

*Therapists' Observations of Adolescent Social Media Use:
Implications for Assessment and Treatment*

by
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Dedication

I dedicate this work in loving memory of my two grandfathers, Sidney Keller and Sheldon Meyer, who have always championed me and closely followed my professional development with great interest, admiration, and joy.

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Section One: Proposal Overview

This study examined therapists' perspectives on how social media use influences psychosocial functioning in adolescence, with particular focus on parent-adolescent relationships and adolescent anxiety and depression.

Based on a U.S. survey with 800 adolescents between ages 12 and 17, "estimates reveal that over 90% of adolescents are online and spend close to a third of their time using electronic devices" (Lenhart, Purcell, Smith & Zickuhr, 2010; Rideout, Foehr & Roberts, 2010) (as cited in Landoll, Greca, Lai, Chan & Herge, 2015, p.77). Between 2000 and 2009, rates of adolescent (ages 12-17) social media use have increased from just below 75% to 93% (Lenhart, 2009). These numbers demonstrate the extreme prevalence of online activity and indicate a permeation of social media culture amongst adolescents within the U.S., exposing steady rates of increase of this kind of activity. However, because social media is so new and the upsurge in adolescent use proves drastic, the impact on mental health and relationships has not yet been fully determined.

However, several researchers indicate a positive relationship between social media use and symptoms of anxiety and depression (Twenge et al., 2018; da Rosa et al., 2019; Houghton et al., 2018). One study in particular found a positive correlation between depressive symptoms (including suicide risk) and technology use (Twenge et al., 2018). These findings are particularly pertinent to adolescent populations, as rates of depressive symptoms have increased by 33% and suicide by 31% between years 2009 and 2015 amongst adolescents (Twenge et al., 2018). Researchers are concerned about the ways social media may generate increases in loneliness (Song et al., 2014) by replacing aspects of in-person interaction that are important for social connectedness (as cited in Twenge et al., 2018). The potential increase in loneliness is particularly relevant to suicide and suicide related behaviors. According to the interpersonal

theory of suicide (Joiner, 2005; Van Orden et al., 2010), social disconnection or loneliness is one of the most significant predictors of suicidal behavior. With over 40,000 Americans dying by suicide each year, these findings are relevant to our public health as a society and to the protection of our developing youth (Twenge et al., 2018).

Researchers like Moreau et al. (2015) and Lee (2015) suggest that increased anxiety, and particularly social anxiety, relates to problematic social media use and may lead to addictive or compulsive use (as cited in Muzaffar et al., 2018). Woods and Scott (2016) found a similar correlation between Generalized Anxiety disorder (GAD) and social media use (as cited in Muzaffar et al., 2018). Keles et al. (2018) lists several adverse outcomes associated with adolescent anxiety and depression including “lower educational attainment, school dropout, impaired social relationships, and increased risk of substance abuse, mental health problems and suicide” (p.1). It is therefore critical that we explore aspects of social media use that may potentially be contributing to the rise in anxiety and depression amongst adolescents within the past 25 years (Keles et al., 2019).

Additionally, we must examine how social media has altered social functioning, particularly within parent-adolescent relationships because these relationships impact other aspects of adolescent mental health and well-being. The literature suggests that parent-adolescent relationships, depending on the quality and nature of these relationships, may either serve as a protective agent or risk factor in their child’s development of other social and psychiatric issues (Fovotto et al., 2018; Telzer & Fuligni, 2013). With a vast majority of adolescents using social media, and many of them using it constantly, we need to explore the potential impact this has had on the quality of parent-adolescent relationships and identify possible barriers to the development of strong parent-adolescent relations (Elmquist & McLaughlin, 2018). This study

used therapist observations to explore the possible impact social media has had on parent-adolescent relationships and adolescent anxiety and depression.

According to the American Psychological Association, people suffering with depression may experience symptoms such as “lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide” (“Depression”, 2019). The APA suggests people with anxiety disorders often have “recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat” (“Anxiety”, 2019). Social media is defined as “forms of electronic communication (such as websites for social networking and micro blogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos)” (“Definition of Social Media”, 2019).

