of anxiety-related issues is not available for female Mexican American adolescents (Potochnick & Perreira, 2010; Varela et al., 2019). The purpose of this study was to qualitatively explore the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents (ages 14-17) and MHTs living in Arizona. The research question was broken into smaller reportable outcomes, as identified in the following chapters 2, 3, and 4.

Chapter 2

Chapter 2 is comprised of a comprehensive literature review examining the unique factors that contribute to the manifestation of generalized anxiety disorder (GAD) among Mexican American adolescents living in the United States. The socio-ecological model (SEM) was utilized to explore bibliographic material pertaining to the various factors that influence GAD in Mexican American adolescents.

Major Findings: Factors contributing the manifestation of GAD were present at all multifaceted levels of the SEM. Symptoms of GAD are not easily identifiable for Mexican American adolescents due to the overlapping and interrelatedness an adolescent has with their varying environments.

Implications: Symptoms of GAD are rising in the Mexican American adolescent population, particularly among females. Yet, GAD among Mexican American adolescents is understudied. This research adds to the limited, yet growing, knowledge of GAD among Mexican American adolescents and the importance of culture, family cohesion and involvement, and the educational setting in fostering healthy development for this population.

Status: Submitted to the *Journal of Latinos and Education*.

Chapter 3

Chapter 3 explores the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and MHTs living in Arizona. Sixteen adolescents completed a semi-structured interview and 17 MHTs participated in a focus group via Zoom.

Major Findings: Six main themes were identified to describe the interplay between anxiety and self-esteem. Three themes were identified by both adolescent and MHT participants, whereas two themes were described solely by adolescents and one theme by MHTs.

Implications: While adolescents and MHTs collectively agree on the interplay of anxiety and self-esteem, there is a disconnect between the perspectives which is attributed to the various roles and expectations female Mexican American adolescents experience.

Status: Submitted to the *Child and Adolescent Journal of Social Work*.

Chapter 4

Female Mexican American adolescents are at an increased risk for experiencing symptoms of anxiety and low self-esteem, which often go untreated. Research on effective interventions to treat symptoms of anxiety and low self-esteem for this population is lacking. Chapter 4 identifies strategies social workers can implement when addressing the interplay between symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and MHTs living in Arizona.

Major Findings: Participant perspectives on strategies to address symptoms of anxiety and self-esteem were described through the main theme ‘to feel connected and have meaningful relationships’ and was further broken down into five subthemes: importance of informal and formal supports, enhancing relationships – informal and formal strategies, community and environmental supports, cultural experience, and the need for political action.

Implications: Social workers were identified as having a valuable role in enhancing relationships, supporting connection to peers and community resources, and addressing symptoms of anxiety and low self-esteem among female Mexican American adolescents.

Status: Submitted to the *Journal of Social Work*.

Chapter 2

Mexican American Adolescents and Generalized Anxiety Disorder: A Narrative Review

Anxiety disorders are one of the most common mental health disorders among adolescents, with symptoms presenting as early as six years old (Bluth et al., 2017; Graczyk & Connolly, 2015). Common features of GAD include excessive fear, worry or anxiety pertaining to the anticipation of a future threat, and related behavioral disturbance (American Psychiatric Association, 2013). GAD differs from developmentally normative fear or anxiety as it is characterized by excessive or uncontrollable worry leading to somatic and cognitive symptoms that impact functioning in daily social interactions, occupation, school, and other areas (American Psychiatric Association, 2013; Grant, 2013). In the United States (U.S.), there is a 31.9% lifetime prevalence of anxiety disorders among adolescents aged 13-18 years (Demma Cabral et al., 2020; Martinez et al., 2012). Due to the numerous transitions an adolescent experiences, adolescence is the “core risk” phase for developing GAD (Grant, 2013; Knapp et al., 2016). Prevalence rates of GAD steadily increase during adolescence, suggesting a correlation between the development of anxiety with factors such as future beliefs of self and others, developmental concerns, and interpersonal relationships (Grant, 2013; Knapp et al., 2016). Although anxiety symptoms and disorders are burdensome in all adolescents, Mexican American adolescents worry more than their peers from other ethnic groups and are disproportionally affected by anxiety symptoms and disorders in comparison with their White, non-Mexican American counterparts (DiPierro et al., 2018; Martinez et al., 2012; Martinez et al., 2018; Potochnick & Perreira,

2010; U.S. Census Bureau, 2018; Seligman et al., 2020; Varela et al., 2004; Varela et al., 2019; Varela & Hensley-Maloney, 2009; Yockey et al., 2019).

Mexican American adolescents, Hispanic/Latino adolescents who live in the United States and are of Mexican descent, are one of the fastest growing minority groups in the nation. It is estimated that 30% of adolescents under the age of 18 years identify as Mexican American (DiPierro et al., 2018; Slowey, 2017; Varela et al., 2019). Although Mexican American adolescents are one of the fastest growing minority groups in the United States with a disproportionate burden of anxiety disorders, Mexican American adolescents are underrepresented in research studies examining anxiety (Edwards & Lopez, 2006; Pina & Silverman, 2004; Varela et al., 2019).

Symptoms of GAD for Mexican American adolescents can be influenced by internal and external factors. Internal factors include genetics, race and ethnicity, the individual adolescent's experience, sense of entitlement and autonomy, whereas external factors include environmental stress (i.e., acculturation, discrimination, and socioeconomic risk), poverty, social connection, generational status within the U.S., and lack of independence (Glover et al., 1999; Kapke & Gerdes, 2016; Luis et al., 2008; Ramirez et al., 2017; Taylor et al., 2020). The prevalence of anxiety symptoms for Mexican American adolescents is concerning as symptoms of GAD are associated with negative outcomes including substance use, mood disorders, and academic problems (Bluth et al., 2017; DiPierro et al., 2018; Higa-McMillan et al., 2016). Mexican American adolescents are at a greater risk for experiencing GAD, yet no longitudinal research has examined the impacts of GAD, the specific cultural mechanisms that lead to greater risk of GAD, or how the social and environmental context influence mental health among

Mexican American adolescents (Biddle & Asare, 2011, Cruz et al., 2021; Schlaudt et al., 2021; Varela et al., 2019).

Although empirical research on GAD in Mexican American adolescents is scarce, Bronfenbrenner's (1979) ecological systems theory may provide insight when categorizing the factors that contribute to the manifestation of GAD among Mexican American adolescents due to the holistic perspective of examining an individual and their varying environments. The SEM is the most well-known ecological systems theory indicating human behavior and personality characteristics are shaped by the complex relationships and interplay between individuals and their environments. The SEM examines the reciprocal relationships between the individual characteristics and behavior (i.e., microsystem level, individual), the interactions with others (i.e., mesosystem level, intrapersonal), the indirect influences of social settings and environments (i.e., exosystem level, organizational), cultural ideologies (i.e., macrosystem level, community), and major events, transitions, and cultural shifts (i.e., chronosystem level, societal/public policy). By identifying factors that influence symptoms of GAD, the SEM provides an opportunity to explore life transitions, environmental pressures, and the reciprocal relationship between an individual, family, and the larger environment (Kilanowski, 2017). Identifying the mechanism which correlates to GAD for Mexican American adolescents can help promote lasting effects that positively impact their mental health. Therefore, a narrative review, a critical and objective analysis of existing knowledge, was selected to provide a comprehensive overview on the manifestation of GAD among Mexican American adolescents by qualitatively synthesizing existing literature (Green et al., 2006; Paré & Kitsiou, 2017).

Purpose of the Study

The purpose of this narrative review was to identify relevant literature pertaining to GAD and Mexican American adolescents to further understand the unique factors that contribute to the manifestation of GAD for Mexican American adolescents in the United States. The narrative review was completed to establish a footprint of future research as there is little academic literature on this topic, and it is necessary to understand what is available to summarize and establish measures to address GAD for Mexican American adolescents. Using the multifaceted levels of the SEM, factors contributing to the manifestation of GAD for Mexican American adolescents can be identified and further explored.

Method

A comprehensive review of the academic literature was conducted to identify the unique factors that positively or negatively influence the manifestation of GAD among Mexican American adolescents in the United States. Electronic databases, including Academic Search Complete, MEDLINE, APA PsycINFO, APA PsycARTICLES, CINAHL Plus with Full Text, SocINDEX with Full Text, Education with Full Text (H.W. Wilson), and ERIC were used to identify literature on GAD among Mexican American adolescents in the United States. A hand-search in Google Scholar and Web of Science databases was completed to capture relevant literature that was not discovered in the electronic databases. Consulting with a research librarian, keyword terms were identified to perform the search: Mexican-American, Mexican American, Hispanic American, Latino/a, adolescent, teenager, youth, generalized anxiety disorder, anxiety, symptoms of anxiety, anxiety disorder, and socio-ecological model. Different

permutations and iterations of the keyword terms were used to search peer reviewed articles published in English with qualitative, quantitative, or mixed methods study designs. The qualifier “adolescent aged 13-18” was used when searching the literature and included studies that discussed adolescents ages 10-18 (Allen & Waterman, 2019). A date restriction was not implemented as this produced the most comprehensive review of literature. Articles addressing various ethnicities were included in the review if the primary attention was on the Mexican American population. Furthermore, studies identifying the population as Latino/a/x were included only if they were conducted in the United States. Utilizing academic library resources, one researcher, in consultation with the research librarian, completed the search in January 2022.

Results

The comprehensive narrative review identified various factors across all levels of the SEM contributing to the manifestation of GAD among Mexican American adolescents. The following section describes the factors associated with the manifestation of GAD using the levels of the SEM. Due to the interrelatedness of the system levels and transitions associated to the developmental period of adolescence, the factors were categorized to the level in which the author found most appropriate; however, there is overlap between the factors and the systems. The microsystem level displays factors associated with genetics, heredity, biology, and individual characteristics. Factors identified at the mesosystem level include family cohesion, peer relationships, and parental relationship with their adolescent’s school. At the exosystem level, factors highlighted environmental and neighborhood stressors including socioeconomic status, violence, and discrimination. The macrosystem level represents

culture, acculturation, and socio-cultural practices influencing symptoms of GAD. The chronosystem level represents factors associated with life events and transitions identified as parental divorce, school suspension, and death of a family member or friend. The SEM provides a visualization for how the identified factors influence and are influenced by each other. Figure 1 provides a visual representation of the identified factors contributing to GAD together with the levels of the SEM.

Microsystem Level

The microsystem level represents individual characteristics and behavior that positively and negatively impact GAD among Mexican American adolescents. Genetics, heredity, and biology were identified to influence the development of GAD (Glover et al., 1999; Kapke & Gerdes, 2016; Luis et al., 2008; Yockey et al., 2019). Biological attributes associated with sex (i.e., male, female) can be influenced social norms, constructed roles, and expected behaviors for Mexican American adolescents. Females were diagnosed with an anxiety disorder more often than males (Carter et al., 2011; Cruz et al., 2021; Demma Cabral et al., 2020). In fact, 25% of all adolescents and 30% of female adolescents have an anxiety disorder (Martinelli et al., 2018). Female Mexican American adolescents are more likely to experience symptoms or receive a diagnosis of GAD if one of their parents also experiences symptoms of an anxiety disorder (Demma Cabral et al., 2020). Female Mexican American adolescents may experience *pensando mucho* (i.e., thinking too much) paralleling similarities with symptoms of GAD including rumination of thoughts over stressors and worries (Rubens et al., 2018). Female Mexican American adolescents are at a higher risk for experiencing anxiety symptoms and lower self-esteem than their peers of other ethnicities (Varela et al., 2019). The

increased risk may be influenced by individual traits associated with poor problem-solving skills, perfectionism, and the strong desire to be accepted (Calancie et al., 2017; Graczyk & Connolly, 2015; Yockey et al., 2019). The results indicate a strong ethnic self-esteem can be a protective factor against anxious-depressed symptoms and may mitigate symptoms of anxiety by enhancing self-esteem (Gupta et al., 2014). Factors representing the microsystem highlight symptoms and intensity of GAD are dependent on an individual adolescent's experience and overall psychosocial composition.

Mesosystem Level

The mesosystem level represents how GAD is influenced by relationships and interactions with others, including relationships with family, school, and peers. For Mexican American adolescents, factors in the mesosystem that impact GAD consist of family functioning, including family discord and family cohesion, family composition and processes, and parenting approaches (Kapke & Gerdes, 2016; Montoro et al., 2021; Priest et al., 2012). The role of the family is critical to the development of an adolescent's mental health. Family assistance behaviors can either enhance or diminish internalizing symptoms suggesting Mexican American adolescents are more likely to depend on their family during the phase of adolescence than their non-Mexican American peers (Piña-Watson et al., 2013; Telzer et al., 2015). The growth and development of Mexican American adolescent mental health is validated through family support and interdependence with parents, and family obligation values promoting positive mental health (Telzer et al., 2015). Parental support and involvement was found to both support and diminish self-esteem among Mexican American adolescents and negative feelings regarding the self can be highlighted by the psychological control of

mothers (Gonzalez & Weersing, 2014). These results suggest parental overcontrol, overprotection, and restriction of independence increases levels of anxiety among Mexican American adolescents (Demma Cabral et al., 2020; Drake & Ginsburg, 2012; Gonzalez & Weersing, 2014). However, the role of strong family cohesion in protecting against GAD is not well known (Priest et al., 2012).

This narrative review compiled existing literature and found that there is an overwhelming consensus that GAD is influenced by parenting strategies, including family cohesion and involvement. Yet, it is interesting that family cohesion and GAD are not well-studied for Mexican American adolescents, specifically female Mexican American adolescents. The results of this study support the claim that positive adolescent development, adjustment, and well-being are molded by the interactions with family (Viejo et al., 2018). The findings of this review suggest family cohesion and involvement are considerable factors for adolescent development and positively influence the relationship with GAD among Mexican American adolescents (Nair et al., 2013; Stacciarini et al., 2015). Family cohesion may lead to a sense of belonging and increased sense of family orientation thus protecting against symptoms of GAD (Varela et al., 2019). Despite these findings, there are mixed reviews on how the parent-adolescent relationship impacts the manifestation of anxiety symptoms among Mexican American adolescents (Bámaca-Colbert et al., 2011; Luis et al., 2008; Varela et al., 2009). GAD among Mexican American adolescents can be addressed by enhancing the parent-child relationship and functioning of the family.

In addition to the relationships with family members, personal and family relationships with a Mexican American adolescent's school is an important factor that

may impact GAD. The findings of this review suggest the educational setting has the unique opportunity to promote psychological development and is both a protective and risk factor for the manifestation of GAD (Yockey et al., 2019; Wang & Sheikh-Khalil, 2014). The results also imply the relationship Mexican American adolescents' parents have with the educational setting can be associated with the manifestation of GAD. Anxiety symptoms are heightened when parents are contacted by the school pertaining to their adolescent's behavior (Yockey et al., 2019). Therefore, school personnel may be able to mitigate symptoms of anxiety by fostering a collaborative relationship with Mexican American parents. When a Mexican American adolescent's parent is consistently involved in their academic endeavors, symptoms correlated with GAD are reduced and overall positive mental health is enhanced for the adolescent (Guy-Evans, 2020; Wang & Sheikh-Khalil, 2014; Yockey et al., 2019). The relationship an adolescent and their parents have with the school plays a significant role in fostering or inhibiting symptoms of anxiety for Mexican American adolescents.

The quality of peer relationships is associated with GAD among Mexican American adolescents. Social acceptance, social support, and peer victimization, including bullying and violence can contribute to the manifestation of GAD (Yockey et al., 2019). Furthermore, GAD can be diminished when Mexican American adolescents are involved in after-school activities and in the presence with peers of the same ethnic and racial background (Demma Cabral et al., 2020; Douglass et al., 2014). The relationship between an adolescent and their peer group influences the maintenance of friendships, academic performance, school attendance, and participation within the classroom (Yockey et al., 2019).

Exosystem Level

The exosystem level is constructed by the indirect influences of social settings and environments. A Mexican American adolescent's experience with their neighborhood and environmental stressors influences symptoms associated with GAD. Poverty, violence, and lack of community involvement are risk factors to developing GAD for Mexican American adolescents, whereas community engagement and connection with an adult role model were found to be a protective factor against symptoms of GAD (Bluth et al., 2017; Demma Cabral et al., 2020; DiPierro et al., 2018; Higa-McMillan et al., 2016). However, the findings support existing claims that neighborhood risks and environmental stressors, identified as community and natural disasters, socioeconomic status, class, and discrimination, increase the likelihood of experiencing GAD for Mexican American adolescents (Bluth et al., 2017; Cruz et al., 2021; Demma Cabral et al., 2020; Kapke & Gerdes, 2016; Rubens et al., 2018).

Macrosystem Level

The macrosystem level factors influencing symptoms of GAD for Mexican American adolescents include cultural ideologies such as attributes, religion, values, and biculturalism. Culture (e.g., identity, differences, and pride), cultural values (e.g., *familismo*, religiosity, *respecto*, and *simpatia*), acculturation, and socio-cultural practices and risk factors (i.e., ethnic minority and cultural adaptation) are differentially related to mental health outcomes and the contribution of GAD among Mexican American adolescents (DiPierro et al., 2018; Kapke & Gerdes, 2016; Porta et al., 2016; Rubens et al., 2018; Zeiders et al., 2013). This review supports the claim that cultural differences consistent with cultural values shape parenting behaviors and expectations of

adolescents within the family context (Vázquez García et al., 2000). The socialization and acceptance of family values and culture is a bidirectional process between the adolescent and their parent(s) (Perez-Brena et al., 2015; Ramirez et al., 2017). A collectivist culture, as seen in Mexican American communities, emphasizes the interdependence on the collaboration of the group, so rearing children within the Mexican American community often focuses on maintaining cohesion and interdependence (Rubens et al., 2018; Vázquez García et al., 2000). The results suggest the internalized emotional expression, as seen with GAD, can be heightened by the collectivist culture's values of self-control, constraint, and compliance (Rubens et al., 2018; Varela et al., 2009). However, the cultural value of *familismo* can be a protective factor because it stresses the importance of strong family ties, family obligation, and sharing in daily activities and life (Calzada et al., 2013; Castillo et al., 2010; Ramirez et al., 2017; Ruiz, 2006). *Familismo* fosters adolescent well-being through the overinvolvement and dependence among family members, suggesting strong family ties can inhibit symptoms of GAD (Priest et al., 2012; Vázquez García et al., 2000). Conversely, *familismo* stresses the importance of putting the family before the individual self, which may influence the development of GAD by hindering personal or social growth outside of the family unit (Smokowski et al., 2014).

Managing multiple cultures through acculturation and biculturalism were found to be factors associated to the development of GAD among Mexican American adolescents (Bluth et al., 2017; Demma Cabral et al., 2020; DiPierro et al., 2018; Higa-McMillan et al., 2016; Kapke & Gerdes, 2016; Montoro et al., 2021; Rubens et al., 2018). Acculturation is the process through which an individual incorporates a new

culture, including the values, beliefs, and cultural practices while maintaining their own culture (Perreira et al., 2019; Schlaudt et al., 2021; Smokowski et al., 2010).

Biculturalism is the subjective perception of navigating two cultures or linguistic contexts simultaneously (Gonzales et al., 2012; Piña-Watson et al., 2013; Romero et al., 2020; Wasserman et al., 2021). Poverty, discrimination, racism, and acculturation challenges are greater among Mexican American adolescents than their White counterparts which can negatively impact the physical, physiological, linguistic, emotional, and cultural areas of their development and well-being (Taylor et al., 2020; Vázquez Garcia et al., 2000). Exposure to discrimination and the linguistic challenges of navigating a bicultural environment influence the internalizing and externalizing symptoms associated to mental health conditions (Alfaro et al., 2009; Zeiders et al., 2013). However, biculturalism can mitigate symptoms of GAD by enhancing positive adaptation, resilience, self-esteem, leadership skills, socialization skills, academic performance, peer relationships, and psychological well-being for Mexican American youth (Gonzales et al., 2012). Furthermore, this review found citizenship and generational status within the United States impacts GAD among Mexican American adolescents (Glover et al., 1999; Luis et al., 2008). Cultural stressors can contribute to the manifestation of GAD for Mexican American adolescents, yet the link between the relationship of acculturative stress and GAD are unknown. The findings suggest Mexican American adolescents can experience cultural-ecological challenges associated to their ethnic group membership, including family's socioeconomic status, history of immigration, integration with mainstream and ethnic communities, and location of their neighborhoods and schools (Gonzales et al., 2012). This review identifies cultural stressors can be reduced by

increasing social supports, enhancing coping strategies, embracing cultural values, and supporting ethnic identity (Piña-Watson et al., 2013; Romero et al., 2020).