The type of study conducted was a qualitative investigation, defined by Creswell (1994) as “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. [Qualitative] research builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (p.15). Data was gathered for this research study by the use of one-on-one digital interviews using Google Forms. Interviews were conducted with LCSW therapists working with adolescent populations and/or anxiety and depression in New York and surrounding areas. A link to the interview questions was emailed to participants to provide written responses as their time permits. Most of these individuals have busy work schedules and may have been unable to participate in in-person interviews; therefore, participants were provided with the ability to

complete interviews in their own time to increase participation rates. After the data collection process was complete, the data was analyzed by the use of Excel.

The following NASW Codes of Ethics are relevant to the current research study: competence and importance of human relationships. Competence refers to the social work obligation to continuously build professional knowledge and skill to enhance the quality of practice. This includes a responsibility for social workers “to contribute to the knowledge base of the profession”(National Association of Social Workers [NASW], 2017). The current study applied this social work obligation by seeking greater understanding of how social media, a relatively new phenomenon, influences adolescent mental health, interpersonal functioning with parents, and potential implications for treatment. Social media has quickly changed the landscape of psychosocial development; however it is unclear how these changes impact adolescent relationships with parents and mental health, particularly anxiety and depression. To ensure that we do not practice outside of the realm of our competence, we need to understand how these processes are changing so that we can adapt treatment practices effectively. We need to have greater understanding of how social media use has reshaped psychosocial processes within parent-adolescent relationships and around mental health issues, such as anxiety and depression, so that we can implement clinical practice that meets the current needs of adolescents and their families. The findings from this study will allow social workers to be aware of the issues that relate to social media use so they can potentially implement more informed and competent practice with adolescents and their families.

This research focused much of its exploration on parent-adolescent relationships and how social media has changed functioning within these relationships. Upholding the social work ethic to “recognize the central importance of human relationships,” this study sought understanding of

how adolescent social media use interacts with dynamics of parent-adolescent relationships. To “strengthen relationships among people in a purposeful effort to promote, restore, enhance, and maintain the well-being of individuals [and] families,” we must first explore changes in societal constructs that may impede social connection or impair human relationship building. This qualitative investigation explored the ways in which adolescent social media use interacts with relational functioning in parent-adolescent relationships and looked at important implications for depression and anxiety, and potential mental health treatment.

Because social media use is now pervasive throughout adolescence (e.g. Keles et al., 2019; Salmela-Aro et al., 2017) there is a critical need to understand how it has altered psychological and social functioning and investigate possible implications for clinical treatment. The goal of this study was to understand how social media use may be affecting parent-adolescent relationships and adolescent anxiety and depression. This exploratory study informs future research that could potentially influence development of new policy, education, and practice as they relate to adolescent social media use and mental health. Findings may indicate further direction for assessment and treatment practices with individuals and families regarding issues connected to social media use. However, this is a qualitative investigation and therefore will not indicate causality in its findings.

The sample consisted of LCSW therapists working with adolescents or issues of anxiety and depression in New York State, Connecticut, NJ, Las Vegas, Boston, and PA. 70% of the sample reported practicing in the New York area. The sample was obtained through the use of several list serves, including one of 58 LCSW therapists serving adolescents in New York State and one of 142 therapists treating anxiety and depression. There was a thirteen percent response rate from the 200 therapists. To encourage participation, the researcher agreed to share research

findings with participants in exchange for their participation. An introduction letter was sent through email to recruit participants; the letter explained the nature of the study and contained a section that obtained informed consent from participants. All participants provided informed consent before partaking in the study. There were no issues with informed consent for the current study because therapists were interviewed instead of clients. Because this is a qualitative inquiry, the sample size was relatively small (26 participants). The limitations of this study include its small sample size and limited geographic region. Findings are non-generalizable, but will contribute significantly to existing research in this area.

It has been reported that social workers occupy a large percentage of mental health jobs. According to Clark (2002), social workers are one of the largest groups within the mental health profession. Similarly, the U.S. Bureau of Labor Statistics indicates the critical role social workers play in the treatment of mental and behavioral health. They predict that between 2012 and 2022 there will be a 23% increase in the need for social workers that specialize in mental health to meet the growing mental health needs within the U.S. It is therefore evident that as social workers we need to be informed about possible changes to adolescent mental health through the use of social media so that we can provide services that adequately address the needs of our clients.

This qualitative research investigation is important to the social work profession because it sought to identify aspects of social media use that may hinder parent-adolescent relationship functioning, as well as aspects that may potentially increase symptoms of anxiety and depression. Because social media is so new and its impact is both nuanced and potentially far-reaching, we need to further investigate how it has altered adolescent functioning in social and psychological realms. The findings from this study will generate more knowledge about the

challenges around adolescent social media use as they pertain to mental health and parent-adolescent relationships. This may indicate possible direction for clinical assessment and treatment of issues relating to adolescent social media use. The social work literature available on this topic is extremely limited; therefore these findings will make a notable contribution to social work's professional knowledge and may be used to enhance social work education by making it relevant to the current social climate. In accordance with NASW code of ethics, we must continually aspire to broaden our professional knowledge and skill so that we can serve clients with ethical competence (NASW, 2017).

Section Two: The Study Problem

Social media, defined as “the sum of blogs, social networking sites, micro blogs, content sharing sites, Wikis, and interactive video-gaming sites,” is used to connect with friends, share and obtain information, and create online personas. Pew Research Center (2015) indicates that adolescents report high levels of social media consumption, with 92% reporting daily use and 24% reporting constant use (as cited in Elmquist & McLaughlin, 2018). The use of these online social platforms created a dynamic shift in the ways in which teenagers interact with peers and family, and how they develop a sense of self that is distinct from others. These changes in relationship and identity building processes have strong implications for mental health outcomes in adolescence. Studies demonstrate that increased social media use correlates with poorer mental health outcomes, either as a direct result of use or indirectly through loss of sleep and weaker relationship quality (Twenge et al., 2018).

These findings should be considered further, particularly because rates of anxiety and depression have increased by 70% amongst youth in the past 25 years (Keles, McCrae & Grealish, 2019). Twenge et al. (2018) indicate a 30% increase in clinical caseloads relating to issues of anxiety, depression, and suicidal ideation between 2010 and 2015 in the United States. With 13.3 percent of U.S. adolescents still reporting major depressive episodes in 2017 and 31.9 percent reporting an anxiety disorder, the need to evaluate factors that may contribute to or ameliorate these outcomes are critical for further exploration ("NIMH Mental Health Information," 2019). It is evident that various aspects of adolescent social media use, including its impact on psychological and social well-being, should be considered as these are relatively new phenomena that may contain significant implications for mental health and relational functioning. This study explored the current knowledge around how social media use affects

parent-adolescent relationships and anxiety and depression, and includes information regarding treatment implications as they pertain to these issues.

Social work has had a longstanding interest in how different forms of media may lead to pathological outcomes in youth, such as increased aggression, violence, and lower levels of self-esteem. In their meta-analytic review, Anderson and Bushman (2001) indicate a relationship between violent media consumption and increases in aggressive cognition, affect, and physiological arousal. They also found a negative association between violent media consumption and prosocial behavior. The American Academy of Pediatrics continues to voice concern over the potential harm media may cause children and adolescents and encourages pediatricians to include two questions about media consumption at each patient visit (“Children, Adolescents, and the Media”, 2013). These questions may be used to assess exposure to inappropriate content (violence or sexually explicit material), whether or not they engage in sexual activity through the use of media, effects on obesity and body image, and how families try to manage media use through rules and boundaries. In their policy statement, the AAP recommends that pediatricians take a more comprehensive history of media and technology use to apprehend the potential risks involved and provide effective treatment.