There is a lack of research examining the role culture plays in increasing or decreasing symptoms of anxiety in Mexican American adolescents (Luis et al., 2008; Varela et al., 2019). GAD is associated with lower racial and ethnic identity and Mexican American adolescents with a clear ethnic-racial self are more likely to have access to cognitive and socioemotional resources assisting in the development of well-being and community connection (Bañales et al., 2020; Wakefield & Hudley, 2007). The results are consistent with the claim that ethnic identity can positively or negatively contribute to GAD and the more an adolescent identifies with their ethnic group, the less likely they are to develop symptoms of GAD. Ethnic identity, an individual's self-categorization, knowledge, and psychological attachment to a particular ethnic group, was found to be a protective factor against the development of GAD (Cruz et al., 2021; Gonzales et al., 2012; Piña-Watson et al., 2013). Ethnic identity and group membership are related to the different beliefs and language used to describe GAD (Carter et al., 2011). Ethnic identity predicts both self-esteem and life satisfaction, and females display higher levels of ethnic identity and tend to report higher ethnic affirmations and belonging than their male counterparts (Piña-Watson et al., 2013). Ethnic identity and self-concept directly influence psychosocial and academic adjustment, including GAD, for Mexican American adolescents (Wantchekon et al., 2021). As a protective factor, ethnic identity may be able to assist Mexican American adolescents in coping with general worry, stress, discrimination, and prejudice (Cruz et al., 2021).

Chronosystem Level

Symptoms of GAD are influenced by life changes, transitions, historical events, and school transitions, including the racial and ethnic composition of the school (Douglass et al., 2014). For Mexican American adolescents, exposure to negative life events such as parental separation and divorce, death of a family member, suspension from school, or child maltreatment, increase the likelihood for experiencing symptoms of GAD (Demma Cabral et al., 2020; Kapke & Gerdes, 2016; Rubens et al., 2013). However, this review found there is limited literature identifying factors that influence symptoms of GAD at the chronosystem level.

Discussion

Using the SEM, this study examined the existing literature to identify factors that impact symptoms of GAD among Mexican American adolescents in the United States. This narrative review suggests GAD is influenced by internal (e.g., the desire to achieve and self-esteem) and external factors (e.g., family connections and values) from all levels of the SEM among Mexican American adolescents (Porta et al., 2016; Potochnick & Perreira, 2010).

There is a rise in the incidence of anxiety disorders in the adolescent population, particularly among Mexican American adolescents (DiPierro et al., 2018; Martinez et al., 2018; Potochnick & Perreira, 2010; U.S. Census Bureau, 2018; Zeiders et al., 2013). Despite the similarities and differences found in the literature regarding GAD among Mexican American and non-Mexican American adolescent populations, what remains consistent is that Mexican American adolescents, especially females, are at a greater risk for experiencing symptoms of anxiety and low self-esteem (Varela & Hensley-Maloney, 2009; Zeiders et al., 2013). The mechanisms leading to the differences

between Mexican American adolescents experiencing greater symptoms of anxiety compared to their White non-Mexican American peers have yet to be explained (Varela et al., 2019). This review highlights the need for further research to explore the unique factors contributing to GAD among Mexican American adolescents in the United States and how they differ from their peers.

When examining the unique factors that manifest GAD among Mexican American adolescents, it is important to understand the cultural context and recognize that even though an adolescent may identify as Mexican American, this group encompasses diversity in cultural, historical, and social dynamics; therefore, caution needs to be excised when extrapolating the results across the larger Latinx communities (Kapke & Gerdes, 2016). The term Mexican American was interchangeably used with Latino/a/x and Hispanic terms to represent Mexican American adolescents. Future research with ethnically diverse populations should delineate the various terms used to avoid overlap and inconsistencies.

It is unclear why GAD is so understudied among Mexican American adolescents. One reason might be related to the comorbidity of anxiety. GAD is highly comorbid with symptoms of other anxiety disorders, such as social anxiety, panic disorder, and other specific phobias (Beesdo et al, 2009; Grant, 2013). Additionally, symptoms of GAD and depression have a high level of overlap (Cruz et al., 2021; Martinez et al., 2012). Previous studies examining internalizing symptoms do not separate GAD from depression symptoms (Cruz et al., 2021). This is important as there might be unique correlates and risk factors associated with GAD that are separate from symptoms of depression. Previous studies indicate that when mental health research is conducted

with Mexican American adolescents, it abundantly addresses symptoms of depression, suicide, and substance use.

Limitations

This narrative review is not without limitations. First, this narrative review aimed to identify the unique factors associated with GAD among Mexican American adolescents. Other anxiety disorders (i.e., separation anxiety, agoraphobia, social anxiety, panic disorder, and other specific phobias) were not examined despite the overlapping features and symptomology. It is important to study GAD independent of other anxiety disorders to ensure proper diagnosis, prevention, and treatment interventions. Second, the SEM was used to visually represent the identified factors influencing symptoms of GAD. Majority of identified factors are associated with more than one level of the SEM; therefore, the identified factors were associated with the SEM level the authors thought most appropriate. Lastly, the author examined studies with individuals who identified as a Mexican American adolescent. The findings suggest terms to represent Mexican American adolescents are used interchangeably and we cannot assume that we can extrapolate the findings across gender, populations (i.e., age groups), and all Latinx communities. Future research needs to examine factors of GAD among a larger, heterogenous Mexican American adolescent sample.

Conclusion

GAD presents complex problems and can have lasting effects for Mexican American adolescents. GAD among Mexican American adolescents is influenced by various factors across all levels of the SEM, including transitions, ethnic identity, acculturation, bicultural stress, culture, cultural values, socio-cultural risk factors,

neighborhood and environmental stressors, and relationships with family, school, and peers. However, there is a scarcity of mental health research, specifically pertaining to GAD, within the Mexican American population living in the United States. Further rigorous studies are needed to explore the factors, both positive and negative, that contribute to the internalizing problems associated with GAD among Mexican American adolescents (Polo & López, 2009). Employing a socio-ecological lens, we can further examine the protective and risk factors that contribute to the manifestation of GAD among Mexican Americans to substantiate which factors are more important and create culturally sensitive clinical interventions that assist in promoting overall mental health and well-being for this population.

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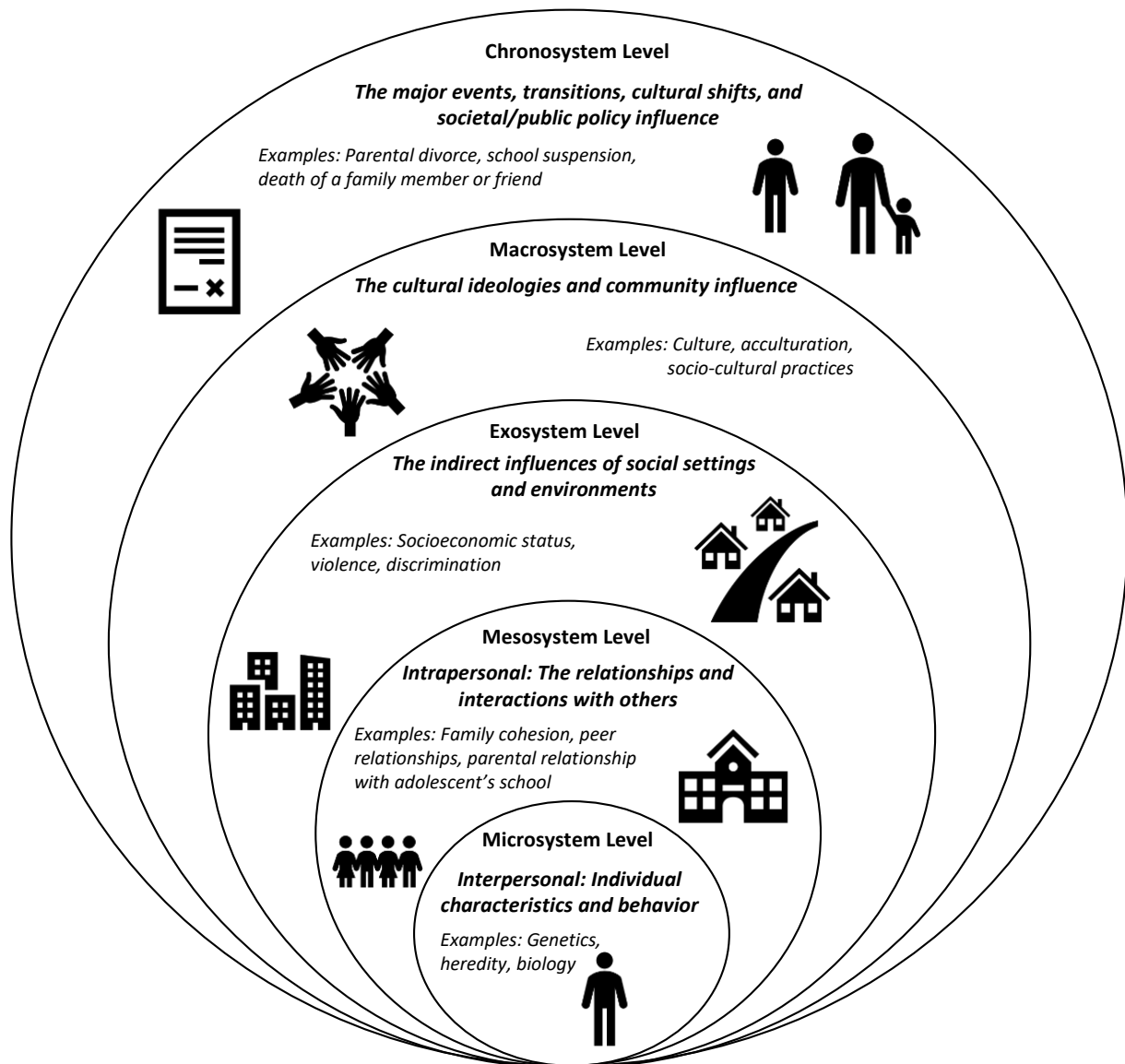
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Figure 1

Factors Contributing to Generalized Anxiety Disorder Among Mexican American Adolescents Using the Socio-Ecological Model



Note. The identified factors influencing generalized anxiety disorder (GAD) are displayed within the nested circles of the socio-ecological model (SEM). The SEM level and description are displayed in bold. The identified factors influencing GAD from existing literature are listed as examples.

Chapter 3

The Interplay Between Anxiety and Self-Esteem: A Grounded Theory Study With Female Mexican American Adolescents and Mental Health Therapists

Female Mexican American adolescents are at a greater risk for experiencing anxiety symptoms and disorders than their peers of other ethnicities (DiPierro et al., 2018; Martinez et al., 2018; McCauley Ohannessian et al., 2017; Potochnick & Perreira, 2010; U.S. Census Bureau, 2017; Varela et al., 2019). Self-reported symptoms of anxiety are important to understand due to the comorbidity with other mental health and substance use disorders, behavior problems, feelings of loneliness and isolation, and the likelihood of experiencing psychosocial turmoil later in life (Graczyk & Connolly, 2015; Office of Disease Prevention and Health Promotion, 2020). The potential risk of, and protective factors against the development of anxiety among adolescents is well-established in the literature. Anxiety is associated with low self-esteem, poor performance in school, inability to form interpersonal relationships, poor problem-solving skills, interference with overall daily functioning and activities, and a strong desire to be accepted (Calancie et al., 2017; Graczyk & Connolly, 2015). Anxiety symptoms are influenced by family processes (e.g., parenting approaches), socio-cultural practices, genetics, socioeconomic status (SES), family composition, race and ethnicity, citizenship, gender, class, abilities, generational status within the United States (U.S.), social connection, and academic performance (Glover et al., 1999; Luis et al., 2008).

The interplay, defined as the way anxiety and self-esteem effect each other, is of particular interest as there is sparse literature examining this topic for female Mexican American adolescents. Self-esteem is negatively impacted by feelings of loneliness,

isolation, lack of belonging and engagement, and the desire to achieve (Porta et al., 2016; Potochnick & Perreira, 2010). Female Mexican American adolescents are at greater risk of experiencing stress related to external factors, such as stressors on the family, access to resources, poverty, discrimination, racism, and acculturation (Porta et al., 2016; Potochnick & Perreira, 2010; Taylor et al., 2020). Research suggests the stress associated with navigating two or more cultures simultaneously (i.e., bicultural stress), is a common experience for Mexican American adolescents and is negatively associated with lower self-esteem (Cervantes et al., 2015; Romero et al., 2020; Smokowski et al., 2009; Turner et al., 2006; Varela et al., 2007). Although previous literature provides insight into the impact symptoms of anxiety and self-esteem have on each other among Mexican American adolescents, there is a lack of specificity on how symptoms of anxiety and self-esteem work together from female Mexican American adolescents' perspective.

Focus of Present Study

As the female Mexican American population continues to grow in the U.S., it is important to examine the interplay between self-reported symptoms of anxiety and self-esteem as described by adolescents. Research on how female Mexican American adolescents view anxiety and self-esteem is limited and is needed as female Mexican American adolescents are at a greater risk for experiencing mental health disparities than their peers of other ethnic groups. The purpose of this study is to qualitatively explore the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents (ages 14-17) and mental health therapists (MHTs) living in Arizona using grounded theory. Furthering our

understanding of this interplay, including the situations that create anxiety and how the body responds, we can effectively prevent and treat anxiety symptoms among female Mexican American adolescents.

Method

Design

I conducted an exploratory qualitative study using grounded theory to determine the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents (ages 14-17) and MHTs in Arizona. A grounded theory approach was selected due to the lack of literature and to further our understanding of the interplay between anxiety and self-esteem by building upon existing theories to highlight the perspectives of female Mexican American adolescents and MHTs. An iterative, inductive process was utilized for data collection and analysis to develop a theoretical explanation. Female Mexican American adolescents completed semi-structured interviews while MHTs participated in focus groups to provide insight from their perspectives on factors that contribute to the interplay between self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents.

Participants, Setting, and Recruitment

The study consisted of semi-structured interviews with adolescents and focus groups with MHTs. All participants (see Table 1) provided written informed consent and assent to participate in the study. Due to the COVID-19 pandemic, Zoom (<https://zoom.us>) was used to conduct the interviews, focus groups, and advisory board meetings. This study was approved by the university's institutional review board (IRB),

various school districts across Arizona, and community mental health centers prior to data collection.

An advisory board was created to ensure adolescent and MHT engagement and female Mexican American adolescent representation in the research activities. Four experts consisting of two female Mexican American adolescents ages 14-17 and two MHTs comprised the advisory board. Both adolescents and one MHT were representative of the Mexican American population. The advisory board formally met three times for a total of 4.5 hours to assist the research team by providing ongoing feedback on strategies for recruitment, reviewing the semi-structured interview guide and focus group questions for clarity and terminology, and participating in the pilot interview and focus group, not to direct the research or assist with the analysis or dissemination of findings.

Female Mexican American adolescents ages 14-17 years old living in Arizona were recruited via professional networking, snowball sampling. I additionally recruited participants from strategically targeted organizations ($n = 370$) that had direct contact with potential participants [(i.e., high schools, community organizations, mental health practices) using flyers, emails, referrals, social media (i.e., Facebook, Instagram), and direct outreach (i.e., website searches, phone calls)]. Semi-structured interviews lasted approximately one hour and were conducted via Zoom. However, three legal guardians requested I conduct the semi-structured interview in-person at school. These interviews occurred at the same school in a private and confidential room located in the school. Upon completion of the semi-structured interview, adolescent participants were entered into a drawing for a chance to win one of the four \$25 gift cards to a local coffee shop.

MHTs for focus groups were recruited using direct outreach (i.e., emails and phone calls), professional networks, and social media, snowball sampling. To identify MHTs, I strategically targeted organizations that provide mental health services to children and adolescents in Arizona. Focus groups were facilitated via Zoom and lasted approximately two hours. MHTs received 2.0 continuing education units for participation in the study.

Research Team and Reflexivity

The research team consists of an early career investigator (Author 1) and four researchers with subject content and methodological expertise. The lead researcher is a PhD candidate and licensed clinical social worker with sixteen years of direct clinical practice working within adolescent mental health. Author 1 (Caucasian female) provided therapy services to children and adolescents who identify as female Mexican American in Arizona; however, does not have membership with the Mexican American population. Author 1 did not have any previous relationships with the adolescent participants and has a professional relationship with four MHT participants. Author 1 has not previously explored anxiety and self-esteem for this population, but due to previous clinical experiences, Author 1 does have experience in treating symptoms of anxiety and self-esteem with female Mexican American adolescents. Author 2 provides expertise working with cross-cultural populations and qualitative methods. Author 3 brings expertise in social control of underrepresented groups specializing in policing, and qualitative, mixed, and quantitative methods. Author 4 has expertise in community-based participatory research, mixed, quantitative, and qualitative methods, and service-learning to understand structural vulnerability and identifying community informed

approaches to advance health equity. Author 5 brings expertise in mentorship, research design, human subjects project execution, data management, and quantitative analyses. Finally, an external rater was utilized for intercoder agreement. The external rater is a licensed clinical social worker and Doctor of Social Work student identifying as a Caucasian Mexican American female with over ten years of direct clinical social work experience with expertise in mental health with children and adolescents.

Data Collection

I incorporated an electronic demographic questionnaire to gather descriptive data for the female Mexican American adolescents. Adolescent participants self-reported symptoms of anxiety using the Generalized Anxiety Disorder (GAD-7) screener (Spitzer et al., 2006). The GAD-7 is one of the most widely used instruments to assess anxiety and contains eight questions to evaluate the extent to which an individual identifies symptoms of anxiety on a scale of four severity groups. The GAD-7 was not utilized to diagnose or provide treatment recommendations, rather as a minimum threshold (i.e., a score of 4 or higher) to invite adolescent participants to complete the semi-structured interview.

The semi-structured interview and focus group guides were designed to explore the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of adolescents and MHTs in Arizona. Both the semi-structured interview guide (see Appendix A) and focus group guide (see Appendix B) were developed to elicit participant responses using open-ended questions and accompanying prompts and probes. The semi-structured interview guide contained questions relevant to adolescent perspectives and the focus group guide was specific to the MHT

experiences. There were no dropouts in the study and data collection subsided when saturation occurred as evidenced by no new themes emerging from the semi-structured interviews and focus groups.

Data Analysis

Data analysis followed the process recommended by Charmaz (2006) for constructivist grounded theory. For this study, theory development was co-constructed from the shared experiences and relationships the researcher had with participants, allowing the researcher to reflect on the experiences brought to the project, the beliefs guiding actions, theoretical viewpoints, and the variables that influence rigor, findings, and dissemination (Creswell & Poth, 2018). Qualitative semi-structured interviews and focus groups were audio and video-recorded using Zoom and then anonymized and transcribed verbatim using the secured software, Trint (<https://trint.com>). Participant information was de-identified during the transcription phase and each participant was assigned a code (i.e., Speaker1) to replace their name. Each transcription was reviewed twice to ensure accuracy of contextual information.

Analysis occurred over iterative stages involving systematic coding and comparative methods. Two questions from the semi-structured interview guide and focus group guide were analyzed to address the research question. Participants shared their perspectives pertaining to what they think about the relationship anxiety has to self-esteem for adolescents, and if there was anything else about anxiety and self-esteem they wanted to share with the researcher. Preliminary codes were created to identify key thoughts, concepts, and interesting statements identified by the initial coder. I choose to allow for overlap of codes as participants consistently addressed more than

one topic in conversations and thoughts were conveyed across multiple aspects of complex issues. As codes were connected to participant statements, definitions, inclusion criteria, exclusion criteria, and examples were created and used in the creation of the codebook. Each transcript was coded by the question to identify similar concepts. Subsequent interviews were coded using existing codes or with a newly emergent code. The properties of the themes were derived from the codes of the participants' perspectives. Using an iterative process consisting of multiple rounds of coding and memoing, an inductive grounded theory approach was utilized to analyze the data into categories of similarities and differences between participants' (i.e., adolescent and MHT) perspectives to identify the meaning and themes present in the data. To verify the emerging categories or themes, queries were run to identify a final set of themes or categories. ATLAS.ti 8 was used to organize and store the data for final analysis of themes.