More recently, after the release of the TV series *13 Reasons Why* researchers examined effects of explicit suicide portrayal on adolescent mood and behavior in a sample of 7004 adolescents between ages 12 and 18 (da Rosa et al., 2019). The researchers observed higher levels of sadness and lack of motivation after the adolescents watched the explicit suicide portrayal featured in the show. They measured this through the use of a multiple choice questionnaire with options like “i) I felt more demotivated, sad and unenthusiastic; ii) I felt demotivated, sad and unenthusiastic; iii) I felt no difference in terms of sadness and lack of

motivation; iv) I felt a little more motivated, happy and cheerful; v) I felt way more motivated, happy and cheerful” (da Rosa et al., 2019, p.3). Those already presenting with sadness, lack of motivation, and suicidal ideation prior to watching the show reported worsening of these symptoms after seeing the show (da Rosa et al., 2019). From these findings, it is evident that TV portrayals may have serious implications for already vulnerable youth. It should also be noted that portrayal of sensitive topics like suicide, substance abuse, and sexual assault may also benefit viewers by creating awareness and fostering open dialogue around these issues. However, to ensure safety and wellbeing, parents, educators, mental health professionals, and public agencies should continue to consider the ways in which media consumption negatively impacts adolescent development and mental health.

As social workers, we have an ethical responsibility to ‘do no harm.’ Additionally, we must strive to improve practice by implementing informed treatment approaches that meet the needs of our clients and the issues they currently face. According to the NASW code of ethics, social workers must commit to service by “draw[ing] on their knowledge, values, and skills to help people in need and to address social problems” (Ethics & English, 2019). These professional and ethical commitments have driven earlier studies that sought to improve understanding and treatment of adolescent issues related to media consumption. These commitments are relevant to the current study as well and served as the motivation for its completion. It is imperative that we understand the potential risks and benefits social media has for adolescent relationships and symptoms of anxiety and depression so that we are prepared to meet the current needs of our clients.

Section Three: Literature Review

Introduction

Adolescent Mental Health

Adolescence is commonly referred to as a challenging transitional period, during which teenagers have to adapt to biological changes by increasing autonomy and developing social and emotional skills to meet the needs of this developmental stage. Maciejewski et al. (2014) suggest that this transition may often become psychologically and emotionally taxing and adolescents may therefore become particularly vulnerable to the development of internalizing disorders like depression and anxiety. Using data from 2017's National Survey on Drug Use and Health (NSDUH), the National Institute of Mental Health found that 13.3 percent (3.2 million) of adolescents between the ages 12 and 17 reported major depressive episodes within the last year and 9.4 percent (2.3 million) reported MDE with severe impairment ("NIMH Mental Health Information Major Depression," 2019). Thus, 70.7% of youth who experienced MDE within the past year reported symptoms with severe impairment. NSDUH classified major depression as "a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities, and had a majority of specified symptoms, such as problems with sleep, eating, energy, concentration, or self-worth" ("NIMH Mental Health Information Major Depression, 2019).

NIMH examined differences in the prevalence of depressive episodes between sexes, races, ethnicities and age, finding that episodes occurred more frequently in females (20%) than males (6.8%). Rates of depressive episodes were lowest at age 12 (4.8%) and increased significantly by late adolescents (16.9%-18.5%). Lower rates of depressive episodes were found amongst Black adolescents (9.5%) when compared with Hispanic (13.8%), White (14%), Asian (11.3%) and American Indian/Alaska Native (16.3%) adolescents ("NIMH Mental Health

Information Major Depression," 2019). Additionally, after conducting face-to-face surveys with 10,123 adolescent participants (ages 13-18), the National Comorbidity Survey Adolescent Supplement (NCS-A) found that 11.2% of adolescents with any kind of mood disorder suffered with severe impairment (Merikangas et al., 2010). Based on a sample of 1,749 adolescents ages 10-17, Houghton et al. (2018) found that 9-16% of adolescents' ages 14-16 present with sub-clinical levels of depression, increasing their risk for depression onset. These findings are of particular concern because earlier onset of depression is associated with other forms of psychopathology and behavioral symptoms (Houghton et al., 2018). While increases in internalizing symptoms may appear normative during adolescence, it can lead to enduring issues of depression and anxiety moving into adulthood (Houghton et al., 2018).