Validity and Reliability

Internal validity was addressed using triangulation of multiple data sources (i.e., interviews, focus groups, demographic questionnaire) and involvement of participants in the research process through the advisory board. Throughout data collection, clarification and verification techniques were used with the participants to confirm the meaning of their responses. Furthermore, I used a consistent research site during the data collection process. Eighty-one percent of the semi-structured interviews and 100% of the focus groups were conducted via Zoom. Three semi-structured interviews occurred in-person at the same location per the request of the adolescents' legal guardian. When present, trustworthiness, authenticity, and credibility concerns were

addressed as a team. Reflexivity was implemented throughout the study to examine the research team's positionality within the research process. Using the memo feature in ATLAS.ti 8, detailed notes were kept recording thoughts, feelings, questions, and curiosities that arose throughout the project.

Reliability was ensured by reviewing transcripts for mistakes and by continually comparing codes with the original data to ensure consistency among codes and definitions. Furthermore, a licensed clinical social worker and assistant clinical professor was solicited as a second coder to assess for intercoder agreement to ensure consistency within the coding scheme and to verify the efficacy of the triangulation of the various data sources. The use of an intercoder ensured consistency of identified themes and provides conceptual clarity and strengthening of the analysis (Keene, 2020). To determine intercoder agreement, I created a codebook based on the coding scheme that provided the mnemonic name, (i.e., code name), the full name of the code, definition, and typical exemplars. Exclusion criteria, atypical exemplars, and close-to codes were included in the codebook if there was information from the data to include. Using a random number generator, the external rater validated over 25% of participant statements (i.e., total of 11 participants: four adolescent interviews and two focus groups).

Ethical Considerations

Ethical considerations were employed to demonstrate respect for the participants and minimize the risk of harm. Recognizing that anxious features may cause mild discomfort as a potential risk for the adolescent participants, precautions were taken to ensure this study did not cause any significant mental health symptoms. Minimizing

potential risks and mental health symptoms was achieved by piloting the interview questions, allowing for self-reported symptoms of anxiety rather than having an anxiety diagnosis, and being transparent with the adolescent participants and answering their questions to the best of my ability. There are no risks for MHTs or advisory board members for participating in this study. The research team followed the ethical guidelines and procedures regarding human subject research, specifically pertaining to research with children, as outlined by the university's IRB.

Results

Participant Characteristics

Adolescents

There were a total of 16 female Mexican American adolescents between 14-17 years of age who participated in this study (*mean* = 15.4 years, *SD* = 1.19; Table 2). All adolescents identified as Hispanic (i.e., Mexican American) and 9 (56.3%) identified as White, 1 (6.2%) identified as Black, 1 (6.2%) identified with more than one race (unspecified), and 5 (31.3%) identified as unknown. Education level varied among the adolescent participants who completed the semi-structured interview: 25% were in 8th grade, 12.5% were in 9th grade, 6.2% were in 10th grade, 31.3% were in 11th grade, and 25% were in 12th grade. The sample varied across regions: 3 adolescents from northern Arizona (i.e., Coconino County), 11 from central Arizona (i.e., Maricopa, Pinal, and Yavapai Counties), and 2 from southern Arizona (i.e., Pima and Yuma Counties). All adolescent participants self-reported experiencing symptoms of anxiety with GAD-7 scores ranging from 7 to 20 (on a scale of 0-21). Four (25.0%) adolescents scored in

the mild range (i.e., 5-9), 7 (43.8%) scored in the moderate range, and 5 (31.3%) scored in the severe range (i.e., 15-21).

Mental Health Therapists

Seventeen MHTs licensed and living in Arizona completed a focus group. A majority of MHTs self-disclosed lack of membership in the Mexican American population. Almost all MHTs self-identified as Caucasian female (94%), with only one MHT identifying as male (6%). Disciplines included social workers ($n = 12$; 5 licensed clinical social worker [LCSWs] and 7 licensed master social worker [LMSWs]), counselors ($n = 4$; 3 licensed professional counselor [LPCs] and 1 licensed associate counselor [LACs]), psychologists ($n = 1$). Professional experience for a MHT ranged from less than one year to over ten years, with majority of participants identifying more than ten years providing clinical services. I recruited MHTs across Arizona: 10 from northern Arizona (i.e., Coconino County), 2 from central Arizona (i.e., Maricopa County), and 5 from southern Arizona (i.e., Pima County; Table 2).

Emerging Themes

The interplay (i.e., effect that anxiety and self-esteem have on each other) between self-reported symptoms of anxiety and self-esteem was expressed through a range of experiences by adolescent and MHT participants. Figure 1 provides a visual representation of the main themes identified by both adolescent and MHT participants. Six main themes were identified, as described below. *Theme 1*, 'anxiety and self-esteem relationship,' represents participants' viewpoints on how anxiety and self-esteem affect each other. *Theme 2*, 'external factors,' is constructed by the various external factors identified that influence anxiety and self-esteem. *Theme 3*, 'strategies to

address the interplay,' is constructed by the desire to identify and implement best-practice strategies when addressing symptoms of anxiety and self-esteem for female Mexican American adolescents. *Theme 4*, 'being perceived by others,' is constructed by the desire to enhance acceptance of self and sense of belonging to address the interplay between anxiety and self-esteem. *Theme 5*, 'pressures and stress,' is constructed by the accumulating amounts of pressure, stress, and expectations female Mexican American adolescents experience. *Theme 6*, 'navigating multiple cultures' is constructed by the challenges female Mexican American adolescents experience as they navigate their roles within differing cultures. The themes were derived from the codes highlighting the participants' perspectives. Overall, there was alignment between how female Mexican American and MHTs spoke about the interplay between self-reported symptoms of anxiety and self-esteem. Table 3 provides a summary of the identified themes and codes. Some quotations were edited for clarity.

Theme 1: Anxiety and Self-Esteem Relationship

Theme 1 highlights participants' views on the interplay between anxiety and self-esteem, along with the effect and how they interact with each other. "When I get anxiety, that's when I start feeling my low self-esteem. It's never that I feel good about myself and then all of the sudden I get anxiety, it's not that" (Adolescent Participant 12, age 16). Majority of participants expressed anxiety and self-esteem do have a relationship with each other, both positively and negatively, and that there is a "connection; it's either a spiral down or they bloom together" (MHT Participant 9). The interplay falls into smaller themes discussing the unique relationship participants stated anxiety has with self-esteem. The following subthemes were identified: anxiety and self-

esteem, anxiety and self-esteem are separate, positive impact, and the phase of adolescence.

Subtheme 1: Anxiety and Self-Esteem.

All participants expressed the interplay between anxiety and self-esteem relates to each other in one of three ways: high anxiety leads to low self-esteem, high self-esteem leads to low anxiety, and high anxiety leads to high self-esteem. “It’s like your anxiety kind of places you on a scale” (Adolescent Participant 4, age 16). The “scale” represents not only the impact anxiety has on self-esteem, but also the intensity of anxiety symptoms and self-esteem experienced. Symptoms and intensity of anxiety are correlated with self-esteem, and the higher the self-esteem an adolescent identifies, the less anxiety they may feel. “Your self-esteem can have a big factor on how your anxiety is affecting your emotional state and your physical state. It can just all lead up to this; it just crumbles up in one big ball” (Adolescent Participant 9, age 16).

Majority of participants discussed the relationship from the standpoint that anxiety is the predominant factor associated with self-esteem. “Our self-esteem is affected so much by our anxiety. And our anxiety is what causes our self-esteem to go up or down” (Adolescent Participant 13, age 16). However, some shared the interplay is better understood by exploring the impact self-esteem has on symptoms of anxiety. “If you don’t have high self-esteem and you don’t have that confidence, then you’re going to keep yourself in that [bad] situation because you don’t want to walk away and seem like the wimp or whatever” (Adolescent Participant 16, age 14). Having confidence and high self-esteem provides opportunities for female Mexican American adolescents to enhance feelings of control and lessen symptoms of anxiety. “The better the self-

esteem oftentimes the anxiety can be better managed” (MHT Participant 13).

Participants discussed that anxiety and self-esteem influence their ability to try new things and manage difficult situations. The “lack of control that you can feel with anxiety has a lot to do with self-esteem” (MHT Participant 6).

Some participants discussed the challenges of navigating the relationship between anxiety and self-esteem. “But then something will happen that will take their self-esteem down. And then the anxiety seems to grow from that experience... and then they become very linked...and are cyclic in some way” (MHT Participant 7). The challenge with understanding the interplay between anxiety and self-esteem is the overlap and interdependence. MHTs discussed the difficulty in separating symptoms of anxiety from self-esteem. “It’s interconnected. It’s hard to separate self-esteem from anxiety because your thoughts really have an impact on your mood” (MHT Participant 10).

Subtheme 2: Anxiety and Self-Esteem are Separate.

Some participants identified the lack of interplay between self-reported symptoms of anxiety and self-esteem and stated anxiety and self-esteem are not connected. “I feel like with my anxiety, it doesn’t really take place with my self-esteem, it takes place more with the future” (Adolescent Participant 10, age 17). The lack of interplay was described as something happening independent of the individual or not being involved in a situation. “When I was going through stress and anxiety (if it wasn’t something...that was happening to me), then I could still be confident and still have my self-esteem” (Adolescent Participant 8, age 14). However, a few participants questioned the autonomous relationship between anxiety and self-esteem. “I do think that anxiety can

be a standalone thing, but I would be curious if self-esteem can be a standalone thing” (MHT Participant 11).

Subtheme 3: Positive Impact.

Some participants expressed the positive impact anxiety and self-esteem have on each other. Participants shared experiences with how anxiety can influence self-esteem positively and vice versa.

You feel so good (the qualities that you can feel with your self-esteem), it can have a positive effect. It can be a positive effect on anxiety. You can worry about things and have nervousness, but it can be for a good reason and it’s not always a bad reason. (Adolescent Participant 9, age 16)

The interplay between anxiety and self-esteem presents opportunities for an adolescent to learn positive strategies to manage challenging situations. “It’s how to feel comfortable with that anxiety reaction you have and it’s normal, and how do you learn to manage it and feel confident” (MHT Participant 13).

Subtheme 4: The Phase of Adolescence.

This subtheme encompasses the MHTs perspectives on the challenges adolescents face today when managing symptoms of anxiety and self-esteem. MHTs identified the developmental phase, identity development, home life, school, and peer interactions as some challenges female Mexican American adolescents experience. Adolescents experience many tribulations all while trying to form their own identity and autonomy: “Age group and developmental stage comes with ebbs and flows. It’s tumultuous and challenging, then, factors and influences from family, social media, and

friends impact the experience and can make it better or worse” (MHT Participant 5). The challenge in understanding the interplay between self-reported symptoms of anxiety and self-esteem is deciphering what is developmentally appropriate.

Anxiety is waning a bit and then all of a sudden they might feel much better about themselves. And then something happens...and it [anxiety] just falls right back down. The anxiety goes back up, self-esteem goes way down... it's the up and down type of thing. (MHT Participant 6)

Theme 2: External Factors

This theme captures the external factors that describe the interplay between self-reported symptoms of anxiety and self-esteem female Mexican American adolescents experience. The following subthemes were identified: social media, home, and school. Although participants identified external factors as having both a positive and negative influence on the interplay between anxiety and self-esteem, they readily provided examples that support the negative influence of the identified external factors.

Subtheme 1: Social Media.

Participants consistently discussed the influence of social media on symptoms of anxiety and self-esteem for female Mexican American adolescents. While social media can be a positive influence providing an opportunity to connect with others, majority of participants expressed the negative influence of social media on the interplay between self-reported symptoms of anxiety and self-esteem. “I think social media had a lot to do with it...you start comparing yourself and then your ego, your self-esteem is just so low from how much you compare yourself” (Adolescent Participant 4, age 16). The influence

of social media presents challenges in learning how to manage thoughts and feelings that arise when engaging in the various social media platforms thus heightening symptoms of anxiety and lowering self-esteem. It was important for many participants to understand the impact social media has on the interplay between anxiety and self-esteem. The differing experiences and understanding of social media nuances were shared by MHTs.

But the idea that with the onslaught of social media and putting your life on film in front of everyone and being able to have that compare and contrast... Showing how disproportionate the difference is between what others can do and I [referring to adolescents] can't. (MHT Participant 5)

Subtheme 2: Home.

Participants identified the home environment, the messages received at home from adults and caregivers, and the relationship an adolescent has with their mom can influence the interplay between anxiety and self-esteem. The home environment was identified as having the unique opportunity to influence the interplay between anxiety and self-esteem. "You come home and your parents are fighting or something... You have to deal with that stress coming home and then go to school and deal with that stress. (Adolescent Participant 8, age 14). The stress, experience, and relationships that occur at home influence daily performance and functioning.

I would say, so if we go back to the environment one is growing up in and what they hear from their caregivers about how to handle problems, I think that for some that really sets the stage. You know, if you are given the message, you can

do this, here's how you do it, then you develop that internal locus of control. You start to think I have control over this or I can do something about this. Or I trust that someone will be there to help me. But if you don't have those messages or hear them, then you don't have that construct or that internal belief in yourself.

(MHT Participant 14)

Subtheme 3: School.

Participants frequently described the school influence on the interplay between anxiety and self-esteem as “a really big one” (Participant 6, age 16). The school environment can facilitate positive outcomes; however, majority of participants discussed the negative ways school influences the interplay between anxiety and self-esteem. Participants discussed the high expectations, academic pressures, and social interactions female Mexican American adolescents experience. Participants shared academic performance, “how you're doing in school” (Adolescent Participant 8, age 14), suggests an interplay between anxiety and self-esteem issues. Similarly, a MHT stated:

The confidence about math or something, that this sense that they're [adolescents] are not able to do as good as they would like or have a sense of failure, I think they [anxiety and self-esteem] are connected because I think when they're anxious about it, it stops them and makes it harder for them to function.

(MHT Participant 15)

Theme 3: Strategies to Address the Interplay

This theme captures the strategies participants identified when describing their perspective on the interplay between anxiety and self-esteem. Continued advocacy was

seen as important by participants. Some participants described advocacy efforts have been sufficient as they were aware of the resources and services. At the same time, several participants disagreed and noted more efforts need to be taken. “I think advocating for it [anxiety and self-esteem]...it takes over everything else in your life because it causes a lot of stress and then that’s all that’s on your mind” (Adolescent Participant 5, age 14). Adolescents referred to a desire for more dialogue and open communication with adults to enhance mutual understanding.

I feel like adults nowadays don’t understand that teenagers these days are way different, and they need to understand that our generation is different from the way they were when they were teenagers. Having them understand what we go through is not the same as what they went through at that age or at another age. (Adolescent Participant 9, age 16)

Adolescents indicated the need for more education on anxiety and self-esteem and the impact on overall adolescent development. Providing education and programming on the adolescent developmental stage can help adolescents and their caregiver(s) identify healthy and positive ways to manage the transition into adulthood: “I think we all just struggle with anxiety and self-esteem, and it would be nice to know more about it and why we feel the way we do” (Adolescent Participant 4, age 16). A few adolescents discussed the interplay is prevalent when comparing self to others and can be addressed when adolescents stop “comparing yourself to others” (Adolescent Participant 4, age 16; Adolescent Participant 7, age 17), and self-esteem can be enhanced using “compliments” (Adolescent Participant 12, age 16).

Participants shared therapeutic services, support groups, school programs, and mentoring programs would be helpful; however, access to these interventions may not be readily available.

...For teenagers, there should be so many more outlets or promotion of where you can get help...it will help you so much in the long run and it will stop you from continuing the long generational train of trauma. (Adolescent Participant 13, age 16)

While programs, interventions, and services were discussed by participants, there was a salient difference in how adolescents and MHTs discussed and identified these strategies. Adolescents spoke of strategies in more general terms (i.e., groups), whereas MHTs shared specific therapeutic interventions (i.e., therapy) supporting the need for more education, advocacy, and communication with female Mexican American adolescents.

Participants shared anxiety and self-esteem are related to each and anxiety can be addressed by enhancing self-esteem, which simultaneously will increase self-confidence: "You can't manage anxiety or deal with it in a therapeutic setting without dealing with self-esteem. You have to manage low self-esteem before anxiety cannot be an issue" (MHT Participant 13). When providing therapeutic services, the symptoms of anxiety and self-esteem need to be addressed simultaneously.

And so often in intervention, its self-esteem building interventions, not always anxiety reducing interventions. It's how to feel comfortable with the anxiety reaction you have and it's normal, and how do you learn to manage it and feel

confident in that versus you suck because you're anxious all the time and you can't get anything done. You have to talk through those negative thought processes. (MHT Participant 13)

Theme 4: Being Perceived by Others

This theme captured how being perceived and judged by others relates to the interplay between anxiety and self-esteem. Majority of adolescent participants described the interplay between self-reported symptoms of anxiety and self-esteem is associated with how the adolescent thinks others are perceiving and thinking about them. Participants defined that symptoms of anxiety and self-esteem are directly related to “feeling like everyone’s judging you” (Adolescent Participant 2, age 17), “people watching” you (Adolescent Participant 7, age 17; Adolescent Participant 8, age 14), and how “someone looks at you a certain way or how they view you” (Adolescent Participant 5, age 14). Fitting in or having a social group, how others think and view you, and not being enough were identified to influence symptoms of anxiety and self-esteem. Adolescents expressed a reciprocal relationship with how others view and perceive them influences how they view themselves. “...You’re worried about what people might think of you... but, then your self-esteem kind of goes up because you’re happy with yourself” which then decreases anxiety (Adolescent Participant 5, age 14). Participants expressed being perceived by others is based on appearance and receiving compliments from others, which can reduce symptoms of anxiety and enhance self-esteem. “Sometimes I wish that I wouldn’t need to be complimented to feel good about myself. I wish I could just look in the mirror and be like, okay, I feel good” (Adolescent Participant 12, age 16).

Theme 5: Pressures and Stress

This theme captured how the various pressures and stress influence the relationship between anxiety and self-esteem. Adolescents identified the interplay between self-reported symptoms of anxiety and self-esteem are impacted by the pressures and stress they experience.

And I think that affects teenagers so much because we are expected to do so much and handle so much that if we don't handle it correctly, it is just going to make us feel anxiety because we need to get all this stuff done and we do all this and prove it to ourselves. And then when we don't, that affects our self-esteem because it's just like, oh, I'm not worth it just because I wasn't able to do this.

(Adolescent Participant 13, age 16)

Similar to the aforementioned external factors, pressures and stress were identified from various contexts, "Multiple types of stress...and I think a lot of different types of stress can happen or can make it [referring to the interplay] for someone" (Adolescent Participant 8, age 14). The ability to do and perform well, expectations from self and others, and comparing self to others were defined when describing pressures and stress: "Academic pressure and the pressure of doing good enough...you want to be good enough, maybe for yourself and maybe for others. Prove that you're good enough for something" (Adolescent Participant 7, age 17).

Theme 6: Navigating Multiple Cultures

This theme captured how MHTs discussed the challenges female Mexican American adolescents may experience when navigating multiple cultures. Although

most MHTs identified female Mexican American adolescents have a similar experience with anxiety and self-esteem as their peers do, it was noted that female Mexican American adolescents' experience is different regarding navigating bicultural stress.

The kind of diversity and difference in not feeling represented. So, if you're feeling anxiety and you don't feel like you can discuss that or you have resources to help you work through that, you may feel alone, not represented. And I think that does lead to negative self-esteem. (MHT Participant 8)

However, there were individual differences; some discussed female Mexican American adolescents experience anxiety and self-esteem differently than their peers, while some shared all adolescents, regardless of ethnicity, experience similar symptoms of anxiety and self-esteem.

Yes, similar and maybe a little bit more because of the cultural factors that influence the difference between peers. So, I think it presents the same, but there might be an extra level of anxiety that comes through because of their identity. (MHT Participant 17)

The MHTs' accounts about the influence of culture on anxiety and self-esteem varied. Some MHTs discussed viewing culture from the experience of being an adolescent today:

Oftentimes, it seems like adolescence is more about how others perceive you, rather than just general anxiety. There's a culture that is popular right now to have some sort of mental health issue...gravitate toward an identity that

somebody else has, even if I don't have it in myself. But there's also some normalization that's happening. (MHT Participant 16)

MHTs identified despite the concern and increase in anxiety symptoms and disorders among female Mexican American adolescents, there is a desire to fit in and create a sense of belonging within the peer group. "Being able to connect or have conversations with peers and how it's received can really impact...how adolescents feel about themselves" (MHT Participant 17). The lack of a peer group can negatively influence an adolescent's experience with anxiety and self-esteem. "Anxiety can sometimes make adolescents feel so disconnected from each other that it affects their self-esteem" (MHT Participant 17).