Additionally, the National Comorbidity Survey-Adolescent Supplement (NCS-A) included questions about family factors that potentially impact the development of adolescent psychopathology, including family structure, birth order, number of siblings, and parenting style. The survey assessed familial functioning along dimensions of communication, protection, and relationship quality (Merikangas et al., 2010). Their findings suggest that 31.9% of adolescents suffer from some kind of anxiety disorder and 8.3% with severe impairment (Merikangas et al., 2010). Specific phobias (19.3%) were most common amongst adolescents followed by social phobias (9.1%), separation anxiety disorder (7.6%) and Generalized Anxiety Disorder (2.2%) (Merikangas et al., 2010). Anxiety disorders were found to be significantly more common amongst females (38%) v. males (26.1%) (Merikangas et al., 2010). Using a sample of 2,400 adolescents ages 12-17 in Western Andalusia, Spain, Oliva et al. (2014) speculate that perhaps internalizing symptoms occur most commonly in females as a result of their higher levels of empathy. Empathy was assessed using a Spanish adaptation of Jolliffe and Farington's 2006

scale (Olive et al., 2014). Oliva et al. (2014) further suggest that women are socialized to be nurturing and have interpersonal sensitivity, which may perpetuate a greater need to preserve family relationships, making them vulnerable to the impact of those dynamics. However, using a sample of 681 adolescents from diverse ethnic backgrounds, Telzer and Fuligni (2013) found that when girls experience positive interactions with family at least 71-86% of the time, they no longer report greater internalizing symptoms than boys. This indicates the importance of relationships, particularly with close family members, as a possible mediating variable to the development of internalizing symptoms like anxiety and depression. Muzaffar et al. (2018) cites the American Psychiatric Association (2013), defining generalized anxiety disorder as “excessive anxiety and worry about a number of activities or events with difficulty controlling the worry” (p.253). The APA (2013) defines social anxiety disorder as “persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others” (as cited in Muzaffar et al., 2018, p.253).

Parent-Adolescent Relationships

Using a sample of 2,400 adolescents’ age’s 12-17, Oliva et al. (2014) mentions several contextual factors related to the development of internalizing problems in adolescence and identifies the family context as one of the most critical related factors. Parental affection was identified as an important protective factor and parental psychological control as an important risk factor. Parental affection helps maintain supportive relationships with children “to promote good psychological adjustment and to prevent the negative consequences of stressful life events” (Oliva et al., 2014, p.515). Conversely, psychological control may prevent the adolescent’s autonomous development, thereby increasing the adolescent’s feelings of insecurity. However, the ways in which social media has impacted the quality of parent-adolescent relationships

across these variables (parental affection and psychological control) remains unclear and should be explored further. Additionally, there may be aspects of parent-adolescent relationship quality that may be important to consider as they relate to social media use and the development of depression and anxiety in adolescence.

Using a qualitative design with 39 parent participants, Lewis et al. (2015) looked at social media's impact on family functioning with depressed adolescents. Lewis et al. organized the emerging themes from parents into two main categories: 1) "loss of control over the family environment" and 2) the parents' reduced ability to "protect their adolescent" (2015, p.6). These findings point to possible challenges in managing the family as a cohesive unit, as well as protecting adolescents from harmful online material. However, it did not explore the ways in which social media may negatively impact the quality of parent-adolescent relationships, which requires further inquiry due to reasons stated above.

In their article "The Role of Family and Computer-Mediated Communication in Adolescent Loneliness," Fovotto, Michaelson, Pickett and Davidson (2019) suggest that the sudden increase in computer-mediated communications, including social media, may reduce face-to-face interaction with family and increase the risk of loneliness amongst adolescents. Fovotto et al (2019) identify loneliness as a significant risk factor for depression and anxiety. They define loneliness as "feelings that result from the absence of a social life that one desires, including a perceived discrepancy between the social contacts one has in relation to what they crave, an increase in their need for social connection that is not yet met, and or a subjective feeling of isolation regardless of surrounding social opportunities" (Favotto, 2019, p.1). However, Fovotto et al. (2019) agrees that strong family relationships may protect adolescents from various adversities and mental health issues. Using a sample of 30,117 adolescents (grades

6-10), they found that adolescents experienced more loneliness as a result of increased CMC use, which included less in-person interaction with family (Fovotto et al., 2019). These findings suggest that social media use may thwart the development of strong parent-child relations, which is particularly relevant because strong parent-child relations have been known to curtail psychiatric risk (Fovotto et al., 2019). However, these findings cannot infer causality due to the cross-sectional nature of this design. Additionally, this study simply stated that CMC correlates with decreased face-to-face interaction with family, however it does not identify specific family conflicts or concerns related to CMC.