Discussion

The objective of this study was to explore the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents (ages 14-17) and MHTs living in Arizona. The results of the study indicate six main themes representing the interplay between self-reported symptoms of anxiety and self-esteem: (1) a relationship, (2) external factors, (3), strategies to address the interplay, (4) being perceived by others, (5) pressures and stress, and (6) navigating multiple cultures. While there is some congruency among the perspectives of adolescents and MHTs, there were salient differences that support the importance of interviewing adolescents. Both adolescent and MHT participants identified there is an interplay between self-reported symptoms of anxiety and self-esteem, which is influenced by various external factors and can be addressed. The findings also indicated differences in perspectives between adolescent and MHT participants.

Adolescent participants identified being perceived by others and pressures and stress to impact the interplay, whereas MHT participants identified navigating multiple cultures for female Mexican American adolescents. Furthermore, the results indicate there is a disconnect between adolescent and MHTs participants' perspectives pertaining to the roles and expectations female Mexican American adolescents experience when navigating multiple cultures. Adolescent participants did not discuss culture as an influence on the interplay, whereas MHTs identified culture as an important factor and warrants further exploration and consideration when addressing the interplay. Thus, by using a dual focus to capture adolescent and MHT perspectives, this study contributes richness to existing literature by exploring the interplay between self-reported symptoms of anxiety and self-esteem.

Results of this study point to the need for further exploration into the interplay between self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents, updates to programs and interventions, and areas for future research. The most common belief among participants was that there is a negative relationship between the interplay of self-reported symptoms of anxiety and self-esteem. The results suggest high anxiety can lead to low self-esteem for female Mexican American adolescents. Participants shared high self-esteem can reduce symptoms of anxiety, but both symptoms of anxiety and self-esteem need to be addressed simultaneously to have a positive outcome for female Mexican American adolescents. Furthermore, participants identified that despite the relationship self-reported symptoms of anxiety and self-esteem have, they can also be separate of each other, influence each other both positively and negatively, and are enmeshed with the phase of

adolescence. The findings are consistent with existing literature on adolescent anxiety and self-esteem suggesting that the interplay is influenced by various external factors (Demma Cabral et al., 2020; Garcia et al., 2011; Li & Warner, 2015; McBride et al., 2015; Rubens et al., 2018).

The results conclude that external factors can have a negative impact on the interplay between self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents. Research suggests female Mexican American adolescents are at a greater risk of experiencing a mental health disorder compared to their non-Mexican American peers and have the highest rates of suicidal ideation and suicide attempts of any group (Ramirez et al., 2017). Participants in this study shared external factors, such as social media, home, and school can positively and negatively influence self-reported symptoms of anxiety and self-esteem, yet primarily discussed external factors as having a negative influence. For example, one study found that professionals who identified as Mexican American focused on the external risk factors rather than the internal factors, and consistently emphasized the importance of role models with similar cultural values for female Mexican American adolescents (Porta et al., 2016). Consistent with existing research, the findings indicate participants readily identified external factors, rather than internal factors and MHTs addressed internal factors through the identification of external factors. For example, external factors can positively or negatively impact internal factors for female Mexican American adolescents. The findings indicate female Mexican American adolescents' exposure to bicultural stress influences internalizing and externalizing symptoms (Alfaro et al., 2009; Gonzales et al., 2012; Zeiders et al., 2013).

When examining the interplay between self-reported symptoms of anxiety and self-esteem, it is important to consider strategies that promote positive development for female Mexican American adolescents. This study indicates the need for further research to explore existing programs and interventions to address the interplay between self-reported symptoms of self-esteem and anxiety. Consistent with existing literature, results from this study suggest that while programs, support and therapeutic groups, therapy services, and school programs are offered, access to services is a barrier many female Mexican American adolescents experience (McCord Stafford et al., 2019). Despite the awareness and attention anxiety and self-esteem are receiving today, adolescent participants indicated the need for more advocacy and open communication with adults. Although there are many existing programs available to female Mexican American adolescents across the U.S., the results identified that not all participants are aware of the existing programs and interventions or follow through with the program requirements. There is a need for more research on the interplay of anxiety and self-esteem interventions that are effective with diverse populations.

The results of this study highlight the importance of including the voice of female Mexican American adolescents and supports their involvement in the areas of research that can have lasting implications. Adolescents took their role in the study seriously and expressed wanting to be involved in research and implementation of programming to support the mental health of female Mexican American adolescents and training with MHTs. The results are consistent with existing literature suggesting assets, needs, and resources for the female Mexican American adolescent population needs to come directly from adolescents (Fernandez, 2002; Liebenberg et al., 2020; Montoro &

Ceballo, 2021; Pincock & Jones, 2020; Spencer et al., 2020; Woodgate et al., 2020). Adolescents involved in research demonstrate competency in evaluating policies, programs, and interventions impacting young people (YPARHub, 2015). Given that adolescence is the phase where one transitions from childhood to adulthood and experiences changes in physical, psychological, intellectual, hormonal, and social relationships, it is important to incorporate adolescents into the research process (Arain et al., 2013; Herzog et al., 2019). Involving adolescents in research provides an opportunity to enhance an adolescent's skill in leadership, critical thinking, writing, public speaking, advocacy, communication, time management, meeting facilitation, conflict resolution, teamwork, and research methods (LPC Consulting Associates, Inc., 2012).

Considerations

Various considerations need to be accounted for when examining the interplay of self-reported anxiety and self-esteem from the perspectives of female Mexican American adolescents and MHTs. It is important to consider the results of this study are self-reported, and participants might have responded with answers that were more socially desirable. While this approach captures the perspectives from the adolescent and MHT participants, it does not account for the reliability of the participant's response, nor does it address the context of the experience.

Another consideration is that participants did not elaborate on their thoughts and feelings pertaining to the interplay between self-reported symptoms of anxiety and self-esteem, suggesting that it is possible this specific question came too late on the interview guide. MHTs on the other hand captured the essence of the question;

however, many alluded to not unpacking these topics previously. Another possibility for the lack of elaboration could be due to the developmental age of the adolescent participant impacting their understanding of keywords and concepts. For example, younger adolescents required more explanation and probing for certain terms, such as adolescent and self-esteem. Adolescents demonstrated their understanding by consistently speaking in metaphors and using examples, experiences, and stories to explain their thoughts and feelings. Similarly, the length of time in the career influenced MHTs understanding of the particular concept. The more seasoned MHTs required less prompting and clarification and displayed a deeper understanding and synthesis of the topic questions than the novice MHTs. Finally, specific terms, such as anxiety, do not translate well between English and Spanish and when synonymous terms were used, adolescents required more explanation and probing. We can assume participants asked clarifying questions and understood the question, keywords, and concepts, but this may not be the case for all adolescents and MHTs.

Lastly, MHTs were recruited to further our understanding of the current provider landscape, not based on their ethnicity. It is important to consider the results of this study are primarily from the perspectives of female Caucasian MHTs without Mexican American group membership. The majority (80%) of social workers in the U.S. identify as female whereas 19% identify as male (Zippia The Career Expert, 2022). While this captures the perspectives of MHTs and is consistent with the existing landscape of MHT demographics, the results do not include a large sample size of MHTs identifying as Mexican American and their perspectives of providing clinical services.

Limitations and Future Work

This study is not without limitations. The greatest limitation was conducting a study with adolescents during the COVID-19 pandemic. The pandemic influenced recruiting efforts, participation, and overall study design. As the pandemic was ever-evolving, ethical considerations, health and safety factors, and flexibility measures were taken to ensure the study was being conducted in accordance with the risk mitigation protocols outlined by the Centers for Disease Control and Prevention and specific site locations (i.e., schools). Majority of the participants identified the pandemic has (negatively) impacted their mental health. Adolescents in particular discussed their mental health pre-and during the pandemic; however, only some provided insight into their development occurring at the same time. Furthermore, in two instances, the semi-structured interview was conducted with two adolescents (per their request) and three semi-structured interviews occurred face-to-face, per the request of the legal guardian as the adolescents were tired of being on Zoom. On the other hand, MHTs preferred meeting via Zoom as they found it was more conducive to their schedule. However, conducting semi-structured interviews and focus groups via Zoom may have impacted the study in ways of the researcher's reflexivity, building rapport with the participants, and ability to identify participants' body language and tone. Future studies can explore the impact the pandemic had on adolescent development, specifically how adolescents view the interplay between self-reported symptoms of anxiety and self-esteem. A second limitation is the transferability of the study. Participants all reside in Arizona, and due to the sample size and similar homogeneous factors, like ethnicity, gender, and age, the results may not translate to represent the entire female Mexican American adolescent population in the U.S. Additionally, the results may not transfer across all

mental health therapists or adults in the U.S. Future research can investigate the similarities and differences between the interplay of self-reported symptoms of anxiety and self-esteem among female adolescents of various diverse ethnic groups, with the male population, and among MHTs providing clinical and non-clinical services.

Conclusions and Implications

This study provided detailed accounts of the contents of the interplay of self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and MHTs living in Arizona. Many participants in this study agreed there is a relationship between self-reported symptoms of anxiety and self-esteem and discussed this interplay, particularly for female Mexican American adolescents. However, few reported there is no interplay between self-reported symptoms of anxiety and self-esteem and that the symptoms and effects are independent of one another. Overall, the participants maintained the interplay between self-reported symptoms of anxiety and self-esteem is an individual experience influenced by various external and internal factors. Navigating two cultures was also evident in this study in which MHTs identified the inequalities and challenges female Mexican American adolescents endure. MHTs noted female Mexican American adolescents experience unequal opportunities to resources and services to address mental health concerns, specifically anxiety and self-esteem, than their White, non-Mexican American counterparts. Thus, managing the interplay between self-reported symptoms of anxiety and self-esteem in adolescents presents complex problems and can have lasting effects for female Mexican American adolescents.

One implication of this study is by highlighting the adolescent voice, we further our understanding of the interplay between self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents and the potentially adverse effect the interplay has on adolescent development. I believe the findings can be used by mental health professionals working with adolescents as the results feature the interplay self-reported symptoms of anxiety and self-esteem have on each other while accounting for adolescent development and cultural expectations adolescents experience. For MHTs, this understanding may be beneficial in furthering our understanding of biculturalism, upholding multiple cultures simultaneously, and the importance of bridging the gap between various cultures to establish individualized goals for female Mexican American adolescents. By addressing the disconnect between adolescent and MHTs' perspectives, we can assist adolescents in identifying healthy and positive ways to manage the triumphs and tribulations associated with anxiety and self-esteem.

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Table 1

Eligibility Criteria for Adolescent Participants, Mental Health Therapist Participants, and Advisory Board Members

	Adolescents	Mental Health Therapists	Advisory Board	
			Adolescents	Mental Health Therapists
Self-identifies as female	X	---	X	---
Self-identifies as Mexican American	X	---	X	---
Age 14-17	X	---	X	---
Self-reports symptoms of anxiety	X	---	---	---
Understands and communicates in English	X	---	X	---
Access to technology (e.g., computer or smartphone)	X	---	X	---
Lives in Arizona	X	---	X	---
Has a master's degree	---	X	---	X
Able to provide mental health services to adolescents	---	X	---	X
In good standing with Arizona professional licensing board	---	X	---	X
Self-identifies as Latinx (i.e., Mexican American, Hispanic, Chicano/a/x, and Latino/a/x)	---	---	---	X

Note. 16 adolescents, 17 mental health therapists (MHTs), and 4 (2 adolescent and 2 MHTs) advisory board members participated in the study. The “x” signifies inclusion criteria and “---” denotes not applicable for that specific participant group.

Table 2*Participant Demographic Information*

Demographic Characteristic	Adolescent		Mental Health Therapist	
	n	%	n	%
Race				
White	9	56.3	---	---
Black	1	6.2	---	---
Multiple (unspecified)	1	6.2	---	---
Unknown	5	31.3	---	---
Not reported			17	100
Ethnicity				
Hispanic or Latino	16	100	---	---
Non-Hispanic or Latino	---	---	---	---
Not reported	0	0	17	100
Sex				
Female	16	100	16	94.0
Male	---	---	1	6.0
Age				
14	6	37.5	---	---
15	1	6.2	---	---
16	5	31.3	---	---
17	4	25.0	---	---
Academic Grade				
8 th	4	25.0	---	---
9 th	2	12.5	---	---
10 th	1	6.2	---	---
11 th	5	31.3	---	---
12 th	4	25.0	---	---
Arizona Region				
Northern	3	18.7	10	58.8
Central	11	68.8	2	11.8
Southern	2	12.5	5	29.4
Discipline				
Social Work	---	---	12	70.6
Counseling	---	---	4	23.5
Psychology	---	---	1	5.9
Years of Experience in Discipline				
<1	---	---	2	11.8
1-3	---	---	4	23.5
3-5	---	---	2	11.8
5-10	---	---	2	11.8
>10	---	---	7	41.1

Note. *N* = 16 for adolescent participants. *N* = 17 for mental health therapist (MHTs) participants. The “---” denotes not applicable for that specific participant group.

Table 3

Summary of Themes and Codes Among Adolescent and Mental Health Therapist Participants

Theme	Subtheme	Code Description	Adolescent Quote	Mental Health Therapist Quote
Anxiety and Self-Esteem Relationship	Correlation between Anxiety and Self-Esteem	Theme 1 and subthemes represent participants' perspectives on the interplay between anxiety and self-esteem.	"I feel like if we have like really bad anxiety, that probably means we have really bad self-esteem" (Participant 1, age 15).	"They are correlated because it's really hard to focus on your self-esteem and your personal development and growth while you're constantly in a state of flux from anxiety" (Participant 4).
	Anxiety and Self-Esteem are Separate	The themes were constructed from the codes pertaining to the parent code identifying the link between anxiety and self-esteem from the perspective of adolescents and MHTs (i.e., a and se link A, a and se link MHT); adolescent development stage (i.e., adolescent stage); emotions characterized by feelings of fear, worry, tension, thoughts, and physical changes (i.e., anxiety); continuous	"Your anxiety isn't always necessarily about yourself, it can be about a situation" (Participant 7, age 17). "Sometimes my anxiety will push me to do something like homework...need to do it right now. Anxiety helps do good and bad things that affect self-esteem" (Participant 13, age 16).	"...it [anxiety] doesn't have to do with self-esteem" (Participant 11).
	Positive Impact			"I think if you have a strong self-esteem, you don't adhere to those self-doubts that come up. You are able to better manage them..." (Participant 13).
	The Phase of Adolescence	sequence and repetition (i.e., continuum, cycle), specific examples and experiences (i.e., example or experience); the connection with others, objects, thoughts, feelings or lack thereof (i.e., no relationship and relationship); how other teens might discuss the interplay (i.e., other teens); and how one	N/A	"Special population...things are kind of transient for them in general about trying new things, figuring things out as well as the influence of people, and trying to figure out who is a good influence and who isn't. And I think that in itself, that age group is tumultuous and rough and then add on us trying to like nail down

		views their own self (i.e., self-esteem).		what they feel and think” (Participant 5).
External Factors	Social Media	Theme 2 and subthemes represent external factors discussed to describe the interplay of anxiety and self-esteem among participants.	“I’m on Facebook, Instagram, and Snapchat...I think that has a big role with self-esteem” (Participant 4, age 16).	“I think it’s more about the external factors and how self-esteem is impacted by the external factors and therefore impacts anxiety” (Participant 16).
	Home	The themes were constructed from the codes pertaining to the parent code identifying the link between anxiety and self-esteem from the perspective of adolescents and MHTs (i.e., a and se link A, a and se link MHT); how well one feels they can	“...depending on your home situation...I think a lot of different types of stress can happen...” (Participant 8, age 14).	“I think people don’t know themselves or trust themselves that they can handle whatever comes their way. And if you’re not getting positive interactions and messages from those who are raising you, your self-esteem can be stunted (Participant 14).
	School	accomplish or achieve a goal (i.e., confidence); situational factors (i.e., external factors); where an adolescent lives and experience there (i.e., home); the environment to receive an education (i.e., school); web-based platforms for social networking (i.e., social media); and physical activities and competing against another individual or team for entertainment (i.e., sports).	“Academic pressure and like the pressure of doing good enough” (Participant 7, age 17).	“You might feel anxious about getting a bad grade and then that affects and lowers your self-esteem, and then you might feel anxious about that” (Participant 11).
Strategies to Address the Interplay		Theme 3 represents the desire to understand the interplay between anxiety and self-esteem through interventions, programs, and services (i.e., strategies).	“Not being on social media comparing...” (Participant 4, age 16).	“...I often say let’s build up your self-esteem to lower that anxiety level” (Participant 13).

The themes were constructed from the codes pertaining to the parent code identifying the link between anxiety and self-esteem from the perspective of adolescents and MHTs (i.e., a and se link A, a and se link MHT); received as adequate by self and others (i.e., acceptance); the similarities and differences between two objects, people, experiences, and performances, (i.e., comparing); the behaviors, thoughts, emotions that are used to address the positive and negative changes in life (i.e., coping strategies); and the strategies or ways to increase self-esteem (i.e., enhance self-esteem).

Being Perceived by Others

Theme 4 represents the desire for acceptance and belonging.

“You feel nervous of what people think” (Participant 3, age 14).

N/A

The themes were constructed from the codes pertaining to the parent code identifying the link between anxiety and self-esteem from the perspective of adolescents and MHTs (i.e., a and se link A, a and se link MHT); received as adequate by self and others (i.e., acceptance); the similarities and differences between two objects, people, experiences,

	and performances, (i.e., comparing); how well one feels they can accomplish or achieve a goal (i.e., confidence); others opinion of self, either positive or negative (i.e., judged); proving oneself (i.e., not enough); being perceived by others (i.e., others think); and fixated on a thought or feeling (i.e., worry).		
Pressures and Stress	Theme 5 represents the pressure, stress, and expectations for female Mexican American adolescents. The themes were constructed from the codes pertaining to the parent code identifying the link between anxiety and self-esteem from the perspective of adolescents and MHTs (i.e., a and se link A, a and se link MHT); poor decision (i.e., mistake); anxious, heightened, and feelings of worry and fear (i.e., nervous); pressure, tension, and emotional strain (i.e., stress); and fixated on a thought or feeling (i.e., worry).	“And if you think you did something wrong, it brings your self-esteem down, which causes anxiety” (Participant 2, age 17).	N/A

Navigating Multiple Cultures

Theme 6 represents the roles and cultures female Mexican American adolescents experience.

N/A

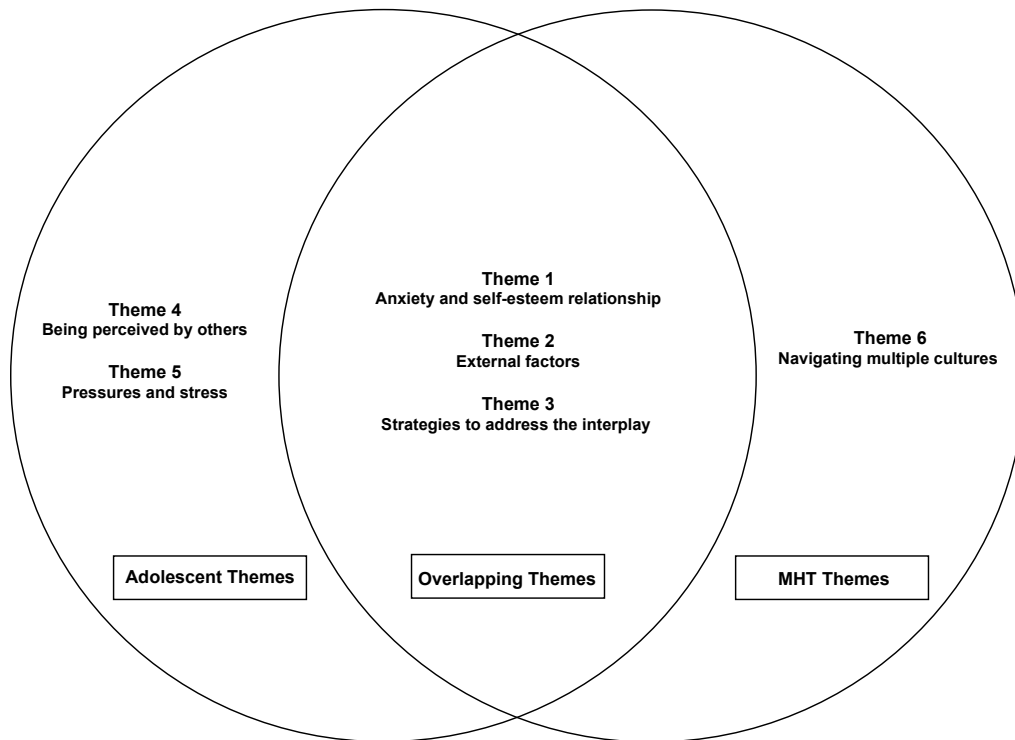
“...have to deal with two cultures, two different traditions, two different ways of interacting with the world” (MHT Participant 14).