It should be noted that the quality and nature of parent-adolescent relationships influence the adolescent's capacity for peer relationships and social functioning outside of the home (Goede, Branje, Delsing & Meeus, 2009). Goede et al. (2009) suggest that adolescents form schemas from experiences in early childhood relationships and use these mental representations as "relationship models to understand and construct their relationships with friends" (p. 1305). A five-wave longitudinal study demonstrates a bidirectional relationship between parent-adolescent relationships and adolescent-friend relationships, suggesting each process informs the other (Goede et al., 2009). They measured correlation between these two relationships across three variables: support, negative interaction, and power. Their findings support both the parent effect model and the effect from adolescent friendships to parent-adolescent relationships (Goede et al., 2009). Cross-sectional research by Oliva, Parra, and Reina (2014) indicate that positive peer relations serve as a protective factor against the development of internalizing problems in adolescence. Through positive peer relations, adolescents build confidence, self-esteem, and have access to more emotional support (Oliva et al., 2014). Consonant with existing research, Larson and Richards (1991) suggest that adolescents spend more time with peers than with

parent figures at this stage of development (as cited in Steinberg & Morris, 2001). Because of its reciprocal relationship with peer relationship functioning, it is critical to explore how parent-adolescent dyads and triads have been impacted by social media use. It is clear that relationships play a pivotal role in shaping adolescent social, emotional, and psychological well-being.

However, it remains unclear how and to what extent, the digital world, particularly social media, impacts parent-adolescent relationship functioning and adolescent anxiety and depression. This literature review sought to identify the current knowledge around how social media use affects adolescent family and peer relationships, anxiety and depression, and implications for treatment.

Social Media and Self-Harm

Deliberate self-injury refers to the intentional destruction of one's body tissue and is associated with severe problems including suicidal thoughts, suicide attempts, interpersonal challenges, and academic problems. Self-injury, commonly done through cutting of the skin, includes both non-suicidal self-injury (NSSI) and self-injury with suicidal intent. The literature suggests that exposure to friends or peers who self-injure increases the likelihood of NSSI (Hasking, Anderews & Martin, 2013; Prinstein et al, 2010) (as cited in Miguel et al, 2017). After reviewing 1,155 posts with the hashtag "cutting," Miguel et al. (2017) found that 60% of these posts reflected graphic content and included images of blood, cuts, self-injury items, or pictures of self-injury action. Posts also reflected depressive and anxious content, as well as eating disordered behaviors. Only 10% of the self-injury posts included messages that discouraged self-injurious activity.

These findings illustrate how social media may be used to increase the serious risk of self-harm. Given these findings and their indication of the proliferation of self-injury through social media, we need to consider how this may be impacting adolescent symptoms of anxiety

and depression, particularly because we have seen a considerable increase in depression where rates of major depressive episodes amongst adolescents have increased from 8.7% in 2005 to 11.3% in 2017. (Mojtabai, Olfson & Han, 2016). Previous research linking NSSI exposure to NSSI suggests that we need to take a closer look at this aspect of social media use as it pertains to adolescent mental health and relationships.

Methods

Social Work Abstracts was the first database used to conduct a search of the available social work literature on the topic of mental health and social media. Using the search terms Adolescent AND Mental Health AND Social Media, 11 results were produced of which only three were selected for further examination. Because the social work literature available on this topic was limited, the researcher broadened the search to include PsychInfo and Pubmed in this systematic literature review. The following search criteria were used in both search engines to obtain the results: Adolescent AND Mental health AND Social Media; Adolescent AND social media AND relationships; adolescent AND social media AND attachment. PsychInfo produced 199 results and PubMed identified 105 results. Of the total articles, 35 were selected for further examination. Inclusion criteria included: social media wording in title, related to anxiety or depression, adolescent population, and aspect of family dynamics. Exclusion criteria included: non-peer reviewed literature, adult populations, or focused on issues other than anxiety and depression. After applying exclusion criteria, the final collected literature included 22 articles.