The themes were constructed from the codes pertaining to the parent code identifying the link between anxiety and self-esteem from the perspective of adolescents and MHTs (i.e., a and se link A, a and se link MHT); and the Mexican American population (i.e., Mexican American adolescents).

Note. The code description column displays a description of the themes and subthemes, along with a definition of each code and code name, represented in parenthesis. A and SE Link A represents the anxiety and self-esteem link from the adolescents' perspective and A and SE Link MHT represents the anxiety and self-esteem link from the MHTs' perspective.

Figure 1

Main Themes Identified From the Semi-Structured Interviews With Adolescent Participants and Focus Groups With Mental Health Therapist Participants



Appendix A

Semi-Structured Interview Questions

1. I would like to get to know you a little more, please tell me about your background (name, age, where you live, and where you go to high school).
2. Thinking about a typical day, where and how do you spend most of your time?
3. Adolescence is a critical phase for achieving human potential and during this phase, an individual acquires the physical, cognitive, emotional, social and economic resources that become the foundation for later health and well-being. Tell me what it's like to be an adolescent.
4. How would you describe anxiety?
5. How do you think your caregivers and teachers would describe anxiety for adolescents?
6. What factors, positive and negative, do you think influence anxiety among adolescents?
7. How would you describe self-esteem?
8. How do you think your caregivers and teachers would describe self-esteem for adolescents?
9. What factors, positive and negative, do you think influence self-esteem among adolescents?
10. Symptoms of anxiety and self-esteem are often linked together. What do you think about the relationship anxiety has to self-esteem for adolescents?
11. What do you think about programs, interventions, or policies to promote adolescent development?
12. In your opinion, what do you think we should do to support self-esteem for adolescents?
13. Is there anything else about anxiety and self-esteem that you think I need to know?

Appendix B

Focus Group Guide Questions

1. Please tell me about your background (name, education).
2. What is your clinical background as a mental health therapist (e.g., duration of career and specialty)?
3. What is your experience in treating anxiety symptoms in female Mexican American adolescents?
4. How would you describe anxiety?
5. How do you think adolescents describe anxiety?
6. What factors, positive and negative, do you think influence anxiety among adolescents?
7. How would you describe self-esteem?
8. How do you think adolescents describe self-esteem?
9. What factors, positive and negative, do you think influence self-esteem among adolescents?
10. Symptoms of anxiety and self-esteem are often linked together. What do you think about the relationship anxiety has to self-esteem for adolescents?
11. What therapeutic interventions have you utilized to treat anxiety symptoms in female Mexican American adolescents?
12. What cultural considerations do you think need to be accounted for when treating anxiety symptoms in female Mexican American adolescents?
13. What do you think about programs, interventions, or policies to promote adolescent development?
14. In your opinion, what do you think we should do to support self-esteem for adolescents?
15. Is there anything else about anxiety and self-esteem that you think I need to know?
16. In the chat box, please individually write down:
 - a. Three issues you believe affect symptoms of anxiety.
 - b. Three ways you believe anxiety symptoms impact self-esteem.
 - c. Three strategies that can be implemented to address symptoms of anxiety and self-esteem.

Chapter 4

What are They Saying? Strategies for Social Workers to Address Anxiety and Self-Esteem Among Female Mexican American Adolescents

Female Mexican American adolescents report more physiological symptoms of anxiety and higher anxiety sensitivity than their non-Mexican American peers (Rapp et al., 2022; Pina & Silverman, 2004). Anxiety sensitivity, the belief that anxiety symptoms can result in harmful consequences, can result from experiencing psychological symptoms, including excessive fears, worries, and extreme feelings of guilt. Female Mexican American adolescents are at risk of experiencing elevated levels of internalizing symptoms and disorders, such as anxiety and worry (Anderson & Mayes, 2010; Brincks et al., 2018; Dixon De Silva et al., 2020; McLaughlin et al., 2007; Pina & Silverman, 2004; Rapp et al., 2022; Schlaudt et al., 2021; Seligman et al., 2020; Varela et al., 2019; Varela et al., 2004). Symptoms of anxiety can be attributed to female Mexican American adolescents experiencing stressors such as poverty, ethnic-racial discrimination, and family stress (Montoro et al., 2021; Zeiders et al., 2012). While anxiety disorders are prevalent among female Mexican American adolescents, they tend to go undiagnosed and untreated, which can be ascribed to cultural influence (Merikangas et al., 2011; Rapp et al., 2022).

Despite the elevated risks for experiencing symptoms of anxiety, female Mexican American adolescents are less likely to receive mental health services compared to their White counterparts (Chavira et al., 2017; Dixon De Silva et al., 2020). The utilization of mental health services among female Mexican American adolescents and their parents is impacted by the agreement on the severity of mental health symptoms,

with the more severe display of symptoms receiving services (Dixon De Silva et al., 2020). Parents of female Mexican American adolescents are more likely to seek services for an externalizing disorder (i.e., attention-deficit hyperactivity disorder, conduct disorder) over an internalizing disorder (i.e., anxiety, depression; Dixon De Silva et al., 2020). Mental health utilization among female Mexican American adolescents is impacted by barriers including access to services, stigma, discrimination, clinician bias, mental health literacy, and attitudes towards help-seeking (Dixon De Silva, et al., 2020). Stigma is consistently identified as a barrier to seeking services for female Mexican American adolescents. Parents of female Mexican American adolescents identify stigma by association (i.e., having a child receiving mental health services) as the barrier to seeking services (Chavira et al., 2017; Dixon De Silva et al, 2020). A parent's decision to seek services is influenced by mental health literacy, the ability to recognize mental health disorders and obtain mental health information. Enhancing mental health literacy of a parent can increase mental health utilization. Parents of female Mexican American adolescents' decision to seek mental health services is impacted by cultural norms, beliefs and attitudes towards helping-seeking behaviors, and language (Dixon De Silva et al., 2020). When working with female Mexican American adolescents, it is important for social workers to take steps to reduce the identified barriers and implement strategies that best meet the needs of the adolescent and their family.

Symptoms of anxiety and low self-esteem can be addressed through various strategies. There are numerous evidence-based practices (EBPs) that are effective in treating symptoms of anxiety in the adolescent population. Cognitive behavioral therapy

(CBT) is effective in treating anxiety symptoms and disorders within the adolescent (Chavira et al., 2017; Higa-McMillan et al., 2016; Pina et al., 2014; Seligman et al., 2020). When combined with other treatment modalities, psychotropic medications such as selective serotonin uptake inhibitors (i.e., sertraline, fluoxetine, and fluvoxamine), are proven to be effective in treating symptoms of anxiety in adolescents. Furthermore, family involvement in the treatment setting can positively and negatively impact the effectiveness of preventive interventions. The implementation of family-focused interventions can decrease internalizing behaviors associated with anxiety among female Mexican American adolescents (Brincks et al., 2018). Other EBPs identified to effectively treat anxiety symptoms include acceptance and commitment therapy (ACT), therapy (i.e., exposure, family, group, and psychotherapy), eye movement desensitization and reprocessing (EMDR), and mindfulness-based cognitive therapy (MBCT). The therapeutic alliance (i.e., the professional working relationship between the client and clinician) is often identified as one of the most important interventions to enhance therapeutic outcomes, despite not being categorized as an EBP (Fernández et al., 2016). Research examining the effectiveness of EBPs for psychiatric disorders, including anxiety disorders, is limited in the female Mexican American population (Chavira et al., 2017). However, studies examining the clinical response, remission, symptom severity, and overall functioning indicate a close response to CBT between Mexican American and White adolescents, which may be attributed to the similarities in the treatment and prevention efforts implemented (Chavira et al., 2017; Pina et al., 2012; Pina et al., 2014).

Studies have attempted to explain the connection between symptoms of anxiety and low self-esteem within the female Mexican American population through the application of existing theoretical frameworks in behavioral and social sciences. Bronfenbrenner's (1979) ecological systems theory is often used to examine the reciprocal relationships between the individual characteristics and behavior (i.e., microsystem level), the interactions with others (i.e., mesosystem level), the indirect influences of social settings and environments (i.e., exosystem level), cultural ideologies (i.e., macrosystem level), and major events, transitions, and cultural shifts (i.e., chronosystem level). Human behavior and personality characteristics are shaped by the reciprocal complex relationships and interactions between individuals and their environments; therefore, an ecological systems perspective can be utilized to understand life transitions, environmental pressures, and the maladaptive fit between an individual, family, and the larger environment (Kilanowski, 2017). Due to the overlapping structure of ecological systems theory, there is support for utilizing this theory to explore the interplay between anxiety and self-esteem among the female Mexican American population; however, this theory does not illustrate the factors, thoughts, feelings, and beliefs needed for understanding the interplay between anxiety and self-esteem and the special considerations, if any, that need to be accounted for when supporting female Mexican American adolescents.

The Present Study

Female Mexican American adolescents are more likely to experience symptoms of anxiety and less likely to receive mental health services. Underrepresentation of mental health services for female Mexican Americans, especially in Arizona rural areas,

is due to language barriers, stigma, influence of support network, transportation, confidentiality, and the quality of the therapeutic alliance (Chavira et al., 2017). The purpose of this study was to qualitatively explore the perspectives of female Mexican American adolescents and mental health therapists (MHTs) to identify strategies social workers can implement into their daily practice to address the interplay between symptoms of anxiety and self-esteem for adolescents. As the female Mexican American population continues to grow in the U.S., furthering our understanding of such strategies can assist social workers in the prevention and intervention of anxiety symptoms among female Mexican American adolescents.

Method

Design

I conducted an exploratory qualitative study to identify strategies social workers can implement in their daily practice to address the interplay between symptoms of anxiety and self-esteem for adolescents from the perspectives of female Mexican American adolescents and MHTs in Arizona. The iterative, inductive process of grounded theory for data collection and analysis was utilized. Methods have been previously described (Mommaerts et al., in review), but a brief overview will be provided here.

Study Setting, Team, and Reflexivity

This study took place in Arizona during fall 2020 and spring 2021 and consisted of semi-structured interviews with female Mexican American adolescents and focus groups with MHTs. I utilized Zoom (<https://zoom.us>) to conduct the semi-structured interviews, focus groups, and advisory board meetings. The research team consists of

an early career researcher and four content and methodological expert researchers. The lead researcher is a female, licensed clinical social worker with over sixteen years of direct clinical practice experience. The study was a direct result of the lead researcher's clinical experience working with female Mexican American adolescents in Arizona. The lead researcher does not have membership with the Mexican American population. The study was approved by the university's institutional review board (IRB).

Participants and Recruitment

Participants include female Mexican American adolescents ages 14-17 years old living in Arizona and MHTs treating symptoms of anxiety for adolescents (see Appendix A for full inclusion criteria). Using snowball sampling, all participants were recruited through professional networking, social media, direct outreach, and strategically selecting organizations and schools that have direct contact with adolescents. All MHTs and adolescents' legal guardian provided written informed consent, whereas all adolescents provided written informed assent to participate in the study.

An advisory board assisted the research team with recruitment strategies and data collection, not to direct or assist with the research process. The advisory board consisted of four experts, two female Mexican American adolescents ages 14-17 and two MHTs. Three advisory board members were representative of the Mexican American population.

Data Collection

Data was collected through a demographic questionnaire, the Generalized Anxiety Disorder (GAD-7) screener (Spitzer et al., 2006), a semi-structured interview with adolescent participants, and focus group with MHTs. The semi-structured interview

guide was designed to explore female Mexican American adolescents' perspectives on the interplay between anxiety and self-esteem and identify strategies that can be implemented to address symptoms of anxiety among the female Mexican American adolescent population. Similarly, the focus group guide explored the interplay between anxiety and self-esteem for female Mexican American adolescents and clinical strategies utilized in a therapeutic setting to address symptoms of anxiety. Clarification and verification techniques were utilized to confirm the meaning of participant's responses. This study did not experience any dropouts and data collection concluded when saturation was obtained as evidence by the lack of new themes emerging from the semi-structured interviews and focus groups.

Data Analysis

The semi-structured interviews and focus groups were audio and video-recorded using Zoom and transcribed verbatim and anonymized using Trint (<https://trint.com>). ATLAS.ti 8 was used to organize, store, and analyze data for themes. Analysis followed the constructivist grounded theory process recommended by Charmaz (2006) and consisted of iterative stages involving systematic coding and comparative methods. An inductive grounded theory approach was utilized to explore the participants' perspectives (i.e., adolescents and MHTs) and analyze the data to identify themes and group data into categories of similarities and differences between adolescent and MHT participants. A codebook was created from the codes identified through the data analysis process. To ensure accuracy and consistency within the coding scheme, I elicited a second coder to assess for intercoder agreement and verify the efficacy of the triangulation of the data sources (i.e., semi-structured interviews, focus groups,

demographic questionnaire). Trustworthiness, authenticity, and credibility concerns, if present, were addressed as a research team.

Results

Description of the Sample

A description of the sample is presented in Table 1. Sixteen female Mexican American adolescents between the ages of 14-17 living in Arizona participated in the study (*mean* = 15.4 years, *SD* = 1.19). All adolescents self-identified as Hispanic with majority identifying as White. All adolescents self-reported experiencing symptoms of anxiety with GAD-7 scores ranging from mild (i.e., 5-9) to severe (i.e., 15-21). Seventeen MHTs licensed and living in Arizona completed a focus group. Almost all MHTs self-identified lack of membership with the Mexican American population with majority identifying as Caucasian. Out of the 17 MHTs, only one identified as male (6%). Disciplines included social workers, counselors, and psychologists with professional clinical experience ranging from less than one year to over ten years.

Themes

Different strategies are needed to meet the needs of female Mexican American adolescents experiencing symptoms of anxiety and low self-esteem.

A lot of kids nowadays struggle with their mental health, like I'm one of them. And it's like there are days where you can be, like, out of the world, like when you're so happy, like you just and then next week comes and you just like you don't want to do anything. Like you have that state of mind as just like I do the bare minimum of what I have to do, but I'm not going to go out of my way to do the max of my potential. (Adolescent Participant 9, age 16)

Figure 1 provides a visual representation of the constructed main theme, including the five subthemes, for both female Mexican American adolescents and MHTs. Strategies to address the interplay between anxiety and self-esteem are related to the five levels of the ecological systems theory. Meaning participants identified various internal and external influences that can address the strategies used to address the interplay between symptoms of anxiety and self-esteem for female Mexican American adolescents, and preference of a specific strategy will depend on the adolescent's individual experience and the MHT's self-efficacy pertaining to providing clinical services.

One main and five subthemes were identified, as described below. The **main theme** 'to feel connected and have meaningful relationships' is constructed by the desire for wanting to be heard, understood, and not feel alone. *Subtheme 1*, 'the importance of informal and formal supports,' is constructed by the desire to have a quality support system. *Subtheme 2*, 'enhancing relationships – informal and formal strategies,' is constructed by the desire to build meaningful and quality relationships with others. *Subtheme 3*, 'community and environmental supports,' is constructed by the preference of strategies being offered in various environmental contexts. *Subtheme 4*, 'cultural experience,' is constructed on the desire to incorporate culture when identifying strategies. *Subtheme 5*, 'the need for political action,' is constructed by the desire to implement policies that address the mental health needs of female Mexican American adolescents. The nested circles of the ecological systems theory demonstrate the reciprocal relationship between the female Mexican American adolescent and the interactions and relationships with their varying environments, which constitutes the

overall main theme. For clarity, some quotations were edited. Table 2 provides a summary of the identified themes. Table 3 displays the semi-structured interview and focus group guides that assisted with identifying themes.

Main Theme: To Feel Connected and Have Meaningful Relationships

The main category explains the preference for strategies to enhance relationships and increase quality relationships when addressing the interplay between anxiety and self-esteem for female Mexican American adolescents. Feelings of loneliness, isolation, and not being heard and understood were associated with the need to improve relationships. If adolescents were connected to others, feeling safe and secure in their relationships, and had opportunities to talk about the triumphs and trials of being an adolescent today, they discussed having lower symptoms of anxiety and higher self-esteem.

Honestly, I feel like communicating with them [adolescents], it helps so much. I've never had an adult where I could talk to them about it. And I'm so comfortable with adults talking to me and they make me feel okay, and I'm like not the only one going through a hard time. (Adolescent Participant 10, age 17)

The type of strategy to address symptoms of anxiety and self-esteem was based on the individual and their individual needs. MHTs discussed the importance of therapeutic alliance. "...There's evidence the therapeutic relationship is best practice. Before it was just you need to develop rapport, trust, and all of that. And I think sometimes we underestimate the importance of the therapeutic relationship" (MHT Participant 10). The desire to enhance connections and quality relationships became

visible through the participants' preferred strategies, support systems, and hopes for female Mexican American adolescents.

Subtheme 1: The Importance of Informal and Formal Supports

Family, teachers, church, and peers were preference of emotional and informative support for female Mexican American adolescents. Adolescents collectively shared the challenges of being a teenager today and many reported their informal support system has an opportunity to create an authentic relationship: "...they [teachers] work with you and like you talk to them...I feel like it [relationship] can improve a lot (Adolescent Participant, 9, age 16). Adolescents shared informal supports have the opportunity to positively influence internal factors, such as self-esteem and feelings associated with sense of belonging.

MHTs identified specific EBPs they use in therapeutic settings when treating symptoms of anxiety and self-esteem for female Mexican American adolescents, including psychoeducation, mindfulness, CBT, DBT, and ACT. Other informal and EBP strategies were identified, see Table 4 for a comprehensive list. Many MHTs identified using psychoeducation as a tool to educate adolescents on symptoms of anxiety and self-esteem: "A lot of psychoeducation as well regarding the neurobiology, the physiological reactions of body and stress, and how your amygdala and that alarm system can just take off" (MHT Participant 5). Using psychoeducation, MHTs shared incorporating mindfulness, grounding techniques, and breathing strategies as an intervention to address symptoms of anxiety and self-esteem. "But from the get go, I try to do a lot of mindfulness, the deep breathing, meditation, just so that they have some tools to use right away as we start continuing therapy" (MHT Participant 9). MHTs

discussed the importance of using various EBPs to address symptoms of anxiety and low self-esteem; however, self-efficacy and clinical experience with female Mexican American adolescents influences the effectiveness of the EBPs.

Subtheme 2: Enhancing Relationships – Informal and Formal Strategies

Most participants pointed to the pressures female Mexican American adolescents experience and the impact internal and external influences can have on the interplay between self-reported symptoms of anxiety and self-esteem. “Everybody has their little clicks and everybody's just against each other. Everything is a competition at this age and it sucks” (Adolescent Participant 6, age 16). Participants identified the social and emotional support their informal support system can provide because of the constant interaction. However, adolescent participants shared not being understood and not having the opportunity for open conversations hinders seeking support and services. At the same time, when informal and formal strategies are offered, many do not engage in the offered activities.

Some participants shared wanting more formal strategies to facilitate the promotion of quality relationships while addressing symptoms of anxiety and self-esteem. Peer-based and adult-led mentorship-based programs, therapy (i.e., individual, group, family), and other programs were found to promote peer interaction and provide support and guidance. “I think mentors are very important, especially Mexican American mentors that can talk about how they were able to do things differently” (MHT Participant 6).

Adolescents shared when it comes to individual therapy versus group therapy, the decision is individual preference. “They pull you one-on-one; we talk about if you

have anything going on at home. I think that can be really helpful for a lot of kids if they don't have that" (Adolescent Participant 16, age 14). Yet, groups were overwhelmingly discussed by adolescents as one of the most beneficial ways to improve quality relationships:

And I felt like that was really helpful because it's a group of females my age. Hearing their problems with their self-esteem makes you feel that, oh, I'm okay because it's normal to feel this way, you know, like other females is like a big thing. And it's really helpful because we get to talk about how and what helps us with our self-esteem, and we could get advice from them and just open up with them in general. I really like that. I'm kind of sad that it ended. (Adolescent Participant 10, age 17)

Conversely, MHTs shared individual therapy may be more effective in establishing a relationship: "I don't think they're [adolescents] able to be themselves or open [in groups], especially if you're talking about people who already have anxiety or self-esteem issues. It's like, put me in a group, let me say the wrong thing" (MHT Participant 6). Few adolescents discussed the stigma associated with groups: "Like even my older sister said it as a joke, she's like, why are you going to a support group, they're going to get you crazy" (Adolescent Participant 11, age 17). Adolescents shared to mitigate the stigma, groups need to be normalized with more adolescent autonomy: "Maybe because it's [groups] not like normalized" (Adolescent Participant 8, age 14).

Adolescents voiced despite groups having a positive experience, considerations such as group size and topic are important. The smaller group size provides

adolescents to openly share their thoughts and feelings in an safe environment. Most adolescents stated groups were more effective when adolescents were invovled in the planning of the group processes as it promotes autonomy, leadership, and builds self-esteem. “And the smaller the group, the closer you are with them” (Adolescent Participant 5, age 14).

MHTs shared different views when using family therapy as a strategy. Some participants identified family therapy was necessary and effective in feeling heard and establishing relationships: “Specifically with the Mexican American and Hispanic populations, I've actually found family counseling to be very productive and I've had success with that” (MHT Participant 1). Yet some discussed the ineffectiveness of family therapy due to lack of engagement and stigma associated with anxiety and self-esteem concerns among the Mexican American population. “I tried family therapy, but again, they [family] don't last long with me, so I don't know if it actually works” (MHT Participant 2). Despite these differences, MHTs agreed when deciding to use family therapy, the decision is individualized to the family seeking clinical services. Some Mexican American families are more open to conversations pertaining to symptoms of anxiety and are more accepting of family therapy than other Mexican American families.

Enhancing relationships through the use of informal and formal strategies was important for participants because it provides opportunities to obtain support and promotes the experience for adolescents being treated like an adult, fostering a sense of belonging, and receiving validation.

Subtheme 3: Community and Environmental Supports

Participants expressed the environment influences the interplay between self-reported symptoms of anxiety and self-esteem.

The big factor is their environment. It can be the people, it can be the things, it can be what they eat or do in the day, or like it's just mainly what you do in your daily life that can have an effect on your mental health. (Adolescent Participant 9, age 16).

Participants pointed to the need for more programs and increased awareness of such programs and interventions in various environments, such as home, school, and community to address the interplay. “Not only connecting people to positive, healthy relationships, but positive activities that they can do” (MHT Participant 8). However, there were individual differences among adolescents; some wanted programs as an avenue to mitigate barriers to receiving services, while others preferred voluntary programs promoting autonomy. Participants shared the need to access more outlets where female Mexican American adolescents can explore and try new things supporting identity development, and strengths-based programs not focused on behavior-changing. “I think as teenagers, there should be so many more outlets...” (Adolescent Participant 13, age 16). Adolescents shared socioeconomic status, social media, and healthcare insurance can positively and negatively influence self-reported symptoms of anxiety and self-esteem. “Like a person like me, I know my mom doesn't understand it, so she wouldn't want to pay for something that she thinks I'm going crazy over” (Adolescent Participant 10, age 17). Surprisingly, many adolescents identified employment as a positive strategy as it promotes leadership skills, independence, connection with peers

and adults, and responsibility. Adolescents discussed their employment status allows them to engage and support their family in meaningful way.

Adolescents shared family and home life have a unique opportunity and are important to reducing symptoms of anxiety and enhancing self-esteem.

Because a lot of people that have a good home life are going to have someone at home to talk to about something like that. But, if you don't have a good home life, then you're not going to have that and you're just going to shove everything down until you just randomly burst and everything starts coming up. So I feel it's good to get it off your chest every once in a while. (Adolescent Participant 16, age 14)

The home environment is an important arena for addressing symptoms of anxiety and self-esteem: “And I do feel like that plays a really big impact on their mental health, like the environments that they're growing up in, whether they have supports or not in the family” (MHT Participant 11).

The educational setting was consistently identified by participants as the most appropriate avenue to address the interplay. Participants shared while schools can be unresponsive to addressing symptoms of anxiety and self-esteem, they are an appropriate arena as they can provide supportive programs and services. “Encouraging more in schools to help with this development. Cause I've noticed a lot of students are lost...I don't think the help isn't as reachable as it should be” (Adolescent Participant 4, age 16). Schools can reach a larger audience and provide an opportunity for adolescents to receive services. “If we do apply any programs or interventions, we

should probably start applying them at school” (MHT Participant 2), which can be done through the use of “... interventions and training within the school system to train teachers and coaches on what to look for and how to help kids with anxiety before they need to even come to a counselor” (MHT Participant 16).

Adolescents pointed to the need to bring awareness to the interplay of anxiety and self-esteem for the female Mexican American population.

I've come in contact with very few things where people my age have formed things together here and there, but overall, I have never heard or know of any...but I never came in contact with one and I'm a very sociable person, so I'd be surprised. (Adolescent Participant 6, age 16).

Many shared the need for increased advocacy efforts: “I think that it’s just really putting it out there” (Adolescent Participant 11, age 17) and “posting more” (Adolescent Participant 2, age 17). Majority discussed using social media platforms (i.e., Instagram, Snapchat, TikTok) to advocate and bring awareness to anxiety and self-esteem highlighting the female Mexican American adolescents’ experience.

I think everyone is on their phones a lot. There’s like a lot of influencers that people watch that naturally have good self-esteem, but really, they probably don't. But they can talk about if they don't and how they're working to make it better and stuff like that. Like try and help with their community, especially if they have a bigger audience. (Adolescent Participant 16, age 14)

Community activities and resources were discussed by MHTs as a strategy to address the interplay between self-reported symptoms of anxiety and self-esteem to promote adolescent development.

In general, our community lacks programs that have diverse representation even on the provider end. So more providers [are needed] who fit outside of the Western culture...But there hasn't been a lot of research that's specifically an intervention that serves Mexican American or other cultures" (MHT Participant 17).

Enhancing access to community activities also includes connecting female Mexican American adolescents to positive and supportive role models. "Not only connecting people to positive, healthy relationships, but positive activities that they can do" (MHT Participant 8).

Majority of participants identified experiences with community and environmental supports to have a positive influence on addressing symptoms of anxiety and self-esteem. Finding strategies in the various environmental contexts was identified as a need.

Subtheme 4: Cultural Experience

In relation to bridging the gap between female Mexican American adolescents needing and receiving services, strategies need to account for cultural considerations.

And for me or like for like Mexican families, I know it's very strict to not talk about our feelings, because I guess talking about our feelings to our parents is a sign of disrespect...And I think that's why a lot of teenagers who stem from

Mexican heritage don't like talking about their feelings just because they don't make it about themselves and it's just hard to talk about. And that really just does stem from cultural backgrounds of just not being able to talk about how we feel or not being able to cry, show emotion, or anything like that. (Adolescent Participant 13, age 17)

MHTs discussed cultural considerations such as communication style and language (i.e., terminology); environmental context of home life and community; family system; immigration status; medical needs; religion; power dynamics and trust between adolescent, family, and MHT; stereotypes; and resources needed.

I think that it is understanding and knowing where my client stands about mental health and what they know about anxiety and learning that at the beginning. I think it is really helpful because I do think sometimes they come in with having these misconceptions of therapy. Like my client's family was really against her reaching out and seeking therapy, and there's a lot of judgment coming from her family... (MHT Participant 11)

However, even when considerations are accounted for, adolescents shared anxiety is not always taken seriously within the Mexican American culture and suggested adults need to use discretion when communicating with parents of female Mexican American adolescents:

...Not mention anything to parents unless it's very severe, like they're hurting themselves or something. Other than that, just keep it private because if they are

Hispanic parents and they were to find out, they would probably just say, oh, don't do that, you're exaggerating. And they [parents] make fun of them [adolescent] and it just makes it way worse. (Adolescent Participant 12, age 16)

Social workers need to understand the historical context of how mental health is viewed and the need for talking more openly about mental health as a strategy to support female Mexican American adolescents.

Subtheme 5: The Need for Political Action

Interestingly, policies and political action were lacking from the conversation. Many participants did not address strategies at the larger scale as they were not able to identify any policies that support addressing mental health for female Mexican American adolescents. However, a few adolescents expressed the need to create policies that support honest and transparent communication with female Mexican American adolescents: "Policies, like bullying policies and all that, adults should talk more about them and alert students more about it [policies]" (Adolescent Participant 12, age 16). In relation to connection and awareness, few adolescents discussed the desire for more visibility: "I think a big thing when it comes to the Mexican population as a whole, but females 100% in specific, we have never had any sort of political movement... there's never been a big thing for Mexican girls..." (Adolescent Participant 6, age 16). MHTs expressed the societal shift towards creating policies:

I think we're just now getting to the space of how do we incorporate culture and identity and race into our policies to promote development within schools and

programs. So it feels like we're starting to have those conversations, but we're not there yet. (MHT Participant 17)

Political action was of interest for some participants because of the lack of visibility and support for female Mexican American adolescents.

Social workers are definitely a big outlet for a lot of teenagers who don't have anywhere else to go... And so I think we need a lot more of those people to inspire other teenagers who understand the feelings of anxiety and want to help other people with anxiety. (Adolescent Participant 13, age 17)

Discussion

I aimed to discover strategies to address the interplay between self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and MHTs living in Arizona. I identified one main theme and five subthemes representing strategies that can be used with female Mexican American adolescents when addressing the interplay between anxiety and self-esteem. The preference for addressing the interplay between symptoms of anxiety and self-esteem is the common need to feel connected and have meaningful relationships but is identified as unique to the individual. The results indicate the interplay is best addressed using strategies at the microsystem and mesosystem levels of the ecological systems theory by identifying informal and formal supports and enhancing the quality of relationships female Mexican American adolescents have with those in their life. Participants expressed the value of the therapeutic alliance and suggested social workers continue implementing this best practice strategy. In addition, formal strategies through the

implementation of EBPs is needed, in a timely manner and adapted to the individualized needs of the female Mexican American adolescent to reduce symptoms of anxiety and enhance self-esteem. Although adolescent and MHT participants expressed strategies primarily in the microsystem and mesosystem levels of the ecological systems theory, they identified the importance of strategies to address the interplay from the community, environmental, and political contexts. Results of this study point to the need for future research examining the effectiveness of culturally tailored EBPs adapted for the female Mexican American population and for social workers to use practice experience to inform scientific inquiry and research.

Strategies to address anxiety and low self-esteem can be understood using the ecological systems theory where relationships and interactions between an individual and their environment can be examined. I found the mesosystem level of the ecological systems theory to be most important for female Mexican American adolescents. Relationships and interactions between social networks, family, friends, colleagues, and peers influence behavior and the development of social roles and identity (Glanz & Kahan, 2014). The study suggests strategies to address the interplay between anxiety and self-esteem is less about the actual intervention and more about the relationship an adolescent has with their formal (i.e., social worker) and informal support systems (i.e., teacher, parent, adult role models). Natural supports, the informal support system that an individual interacts with frequently, can be a culturally-based protective factor for female Mexican American adolescents (Feldman et al., 2013). Social workers can empower female Mexican American adolescents to create a strong natural support system to feel power and control to improve their lives.

Perhaps the most significant aspect resulting from this study is the emphasis on therapeutic alliance. This study highlights the need for social workers to strengthen the therapeutic relationship when treating female Mexican American adolescents. Approaches to building rapport with female Mexican American adolescents include learning and demonstrating basic knowledge of the main Mexican American values (i.e., *familismo*), conduct thorough cultural assessments, provide psychoeducation, and incorporate culturally-based stories, media, and sayings (Feldman et al., 2013). The therapeutic alliance can also be strengthened by employing cultural responsiveness, adapting services for a particular cultural group (Feldman et al., 2013). Female Mexican American adolescents who have access to Spanish-speaking social workers identifying with the Mexican American population can promote therapeutic alliance. Services provided in Spanish can enhance the relationship between the female Mexican American adolescent, their parent(s), and social worker (Pina et al., 2012). The findings support the use of therapeutic alliance as a necessary strategy when working with female Mexican American adolescents and supports the need for future research to examine the effectiveness of therapeutic alliance as an EBP.

It is important to highlight the distinction between the perspectives of the adolescent and MHT participants pertaining to group versus individual therapy. In this study, adolescents addressed the interplay between self-reported symptoms of anxiety and self-esteem by identifying strategies that mitigate their feelings of isolation, confusion, lack of belonging, and feeling unheard and unseen. MHTs pointed to addressing external risk factors as a way to enhance self-esteem and decrease symptoms of anxiety. Mexican American professionals focused on external risk factors

rather than internal factors, and consistently emphasized the importance of role models with similar cultural values for Mexican American adolescents (Porta et al., 2016). Adolescents identified group interventions and programs to support connection, identity development, and building self-esteem. Whereas MHTs identified utilizing EPBs in individual or group therapy but preferred providing individual over group therapy to address symptoms of anxiety and self-esteem. Interestingly, I found a discrepancy in utilizing group services with female Mexican American adolescents between MHTs and adolescents. Adolescents shared their preference to group services as it provides an opportunity to build connections with an adult and peers who have similar symptoms and experiences. MHTs expressed group services can further isolate an adolescent and use individual therapy services to provide a more intimate setting for sharing thoughts and feelings pertaining to symptoms of anxiety and self-esteem. The findings indicate group size and topic influence the effectiveness of group services. When providing group services, MHTs face various barriers, such as productivity standards, fostering a cohesive group environment, recruiting, and retention. In this study, MHTs expressed mixed experiences with female Mexican American adolescents' engagement and retention in services; however, did not address these experiences for group services. Future research can explore the effectiveness of group versus individual therapy for female Mexican American adolescents by examining the group size, impact of productivity standards on group services, and barriers associated with recruiting and retention of group members.

A "one size fits all" approach to implementing an EBP can decrease the effectiveness when working with female Mexican American adolescents. Due to the

variability within and between cultural groups, culturally tailoring an EBP should intend to meet the individual's need rather than the entire ethnic group (Pina et al., 2014). The effectiveness of EBPs can be diminished if generational status, culture (i.e., traditions, values, beliefs, collectivism), acculturation or enculturation, and ethnic identity are not accounted for. Social workers can continue to examine cultural diversity to examine to the effectiveness of EBP with female Mexican American adolescents (Chavira et al., 2017). The effectiveness of EBPs can also be influenced by the social worker's subjectivity and systematic barriers including time and productivity requirements. The findings support novice MHTs were less confident in their skills to implement an EBP to address anxiety symptoms for female Mexican American adolescents. Even with EPBs such as CBT and DBT adapted for the adolescent population, existing research examining the effectiveness of culturally tailored and adapted EBPs is limited (Feldman et al., 2013; Pina et al., 2014). To examine the effectiveness of EBPs with female Mexican American adolescents, social workers can use cultural adaptation models to examine the validity of the specific EBP (Chavira et al., 2017; Gonzales et al., 2012). Cultural adaptation models provide a framework that systematically modifies an EBP for a specific population. Research endorsing the need for individualized treatment goals is well-established in the literature; however, the unique approach and practice guidelines for social workers addressing symptoms of anxiety and self-esteem among female Mexican American adolescents warrants further exploration. Cultural adaptations to EPBs are key in reducing disparities in access to care and treatment services (Feldman et al., 2013). Treatment preferences and treatment perceptions should be explored when implementing EBPs with female Mexican American adolescents (Seligman et al.,

2020). Future research with female Mexican American adolescents can examine the effectiveness of EBPs when adapted for adolescents and diverse populations.

This study supports female Mexican American adolescents are less likely to seek services and are more likely to drop-out of clinical services despite being at an increased risk for experiencing symptoms of anxiety (Cervantes et al., 2015). Reasons for not seeking services include lack of healthcare insurance, lack of understanding regarding psychological disorders, lack of information on obtaining services, lack of transportation, lack of access to Spanish-speaking professionals, stigma, and lack of help-seeking behavior (Feldman et al, 2013). Seeking services among female Mexican American adolescents can be based on their parent's perception and knowledge of mental health, supporting how culture about mental health is transmitted from one generation to the next (Seligman et al., 2020). Adolescent participants shared mental health is not openly discussed within the Mexican American culture and there is a lack of awareness of supports and services available to assist with symptoms of anxiety and self-esteem. MHTs discussed their small caseload sizes and limited experience providing services to female Mexican American adolescents. Interestingly, one strategy that was not discussed in this study was the use of psychotropic medications in treating symptoms of anxiety. Mexican American parents who enroll their adolescent in mental health services for anxiety and self-esteem prefer counseling services and psychotherapy interventions over psychotropic medications (Chavira et al., 2017). The results point to the need to for future research to examine barriers female Mexican American adolescents face when seeking services and identify strategies to reduce barriers.

The educational setting is an effective avenue for providing programs and interventions to address symptoms of anxiety and self-esteem for female Mexican American adolescents. Schools provide an opportunity for female Mexican American adolescents to experience factors that enhance or deter their cognitive, social, and emotional development (Yockey et al., 2019). The study supports the need for more school social workers. Schools provide a unique avenue for school social workers to partner with clinical social workers to provide programs and services. School social workers and clinical social workers can partner together to offer programs and interventions at no cost resulting in more access to care, reduce stigmatization, and enhance adolescent development for female Mexican Americans. The results suggest infusing mental health and social-emotional curriculums into the academic curriculum and strengthening how the academic curriculum translates into the everyday lives of adolescents.

In the U.S., social work is one of the fastest growing professions. Currently, there are more than 700,000 professional social workers nationwide and approximately 120,000 are providing mental health services (U.S. Bureau of Labor Statistics, 2022). The results of the study are consistent with the claim that there are more females than males in the social work profession. In the U.S., approximately 80% of social workers identify as female with only 19% identifying as male (Zippia The Career Expert, 2022). Majority of social workers identify as Caucasian (58.5%) and 12.3% identify as Hispanic or Latino/a. The results of this study are consistent with the national data indicating majority of mental health services are provided by a Caucasian female clinician. Most of the MHTs who participated in this study identified as a Caucasian female with a degree

in social work. It is important to note this study did not specifically recruit MHTs identifying with the Mexican American population as the research team was interested in identifying the interplay between anxiety and self-esteem in the current landscape from the perspectives of female Mexican American adolescents and MHTs. The results provide valuable information in furthering our understanding of the current provider landscape within the social work profession and the lived experiences of female Mexican American adolescents and MHTs. The information gained from this study identifies glaring gaps and issues female Mexican American adolescents experience pertaining to the interplay between anxiety and self-esteem. The results highlight the need for future research to explore the effectiveness of prevention, intervention, and treatment strategies when provided by a social worker identifying with similar cultural values and membership with the Mexican American population.

Implications for Social Work Practice

Although most participants identified informal and formal strategies to address symptoms of anxiety and low self-esteem for female Mexican American adolescents, MHT participants reported limited engagement in therapy services with female Mexican American adolescents. This can be considered a limitation and might contribute to the negative perception about mental health treatment (Seligman et al., 2020). This highlights the need for the therapeutic alliance. Incorporating the therapeutic alliance into social work practice provides social workers with an opportunity to strengthen relationships and become a change agent by upholding one of the National Association of Social Workers' core values, the importance of human relationships. By employing the therapeutic alliance as a best-practice strategy, social workers provide female

Mexican American adolescents with the opportunity to assist with creating resources, interventions, programs, and training with MHTs.

Most respondents in this study expressed the need for strategies to consider the adolescent's environment. Adolescent participants were more likely to engage in services if provided at school, including therapy services. Although this finding is not surprising, it calls for efforts to increase services offered and engagement with female Mexican American adolescents. The same applies to implementing policies that address mental health for female Mexican American adolescents. Apart from continuing to address anxiety and self-esteem from the micro and meso levels of social work practice, female Mexican American adolescents and social workers providing direct services would benefit from policies addressing adolescent mental health.

The findings also indicate female Mexican American adolescents need special attention. This study emphasizes the importance of the female Mexican American adolescent voice. Most adolescents reported wanting to be more involved in the research process to assist with making decisions that influence their lives. This study provided a unique opportunity to highlight the voice of female Mexican American adolescents. By utilizing empowerment theory and practice, social workers can empower female Mexican American adolescents in having control and power to become change agents. Social workers can use empowering practices to give the silenced voices of female Mexican American adolescents a better chance of being heard.