Results

Technology has reshaped adolescent development by introducing new psychological and social experiences online. Adolescents commonly interact using social media platforms where they can share information with friends, easily access information, and participate in online

communities. The literature describes adolescent social media interaction as “constant” and “pervasive,” suggesting these dynamics have altered aspects of peer relationships and family functioning. These changes contain a combination of risks and benefits for family functioning and mental health, specifically relating to anxiety and depression. Motivations for social media use and the nature of use are important to consider while examining the relationship between mental health and social media. Therefore, the use of social media and the ways in which it impacts family relationships and mental health in adolescence contains numerous treatment implications for adolescents and their parents. This review has been organized according to themes that have emerged in the literature and includes the following: adolescent mental health in the digital world, social media and mental health (including risks, benefits and associations with symptoms of depression and anxiety), motivations for social media use, addictive use, social media and relationships (including attachment dynamics and its impact on adolescent-parent relationships), and treatment implications.

Adolescent Mental Health in the Digital World

The ubiquity of the digital world presents newfound psychosocial challenges for adolescent development and their relationships, which may have a significant impact on mental health outcomes for this population. Based on a sample of 1,058 parents of adolescents ages 13-17 and 743 adolescents, Pew Research Center (2018) found that 95% of U.S. adolescents ages 13-17 have access to smartphones, of which 45% report constant access and 44% report access several times daily (Throuvala, Griffiths, Rennoldson & Kuss, 2019). Twenge et al. (2018) examines the general association between screen time and adolescent mental health, using a sample of 506,820 adolescents (grades 8-12). Correlating screen-time and adolescent depressive symptoms, they found that risk for suicide was associated with increased screen-time, such that

adolescents who spent 2 or more hours on electronic devices had more frequency in suicide related outcomes (33% of adolescents had one suicide related outcome) compared to those who used electronics for an hour a day (29% had one suicide related outcome) (Twenge et al., 2018). Adolescents who spent 5 or more hours using their devices were 66% more likely to have a suicide related outcome when compare with one-hour users (Twenge et al., 2018). These findings suggest that aspects of technology consumption may be detrimental to adaptive development and therefore may have profound implications for adolescent mental health, particularly anxiety and depression.

Social Media and Mental Health

Of particular concern in the ever-growing technological age is the pervasive use of social media between and amongst adolescents. Social media, defined as “the sum of blogs, social networking sites, micro blogs, content sharing sites, Wikis, and interactive video-gaming sites,” create opportunities for adolescents to co-construct and share content with one another (Throuvala et al., 2019). Pew Research Center (2015) indicates that 92% of adolescents report daily use of social media, with 24% stating they are online “almost constantly” and 71% reporting use of more than one social media site (as cited in Elmquist & McLaughlin, 2018, p.504). Based on a survey with 1,060 adolescents and 1,084 parents, Lenhart (2015) found that Facebook was considered the most popular social media outlet, with 71% of adolescents ages 13-17 reporting use (as cited in Muzaffar et al., 2018). In 2018, however, based on a sample of 1,058 parent participants and 743 adolescent participants, Pew Research Center indicated that Youtube ranked most popular at 85% usage, followed by Instagram (72%), Snapchat (69%) and then Facebook (51%) (Throuvala et al., 2019). These statistics demonstrate the rapid rate of change within the social media world, in terms of the kinds of mediums available and the ways

in which adolescents engage these mediums. Due to the recent introduction of online social platforms and the rate of change surrounding this phenomenon, there is a critical need to explore the ways in which social media impacts psychological and social well being in adolescents.