These data have some potential intervention implications. For example, more EBPs tailored to the female Mexican American population are warranted. Using cultural adaptation and cultural responsiveness approaches, social workers can assist with the

delivery of EBPs (Seligman et al., 2020). Additionally, advocacy and awareness efforts such as social media campaigns and enhancing mental health literacy specifically targeting parents of female Mexican American adolescents can enhance knowledge about the effectiveness of services offered by social workers. To further develop effective prevention, intervention, and treatment strategies, financial and social investment in research is needed.

Limitations

One limitation of this study was the terminology used in the semi-structured interview guide. With younger adolescents (i.e., 14 years), some of the semi-structured interview questions needed to be rephrased with words needing to be defined, whereas the older adolescents (i.e., 17 years) required less prompting. Although the questions and terminology remained the same throughout the study and across participants, it is possible that with more rephrasing and explanation, the integrity of the question was affected. Another limitation was conducting a study with adolescents during the COVID-19 pandemic. Recruiting efforts, study design, and participation were influenced by the pandemic. Conducting the study via Zoom may have impacted the study in ways of the researcher's ability to build rapport with participants, researcher's reflexivity, and identifying participants' non-verbal cues. Finally, this study occurred in Arizona and the results might not translate across the female Mexican American population and with all MHTs in the U.S.

Conclusion

A majority of adolescent and MHT participants reported strategies to address the interplay between symptoms of anxiety and self-esteem are most effective when

enhancing connection and meaningful relationships for female Mexican American adolescents. However, the interplay requires social workers to address symptoms of anxiety and self-esteem across the levels of social work practice. EBPs, community and environmental supports, cultural understanding, and political action when used in conjunction with the therapeutic alliance can address risk factors at all levels of the ecological systems theory. Given the female Mexican American population is growing in the U.S., it is of importance to gain further insight regarding effective EBPs to increase the promotion of adolescent development and address symptoms of anxiety and self-esteem. These efforts should target current and future EBPs using cultural adaptation approaches with female Mexican American adolescents.

Ethical Considerations

In accordance with the university's IRB, the research team adhered to the ethical guidelines and procedures regarding human subject research, specifically pertaining to research with children. Prior to participation, all participants received information pertaining to the study, were informed of voluntary participation, and provided written consent and assent.

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Table 1*Participant Demographic Information*

Demographic Characteristic	Adolescent		Mental Health Therapist	
	n	%	n	%
Race				
White	9	56.3	---	---
Black	1	6.2	---	---
Multiple (unspecified)	1	6.2	---	---
Unknown	5	31.3	---	---
Not reported			17	100
Ethnicity				
Hispanic or Latino	16	100	---	---
Non-Hispanic or Latino	---	---	---	---
Not reported	0	0	17	100
Sex				
Female	16	100	16	94.0
Male	---	---	1	6.0
Age				
14	6	37.5	---	---
15	1	6.2	---	---
16	5	31.3	---	---
17	4	25.0	---	---
Academic Grade				
8 th	4	25.0	---	---
9 th	2	12.5	---	---
10 th	1	6.2	---	---
11 th	5	31.3	---	---
12 th	4	25.0	---	---
Arizona Region				
Northern	3	18.7	10	58.8
Central	11	68.8	2	11.8
Southern	2	12.5	5	29.4
Discipline				
Social Work	---	---	12	70.6
Counseling	---	---	4	23.5
Psychology	---	---	1	5.9
Years of Experience in Discipline				
<1	---	---	2	11.8
1-3	---	---	4	23.5
3-5	---	---	2	11.8
5-10	---	---	2	11.8
>10	---	---	7	41.1

Note. *N* = 16 for adolescent participants. *N* = 17 for mental health therapist (MHTs) participants. The “---” denotes not applicable for that particular participant group.

Table 2

Overall Summary of Themes From Adolescent and Mental Health Therapist Participants Using the Ecological Systems Theory

	Themes	Ecological Systems Theory Level	Adolescent Quote	Mental Health Therapist Quote
	Main Theme: To feel connected and have meaningful relationships	Mesosystem Level	"Honestly, I feel like communicating with them [adolescents], it helps so much. I've never had an adult where I could like talk to them about it. And I'm so comfortable with adults talking to me and they make me feel okay, and I'm like not the only one going through a hard time" (Adolescent Participant 10, age 17).	"...There's evidence the therapeutic relationship is best practice. Before it was just you need to develop rapport, trust, and all of that. And I think sometimes we underestimate the importance of the therapeutic relationship" (MHT Participant 10).
122	Subtheme 1: Importance of informal and formal supports	Microsystem Level	"...they [teachers] work with you and like you talk to them...I feel like it [relationship] can improve a lot (Adolescent Participant, 9, age 16).	"A lot of psychoeducation as well regarding the neurobiology, the physiological reactions of body and stress, and how your amygdala and that alarm system can just take off" (MHT Participant 5).
	Subtheme 2: Enhancing relationships – informal and formal strategies	Mesosystem Level	"And I felt like that was really helpful because it's a group of females my age. Hearing their problems with their self-esteem makes you feel that, oh, I'm okay because it's normal to feel this way, you know, like other females is like a big thing. And it's really helpful because we get to talk about how, what helps us with our self-esteem, and like we could get like advice from them and just open up with them in general. I really like that. I'm kind of sad that it ended" (Adolescent Participant 10, age 17).	"I think mentors are very important, especially Mexican American mentors that can talk about how they were able to do things differently" (MHT Participant 6).

Subtheme 3: Community and Environmental Supports	Exosystem Level	“The big factor is their environment. It can be the people, it can be the things, it can be what they eat or do in the day, or like it's just mainly what you do in your daily life that can have an effect on your mental health” (Adolescent Participant 9, age 16).	“Not only connecting people to positive, healthy relationships, but positive activities that they can do” (MHT Participant 8).
Subtheme 4: Cultural Experience	Macrosystem Level	“And for me or like for like Mexican families, I know it's very strict to not talk about our feelings, because I guess talking about our feelings to our parents is a sign of disrespect...And I think that's why a lot of teenagers who stem from Mexican heritage don't like talking about their feelings just because they don't make it about themselves and it's just hard to talk about. And that really just does stem from cultural backgrounds of just not being able to talk about how we feel or not being able to cry, show emotion or anything like that” (Adolescent Participant 13, age 17).	I think that it is understanding and knowing where my client stands about mental health and what they know about anxiety and learning that at the beginning. I think it really helpful because I do think that sometimes they come in with having these misconceptions of therapy. Like my client's family was really against her reaching out and seeking therapy, and there's a lot of judgment coming from her family...” (MHT Participant 11).
Subtheme 5: The need for political action	Chronosystem Level	“I think a big thing when it comes to the Mexican population as a whole, but females 100% in specific, we have never had any sort of political movement... there's never been a big thing for Mexican girls...” (Adolescent Participant 6, age 16).	“I think we're just now getting to the space of how do we incorporate culture and identity and race into our policies to promote development within schools and programs. So it feels like we're starting to have those conversations, but we're not there yet” (MHT Participant 17).

Table 3

Semi-Structured Interview and Focus Group Guide Questions Utilized to Elicit

Participants' Responses on Strategies for Social Workers

Semi-Structured Interview Guide	Focus Group Guide
What do you think about programs, interventions, or policies to promote adolescent development?	What therapeutic interventions have you utilized to treat anxiety symptoms in female Mexican American adolescents?
In your opinion, what do you think we should do to support self-esteem for adolescents?	What cultural considerations do you think need to be accounted for when treating anxiety symptoms in female Mexican American adolescents?
Is there anything else about anxiety and self-esteem that you think I need to know?	What do you think about programs, interventions, or policies to promote adolescent development?
	In your opinion, what do you think we should do to support self-esteem for adolescents?
	Is there anything else about anxiety and self-esteem that you think I need to know?
	What are three strategies that can be implemented to address symptoms of anxiety and self-esteem?

Note. Semi-structured interview guide questions were utilized to elicit open-ended responses from female Mexican American adolescent participants. The focus group guide questions were utilized to evoke open-ended responses from mental health therapist participants. Codes and themes pertaining to strategies for social workers were derived from the participants' responses to the semi-structured interview and focus group questions.

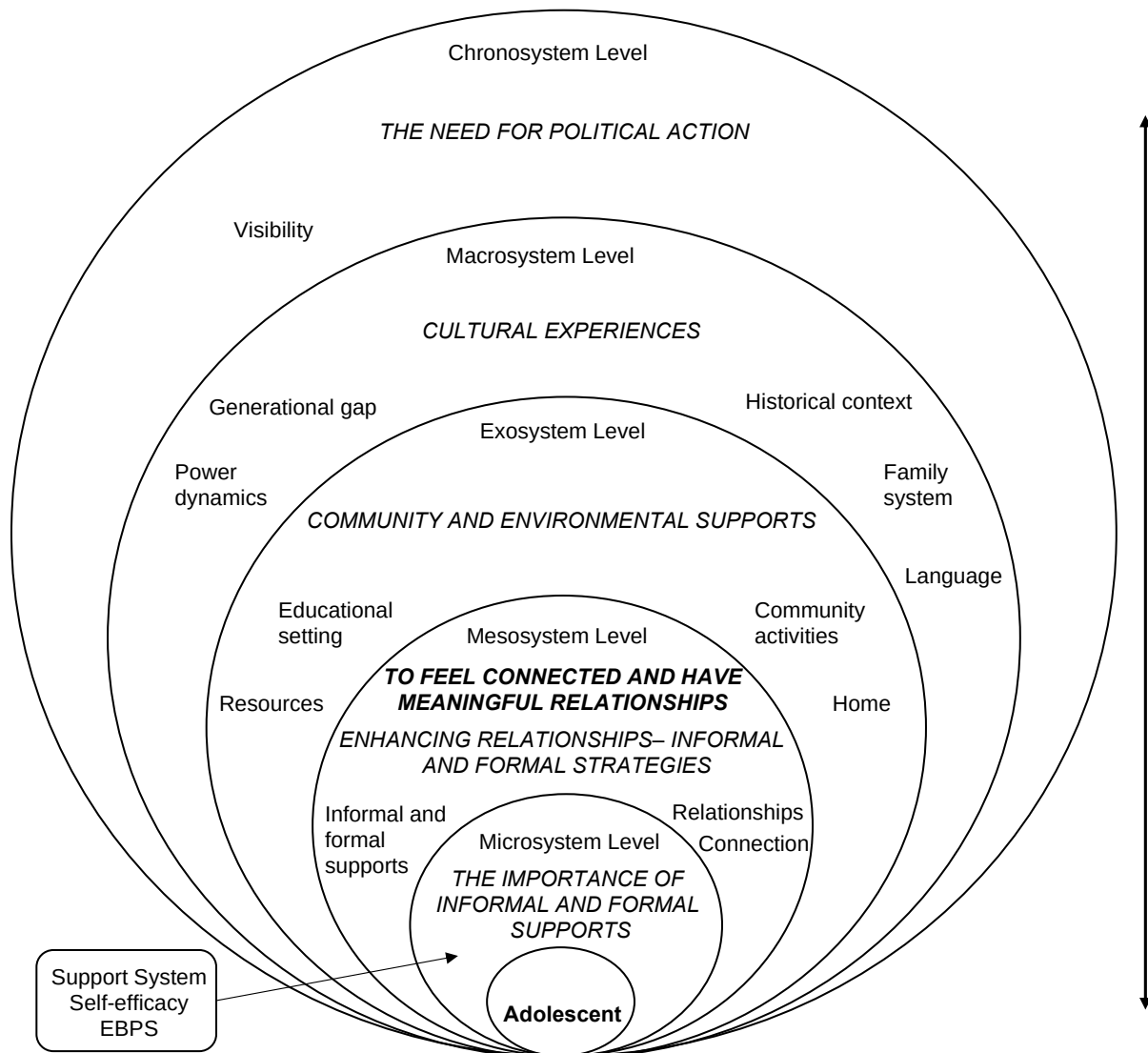
Table 4*Comprehensive List of Strategies Participants Identified for Social Workers*

<i>Adolescents</i>	<i>Mental Health Therapists</i>
<i>Building relationships</i>	<i>Acceptance and Commitment Therapy</i>
<i>Groups</i>	<i>Art therapy</i>
<i>Mentorship-based programs</i>	<i>Assessments</i>
<i>School programs</i>	<i>Breathing techniques</i>
<i>Therapy</i>	<i>Cognitive Behavioral Therapy</i>
	<i>Coping skills</i>
	<i>Dialectical Behavior Therapy</i>
	<i>Eye Movement Desensitization and Reprocessing</i>
	<i>Family therapy</i>
	<i>Healthy activities</i>
	<i>Identity development</i>
	<i>Journaling</i>
	<i>Mentorship-based programs</i>
	<i>Mindfulness</i>
	<i>Motivational interviewing</i>
	<i>Person-centered</i>
	<i>Play therapy</i>
	<i>Positive psychology</i>
	<i>Positive relationships</i>
	<i>Problem-solving skills</i>
	<i>Processing strategies</i>
	<i>Psychoeducation</i>
	<i>Referrals for psychotropic medications</i>
	<i>Referrals to Psychiatrist</i>
	<i>Sand therapy</i>
	<i>Solution-focused brief therapy</i>
	<i>Somatic Experiencing</i>
	<i>Strengths-based interventions</i>
	<i>Therapeutic alliance</i>
	<i>Therapy</i>
	<i>Toolbox</i>
	<i>Treatment planning</i>

Note. Strategies are listed in alphabetical order.

Figure 1

Main and Subthemes Identified From Female Mexican American Adolescents and Mental Health Therapists Using the Ecological Systems Theory



Note. Main theme and subthemes are displayed within the nested circles of the ecological systems theory. Themes are displayed below the ecological systems theory level. The main theme is represented in bold. The five subthemes are capitalized and italicized. The arrow represents the reciprocal relationships and interactions adolescents have with varying environments. The capitalized short phrases represent attributes that comprise the identified themes.

Appendix A

Inclusion Criteria for Participants and Advisory Board Members

Adolescent Participants

- Self-identifies as female
- Self-identifies as Mexican American
- Age 14-17
- Self-reports symptoms of anxiety
- Understand and communicate in English
- Access to technology (e.g., computer or smartphone)
- Lives in Arizona

Mental Health Therapist Participants

- Has a master's degree
- Able to provide mental health services to adolescents
- In good standing with Arizona professional licensing board

Advisory Board Members

Adolescents

- Self-identifies as female
- Self-identifies as Mexican American
- Age 14-17
- Understand and communicate in English
- Lives in Arizona

Mental Health Therapists

- Has a master's degree
- Able to provide mental health services to adolescents
- In good standing with Arizona professional licensing board
- Self-identifies as Latinx (i.e., Mexican American, Hispanic, Chicano/a/x, and Latino/a/x)

Chapter 5

Overall Discussion of Results and Conclusions

The purpose of this study was to gain a better understanding of the interplay of self-reported symptoms of anxiety and self-esteem from the perspectives of female Mexican American adolescents and MHTs in Arizona. The results of the study identify six main themes that represent the interplay between self-reported symptoms of anxiety and self-esteem: (1) a relationship, (2) external factors, (3), strategies to address the interplay, (4) being perceived by others, (5) pressures and stress, and (6) navigating multiple cultures. Majority of participants expressed there is an interplay between anxiety and self-esteem, which is influenced by various external factors, and can be addressed. Despite congruency among the perspectives of adolescents and MHTs, the findings also indicate there were salient differences that support the importance of interviewing female Mexican American adolescents and including them in research. Adolescents expressed being perceived by others and pressures and stress to impact the interplay, whereas MHTs identified navigating multiple cultures for female Mexican American adolescents. Participants shared strategies to address the interplay between anxiety and self-esteem and suggested positive ways to do so. The identified strategies were further broken down into one main theme, ‘to feel connected and have meaningful relationships’, and was divided into five subthemes. The preference for addressing the interplay between symptoms of anxiety and self-esteem is the common need to feel connected and have meaningful relationships but is identified as unique to the individual. Participants expressed the importance of the therapeutic alliance and suggested continuing to implement this best practice strategy. Thus, by using a dual

focus to capture adolescent and MHT perspectives, this study contributes richness to sparse existing literature. Results of this study point to the need for future research to include the adolescent voice in the research process to inform scientific inquiry and research.

The pattern of results in this study is consistent with previous literature examining anxiety and self-esteem for the adolescent population (Beesdo et al., 2009; Cervantes et al., 2015; Montoro & Ceballo, 2021; Smokowski et al., 2010; Varela & Hensley-Maloney, 2009; Zeiders et al., 2013). Female Mexican American adolescents are at a greater risk of experiencing an anxiety disorder and worry more compared to their non-Mexican American peers (Martinez et al., 2012; McLaughlin et al., 2007; Ramirez et al., 2017; Varela et al., 2004; Varela et al., 2008; Varela et al., 2009). This study supports existing literature by providing insight on anxiety symptoms and prevalence for female Mexican American adolescents as all adolescent participants indicated experiencing at least mild symptoms of anxiety on the GAD-7 screener. These results are not surprising as adolescents experience many transitions and developmental changes that can be anxiety provoking as they transition into adulthood, suggesting that all adolescents, regardless of ethnicity, experience symptoms of anxiety and self-esteem during adolescence. However, this study is consistent with existing studies identifying female Mexican American adolescents are at a heightened risk for experiencing symptoms of anxiety and low self-esteem than their peers of other ethnicities (Llorca et al., 2017; Pina & Silverman, 2004; Varela et al., 2009; Varela et al., 2004; Varela et al., 2007). Symptoms of anxiety and low self-esteem among female Mexican American adolescents can be attributed to positive interdependent social experiences combined

with poor emotional awareness with strict adherence to cultural values emphasizing family cohesion (Varela et al., 2019). Participants consistently acknowledged there is a negative relationship between the interplay of self-reported symptoms of anxiety and self-esteem suggesting high anxiety can lead to low self-esteem for female Mexican American adolescents. The results of this study support existing research identifying female Mexican American adolescents with high optimism displayed an increase in self-esteem, enhanced subjective well-being, and effective coping strategies (Taylor et al., 2020). Participants shared high self-esteem can reduce symptoms of anxiety for female Mexican American adolescents, but that both symptoms of anxiety and self-esteem need to be addressed simultaneously to have a positive outcome. Therefore, further research is needed to examine the factors that contribute to the internalizing problems of female Mexican American adolescents (Polo & López, 2009).

Participants in this study shared external factors, such as social media, home, and school can positively and negatively influence self-reported symptoms of anxiety and self-esteem, yet primarily discussed external factors as having a negative influence. For female Mexican American adolescents, symptoms of anxiety and self-esteem can be influenced by parenting approaches, family composition, socio-cultural practices, socioeconomic status, citizenship, social connection, and academic performance (Glover et al., 1999; Luis et al., 2008). Consistent with existing research, the findings found participants focused on the external risk factors rather than the internal factors (Porta et al., 2016). Future studies can explore the factors, both positive and negative, that contribute to symptoms of anxiety and self-esteem among female Mexican American adolescents.

Participants expressed the need for culture to be accounted for when exploring the interplay between anxiety and self-esteem for female Mexican American adolescents. MHTs identified female Mexican American adolescents' experience with bicultural stress sets them apart from their peers, despite having a similar experience with anxiety and self-esteem. When exploring the impact culture has on symptoms of anxiety, there is a lack of research examining the role culture plays in increasing or decreasing symptoms of anxiety among Mexican American adolescents (Luis et al., 2008; Varela et al., 2019). Cultural values, such as *simpatia* and *familismo*, may also negatively influence symptoms of anxiety and self-esteem for female Mexican American adolescents due to the social stigma and shame associated with the cultural perspective of mental health (Salman et al., 1997; Varela et al., 2009). Many adolescent participants supported this claim and shared symptoms of anxiety and self-esteem are not openly discussed within the family highlighting the challenges of biculturalism. Cultural stressors, such as bicultural stress, are more commonly connected to internalizing symptoms associated with anxiety (Cervantes et al., 2015; Montoro & Ceballo, 2021; Smokowski et al., 2010). The interactions and relationships with adults, peers, mentors, and others at school and in the community shape cultural identity and pride for female Mexican American adolescents (Bosma et al., 2019, Umana-Taylor et al., 2014). This study supports previous studies as participants identified the need to employ a lens of cultural socialization when examining the influence family practices and other developmental settings, such as education and community systems, have on the interplay between anxiety and self-esteem for female Mexican American adolescents (Wang & Benner, 2016). Cultural differences consistent with cultural values

shape parenting behaviors and expectations of adolescents within the family context (Demma Cabral et al., 2020; Vázquez García et al., 2000). The socialization and acceptance of family values and culture is a bidirectional process between the adolescent and their parent; however, parental transmission of culture from parents to adolescent is instrumental in socialization (Perez-Brena et al., 2016; Ramirez et al., 2017; Updegraff et al., 2008). Participants expressed the importance of the maternal figure and how mental health culture is passed from generation to generation. The results point to the need for future research to examine the influence of culture on the interplay of anxiety and self-esteem among female Mexican American adolescents.

The results are consistent with the claim that anxiety and self-esteem can be addressed through various informal and formal strategies (Demma Cabral et al., 2020; Li & Warner, 2015; McBride et al., 2015; Pina et al., 2014). Participants discussed informal strategies through the use of relationship-building among adults and peers for female Mexican American adolescents. Building connection with natural supports (i.e., family, friends, neighbors), can promote resiliency, social integration, and positive development for female Mexican American adolescents. Psychosocial functioning is impacted by how and with whom an adolescent spends their time and has important implications on the interplay between symptoms of anxiety and self-esteem (Updegraff et al., 2008). The findings of this study highlight the adolescents' desire to create more authentic and natural connections at home, school, and within the community.

Participants emphasized the need for increased advocacy efforts, psychoeducation on adolescent development and the interplay between anxiety and self-esteem, therapeutic services, support groups, school programs, and mentoring programs as potential

avenues to addressing the interplay between anxiety and self-esteem for female Mexican American adolescents. Majority of participants in this study expressed the need for strategies to consider the adolescent's environment. Adolescent participants stated they were more likely to engage in services, including therapy services, if provided at school. The educational setting provides an opportunity to be a source of protection for female Mexican American adolescents by providing school connectedness, positive adult and peer relationships, and a belief that others care about them (Garcia et al., 2011). School-based programs have been effective in preventing risk behaviors and can support building individual-level assets and addressing key social-level influences (Garcia et al., 2011). To examine the effectiveness of the aforementioned strategies for female Mexican American adolescents, cultural adaptation models can be utilized to examine the validity of the specific strategy (Chavira et al., 2017). By using cultural adaptation models, EBPs and strategies can systematically be modified for a specific population. However, caution should be taken against assuming cultural homogeneity within the female Mexican American adolescent population (Li & Warner, 2015; Smokowski et al., 2010). The Mexican American population continues to grow in the U.S. and research supports evidence-based and culturally-sensitive practices and policies are effective in reducing mental health problems for the Mexican American adolescent population (Ramirez et al., 2017; Rubens et al., 2018). While not surprising, this finding points to the need to increase engagement with and services offered for female Mexican American adolescents and account for acculturation, enculturation, and cultural values when creating evidence-based prevention and treatment programs (Pina et al., 2012).

This study suggests strategies for addressing the interplay between anxiety and self-esteem is less about the actual intervention and more about the relationship an adolescent has with others in their life. The relationships and interactions female Mexican American adolescents have with others influences their mental health (i.e., anxiety), behavior, and development of social roles and identity (Garcia et al., 2011; Glanz & Kahan, 2014). Symptoms of anxiety can be decreased, and self-esteem can be enhanced through experiences and relationships with family, peers, and environments which correlate with overall health and well-being. For female Mexican American adolescents, friendships and the emphasis of family support and interdependence with parents are significant contributors to overall health and well-being (Demma Cabral et al., 2020; Updegraff et al., 2008). Adolescent participants expressed the desire for more open communication and dialogue with adults in their life. It has been demonstrated that female Mexican American adolescents with strong family cohesion and cultural values tend to have healthier psychological well-being (Li & Warner, 2015; Lorenzo-Blanco et al., 2012; Martinez et al., 2012). These findings contradict the claim that strong family cohesion with strict adherence to cultural values may negatively influence symptoms of anxiety and self-esteem for female Mexican American adolescents (Varela et al., 2019). These results support the use of the therapeutic alliance as a necessary strategy when working with female Mexican American adolescents in a therapeutic setting. The therapeutic alliance provides MHTs with an opportunity to strengthen the relationship and form a mutual understanding with female Mexican American adolescents. The results of this study emphasize the importance of the therapeutic alliance and supports

the need for future research to examine the effectiveness of the therapeutic alliance as an EBP when working with female Mexican American adolescents.

The interplay between self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents can further be understood by incorporating adolescents in research. These results are consistent with the claim that employing grounded theory allows for themes, priorities, and recommendations to emerge from the perspective of the adolescent (Bethell et al., 2017). Therefore, this study signifies the importance of understanding the experiences of female Mexican American adolescents to create acceptable, accessible, effective, and relevant prevention and treatment interventions (Palmquist et al., 2017). Adolescents shared they want to be involved in research and took their role in the study seriously. These results are consistent with existing research suggesting assets, needs, and resources for the adolescent population needs to come directly from female Mexican American adolescents (Dirks et al., 2014; Fernandez, 2002; Liebenberg et al., 2020; Montoro & Ceballo, 2021; Pincock & Jones, 2020; Silverman & Ollendick, 2008; Spencer et al., 2020; Woodgate et al., 2020). When adolescents participate in research, their skills in leadership, critical thinking, writing, public speaking, advocacy, communication, time management, meeting facilitation, conflict resolution, teamwork, and research methods are enhanced (LPC Consulting Associates, Inc., 2012). Furthermore, the research process provides adolescents with the opportunity to demonstrate competency in evaluating policies, programs, and interventions that impact adolescents (YPARHub, 2015). The results of this study point to the necessity of including adolescents in the research process to

further the understanding of the interplay between anxiety and self-esteem for female Mexican American adolescents.

Two other results from this study merit comment. First, the voice and experiences of female Mexican American adolescents was highlighted through self-reporting. However, there were challenges and barriers to obtaining participants for this study. Second, this study focused on symptoms of anxiety, not anxiety diagnoses, and the interplay with self-esteem. It is not surprising that all adolescents identified at least experiencing mild symptoms of anxiety, which can be a normal experience during the phase of adolescence. Again, it is not surprising all adolescents self-disclosed symptoms of anxiety but not an anxiety diagnosis. One interpretation of these findings is that female Mexican American adolescents may be overlooked in research, which can be attributed to systemic racism and institutional discrimination. The results are consistent with the claim that female Mexican American adolescents who experience systemic racism and institutional discrimination in adolescence are more likely to experience greater psychological symptoms in adulthood (Assari et al., 2018; Torres et al., 2022). Institutional discrimination, as seen in the educational system, promotes minimized connection to the Spanish language or culture through the enforcement of English-speaking only classes or spaces resulting in female Mexican American adolescents experiencing differential treatment (Ayón & Philbin, 2017). As a result of systemic racism and institutional discrimination, female Mexican American adolescents' voices are not seen in research. If systemic racism and institutional racism influenced the interplay between self-reported symptoms of anxiety and self-esteem, then there is a need for research that explores the impact systemic racism and institutional

discrimination has on female Mexican American adolescents' experiences. Much work remains to be done before a full understanding of the extent of systemic racism and institutional discrimination has on the interplay is established.

Strengths and Limitations

Strengths

There are four important strengths of this study contributing to the clinical field and scientific research. One strength of this study is capturing the perspectives of female Mexican American adolescents and MHTs. Highlighting the voices of female Mexican American adolescents and MHTs presents new beliefs pertaining to the interplay between anxiety and self-esteem and can identify potential effective strategies in reducing symptoms of anxiety and enhancing self-esteem for female Mexican American adolescents. The results of this study explore the interplay while accounting for adolescent development and cultural expectations adolescents experience, which can be beneficial for MHTs, teachers, parents, community members, and policy makers when addressing symptoms of anxiety and self-esteem for female Mexican American adolescents. The adolescent voice may assist in furthering our understanding of biculturalism and supports the importance of bridging the gap between various cultures to establish individualized goals for female Mexican American adolescents.

A second strength is involving female Mexican American adolescents in the research process. Adolescents engaged in research learn important life skills that can have lasting implications and have the opportunity to be included in research that is relevant to the adolescent population. Throughout the research process, the researcher was able to identify and address challenges and restraints of conducting human

subjects research. This study emphasizes the importance of engaging adolescents when addressing topics that impact them. Navigating the various institutional systems (i.e., university, school districts) involved and procedures of human subjects research is beneficial as the researcher can mitigate concerns as they arise and ensure a positive experience for participants. Results of this study suggest female Mexican American adolescents involved in research can be empowered to address social issues that impact their lives.

A third strength of this study is the analytical strategy using grounded theory. Grounded theory provided a flexible analytical framework to explore the interplay between self-reported symptoms of anxiety and self-esteem among female Mexican American adolescents and adds to the current minimal scientific literature. Grounded theory allowed for the researcher to use a systematic coding strategy to identify salient themes from the perspectives of female Mexican American adolescents and MHTs. Grounded theory also provided an opportunity for the researcher to engage in the data collection and analytical process as an active participant suggesting the researcher's reflexivity gives insight and meaning to the data. Finally, the flexibility of grounded theory promotes theory development or elaboration on existing theories which can address the interplay between self-reported symptoms of anxiety and self-esteem among female Mexican American adolescents.

Finally, the researcher drew upon the social work profession's values and ethics to use practice experience to inform scientific inquiry and research. MHTs can engage in the research process to inform and improve clinical practice, policy development, and service delivery for female Mexican American adolescents. The results of the study

demonstrate the importance of identifying and reducing the gaps between science and clinical knowledge pertaining to the interplay between symptoms of anxiety and self-esteem to inform the translation of research into practice and policy for female Mexican American adolescents.

Limitations

There are several potential limitations concerning the results of this study. A first limitation concerns the lack of prior research on the study topic. There is very little or no similar research on the interplay between self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents. The lack of existing studies examining anxiety and self-esteem for the female Mexican American population can potentially limit the credibility and scope of this study. Future research is needed to examine the factors that contribute to the internalizing problems of female Mexican American adolescents and identifying EBPs to address symptoms of anxiety and self-esteem.

A second limitation is the data tool chosen to complete this study. Using one-on-one interviews with adolescents and focus groups with MHTs might have limited the results of the study. Adolescents consistently expressed the need for connection and relationship building with their peers and adults in their life. Adolescents identified small groups settings as important and might have responded better by participating in a focus group. However, it should be noted two separate interviews occurred with two adolescent participants and the researcher observed the adolescents needing frequent redirection to the topic question. In hindsight, conducting focus groups might have been a better option for the adolescents as focus groups might support transparent and

detailed responses. On the other hand, MHTs identified scheduling and productivity standards as challenges to participating in the study. One-on-one interviews with MHTs would have provided more flexibility in scheduling participation for the MHT in the study. Further research examining participation preference may shed light on the most appropriate method to implement when conducting research with female Mexican American adolescents and MHTs.

A third limitation is this study occurred during COVID-19 when there was uncertainty and an increase in anxiety symptoms pertaining to the global pandemic. Throughout the study, participants experienced various changes to attending school and performing their job functions. Participants experienced attending school or their job fully remote, in a hybrid capacity, and face-to-face during the study. Thus, it is unclear how the pandemic affected symptoms of anxiety and self-esteem for female Mexican American adolescents. The pandemic may have heightened symptoms of anxiety and lowered self-esteem for female Mexican American adolescents, but it is unknown to what, if any, extent. It is possible the participant responses differ pre-, during, and post COVID-19. It is unclear how the pandemic influenced the interplay of self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents and the clinical outcomes for MHTs. Furthermore, a virtual platform was utilized to conduct the study. While MHTs did not identify any concerns with participating via Zoom, not all adolescent participants were familiar or comfortable using Zoom and reported being “zoomed out” as they were also using Zoom to attend school or complete coursework. Some adolescents expressed preference for participating in the study via Zoom, while others stated they preferred to be face-to-face. Providing adolescents with a choice of

engaging in research virtually or face-to-face can promote adolescent autonomy and enhance adolescent inclusion in the decision-making and research processes.

Conducting research with adolescents face-to-face may provide a more welcoming environment and provide the researcher with an opportunity to identify non-verbal behavior more easily. Future research needs to examine the benefits and limitations of face-to-face versus virtual options when conducting research with female Mexican American adolescents.

Another limitation of this study is the use of self-reporting from participants. The purpose of this study was to explore the subjective perspectives of the participants by providing an opportunity to share subjective thoughts, feelings, and perspectives. Using self-reporting strategies assume participants will be honest and forthcoming with their responses. However, the subjective perspective may be an unreliable source due to the variability of the participants' experiences.

Another potential limitation is the potential bias of the researcher and access to participants. The researcher (Caucasian female) is an early career investigator and licensed clinical social worker with sixteen years of direct clinical practice providing therapy services to children and adolescents who identify as female Mexican American in Arizona. It is possible the researcher's clinical experience may have influenced the data collection and analysis of the study and interpreted the results differently than a non-clinical social worker. Furthermore, the researcher does not have membership with the Mexican American population and thus may have presented additional challenges with study. The lack of membership impacted recruiting and the researcher experienced limited access to participants. The challenges associated with access can be associated

with trust. Future research is warranted to continue advocating for female Mexican American adolescents and telling their story in a honest and trusting way.

Lastly, language fluency was considered throughout the study. The researcher and participants experienced language fluency issues that potentially may have hindered data collection and interpretation of results. Language fluency was influenced by the age of the participant with younger adolescents requiring more explanation and rephrasing of terminology and proficiency with English. Even though proficiency in English was an inclusion criterion, some adolescents still required different terminology to clarify the question as not all terminology utilized in the semi-structured interview translated well between English and Spanish.

Implications

Practical

Despite these limitations, the results suggest several practical and interdisciplinary health implications. The participants in this study expressed the challenges of being an adolescent and experiences associated with loneliness and isolation for female Mexican American adolescents. Despite many participants identifying the lack of engagement in services and community programs for female Mexican American adolescents, majority identified the importance of relationships and expressed that interventions and programs do not need to be complex to be effective. This highlights the need for informal and formal strategies and psychoeducation pertaining to adolescent development to address symptoms of anxiety and self-esteem for female Mexican American adolescents. By increasing access to services and

programs at school and within the community, connections and relationships can be strengthened for female Mexican American adolescents.

The findings indicate we need to bring awareness to the voice of female Mexican American adolescents. Although this finding is not surprising, it calls for efforts to increase opportunities for female Mexican American adolescents to be involved in the decision-making process. The same was identified by MHTs. By involving female Mexican American adolescents in conversations influencing their lives, MHTs can implement strategies to enhance the therapeutic alliance and rapport building strategies. The same applies for educational settings and community programs. Educational settings and community programs and resources would benefit from implementing programs, interventions, and services that include female Mexican American adolescents and enhance connection to others.

This study emphasizes female Mexican American adolescents want to help and be included in the research process. One way to do this is through incorporating components of youth participatory action research (YPAR). YPAR is an iterative process where power is redistributed from the adult researcher to the adolescent to establish an equal partnership and promote adolescent development (Lindquist-Grantz & Abraczinskas, 2020; LPC Consulting Associates, Inc., 2012; Nyden & Wiewel, 1992; Ozer, 2016; YPARHub, 2015). Adolescents can learn skills to be change agents and improve the lives of adolescents, communities, and institutions serving adolescents (Lindquist-Grantz & Abraczinskas, 2020; LPC Consulting Associates, Inc., 2012; Nyden & Wiewel, 1992; Ozer, 2016; YPARHub, 2015). Female Mexican American adolescents who participated in this study learned skills in leadership, critical thinking, advocacy,

communication, time management, and research methods (LPC Consulting Associates, Inc., 2012). Furthermore, they were able to identify and evaluate policies, programs, and interventions impacting young people (YPARHub, 2015). The aforementioned skills have positive outcomes, such as increasing social networks, self-respect, self-efficacy, community awareness, and mentorship from trusted adults (LPC Consulting Associates, Inc., 2012).

Interdisciplinary Health

This study demonstrates female Mexican American adolescents need attention. Many participants identified various risk and protective factors that influence the interplay between self-reported symptoms of anxiety and self-esteem for female Mexican American adolescents. By incorporating the ecological systems theory, the identified risks and protective factors influencing the interplay were explored across the various domains that contribute to adolescent development (Zeiders et al., 2013). Participants expressed the identified risk and protective factors can be influenced by culture and adolescent experiences. It is recommended to discuss both general and cultural stressors when engaging with female Mexican American adolescents (Montoro & Ceballo, 2021). Understandably, the findings pertaining to the risk and protective factors point to the need to implement strategies and EBPs that are culturally informed and tailored for female Mexican American adolescents (Montoro & Ceballo, 2021). Recommendations when creating programs and interventions for female Mexican American adolescents include: compatibility with the central role of the family Mexican American culture, provide an opportunity to develop strong ethnic identity and affirm traditional values, promote bicultural competence and adaptation, and identify various

domains that create risks for female Mexican American adolescents and support building competency across the various domains (Gonzales et al., 2012). Informal and formal strategies and EBPs addressing the interplay between anxiety and self-esteem can be determined by including female Mexican American adolescents in the research process.

Research with female Mexican American adolescents is limited, especially when examining symptoms of anxiety and self-esteem. The lack of studies with this population is of concern and qualitative investigations using grounded theory approaches can be of importance here. Grounded theory is underutilized with the adolescent population and in previous studies, it has been argued that grounded theory accentuates the subjective viewpoint supporting the involvement of female Mexican American adolescents' perspectives to advance efforts to identify programs, policies, and interventions that address the interplay between anxiety and self-esteem.

This study has shown that only a small proportion of participants were aware of policies addressing the interplay between anxiety and self-esteem for female Mexican American adolescents. In the U.S., there are limited policies established to address the interplay between anxiety and self-esteem. Two policies address insurance coverage for mental health services. Medicaid, insurance for children and adolescents, covers clinical services addressing anxiety and self-esteem (Centers for Medicare & Medicaid Services, n.d.). The Mental Health Parity Act of 1996 (Public Law 104-204) indicates mental health services should receive the same coverage as physical illnesses. One policy, the Children's Health Act of 2000 (Public Law 106-310), addresses the quality of mental health services and strives to improve mental and substance use services for

children and adolescents. Moreover, the National Alliance on Mental Illness (2023) and Mental Health America (2023) organizations are paving the way to end policies and practices that worsen mental health conditions by promoting access to care, early intervention, effective interventions, and community engagement for individuals and their families living with a mental health condition. The results of the present study can serve to inform policies aimed to improve mental health services, access, programs, and funding for adolescents. For example, when creating an inclusive policy, there are various areas that need be addressed: 1) acculturation and enculturation experiences, 2) primary language spoken at home for both the adolescent and their immediate family members, 3) economic status of adolescents involved in the research study, 4) access to healthcare insurance and healthcare benefits, including policies for undocumented adolescents, and 5) the level of healthcare providers cultural competence. Therefore, future research is encouraged to examine the adolescent's level of acculturation, the meaning of certain mental health language used at home and within the family to ensure Spanish mental health terms are appropriately translated into English, assess healthcare providers' knowledge of Mexican American healthcare beliefs, and examine policy implementation plans to ensure accessibility and affordability for all populations. This research suggests collaborative efforts between private, public, community, and government organizations need to occur to examine the cultural aspects pertaining to symptoms of anxiety and self-esteem among female Mexican American adolescents. Future longitudinal studies need to be conducted to further gain deeper knowledge regarding the interplay between anxiety and self-esteem among female Mexican American adolescents. Qualitative studies would be beneficial in strengthening the

integration of data and creating policies that promote positive adolescent development. To address the public health inequalities of anxiety symptoms and low self-esteem for female Mexican American adolescents, financial and social investment in research is warranted to further the development of effective prevention, intervention, and treatment services for this population.

Conclusion

Despite these limitations, the present study enhanced our understanding of the interplay between self-reported symptoms of anxiety and self-esteem among female Mexican American adolescents. The interplay between self-reported symptoms of anxiety and self-esteem presents complex problems for female Mexican American adolescents and can have implications lasting into adulthood. The present study has provided clear support for emphasizing relationship building and therapeutic alliance to enhance connections and decrease symptoms of anxiety and self-esteem for female Mexican American adolescents. Not only were informal and formal strategies identified to address this interplay, but anxiety and self-esteem were explored through the lens of the ecological systems theory. Using the ecological systems theory, the present study identified factors that influence symptoms of anxiety and self-esteem. Furthermore, involving female Mexican American adolescents in the research process can highlight their voice and provide valuable information on strategies to address the interplay between self-reported symptoms of anxiety and self-esteem. The present research, therefore, contributes to the evidence suggesting more research with adolescents and within the female Mexican American population is needed. Hopefully the current research will stimulate further investigation of this important area.

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