Twenge et al. (2018) indicate that the frequency of social media and smartphone use may be linked to poorer psychological health in adolescents. According to the Royal Society for Public Health & Young Health Movement (2017), rates of anxiety and depression have increased by 70% in the last 25 years amongst youth (Keles, McCrae & Grealish, 2019). Citing the Center for Collegiate Mental Health (2015), Twenge et al. indicates a 30% increase in clinical caseloads across 93 universities between 2010 and 2015, particularly relating to internalizing symptoms like anxiety, depression, and suicidal ideation. Twenge (2018) also reports higher rates of counseling amongst high school students. While there are different speculations as to the reason for the sudden increase in adolescent mental health problems, Twenge et al. suggests that social media interactions have replaced traditional forms of relating to people (eye contact, verbal communications), which likely impacts the social and psychological well-being of this population. Findings suggest that adolescents with lower in-person interaction levels and higher use of social media report highest levels of depression (Twenge et al., 2018). Twenge et al. states “it is worth remembering that humans’ neural architecture evolved under conditions of close, mostly continuous face-to-face contact with others and that a decrease in or removal of a system’s key inputs may risk destabilization of the system” (2018, p.4). The change in the nature of social interaction may have strong implications for family relationship quality and adolescent mental health. It is important to note that the rise in depressive symptoms and suicide related behaviors were unique to females (Twenge, 2018). It is also important to note that there were some statistical errors in Twenge et al.’s (2018) article, but none that alter the conclusions or

meanings of the findings. Therefore, we need to further explore the ways in which social media use may be exacerbating symptoms of anxiety and depression amongst adolescents.

Marino (2018) addresses Twenge et al. (2018) to distinguish between frequency of use and nature of use. According to Marino (2018), problematic media use is characterized by addiction-like symptoms, which may include additional risk factors such as less face-to-face interaction or overall lack of social support. Twenge et al. (2018) disagrees with Marino, arguing that quantity of use, rather than quality, should be considered the central predictor of depressive symptoms. However, Twenge (2018) agrees that social media use has “indirect effects”, suggesting that perhaps the decline in face-to-face interaction and sleep are two aspects of media use that have more direct impact on mental health. Similarly, using social displacement model, “which assumes that time spent on devices is inversely related to well-being because of the associated reduction in real life interactions,” a longitudinal relationship between depressive symptoms and screen use was tested with a sample of 1,749 participants living in Western Australia (Kraut et al. 1998) (as cited in Houghton et al., 2018, p.2454). The Children’s Depression Inventory 2 (CDI 2) was used to assess levels of depression with this sample; however, no longitudinal association was found, undermining a causal link between screen use and depression (Houghton et al., 2018). However, there was a temporal relationship between depressive symptoms and screen use in those who experienced depression over time (Houghton et al., 2018). This suggests that perhaps screen use may be used to cope with symptoms of depression. However, the self-report nature of the collected data limits its findings. Additionally, this study did not differentiate between the ways in which adolescents use social media, nor did it identify problematic kinds of social media use. This study also did not include parent reports of adolescent symptoms or screen use.

Erikson (1950) posited that identity building is the central task for adolescent development, such that the adolescent should carry “the ability to know one’s self, to develop a stability in how one sees one’s self, and to be true to that self, based on personal agency,” which Erikson referred to as Fidelity (as cited in Arnold, 2017, p.3). Erikson viewed identity formation as a complex phenomenon that involves interplay between intrapsychic, environmental, and physical characteristics (Arnold, 2017). Steinberg and Morris (2001) suggest that adolescence “has long been characterized as a time where individuals begin to explore and examine psychological characteristics of the self in order to discover who they really are, and how they fit in the social world in which they live” (p.91). In the world of social media, profiles and pictures are used to develop a sense of self and portray that self to others. Using filters and captions, social media gives adolescents the ability to curate self-images or “identities” that may not be authentic or “real.” There is also increased levels of peer pressure and reduced capacity for self-regulation at this stage, which may impact the ways in which social media is used as well as the identity-building process (Keles, McCrae & Grealish, 2019). Because social media is a relatively new and rapidly changing phenomenon, its far-reaching impact on adolescent development (identity building), relationship quality with peers and family, psychological processes, and mental health are not yet well known.

Social Work Literature

Based on a survey with 1100 American adolescents ages 12 to 17, Sameer and Patchin (2008) found that 87% (21 million) of adolescents were online and 51% went online on a daily basis, this compared to the 17 million online in 2000. This demonstrates the significant rate of increase of online activity amongst youth, similarly indicated by other researchers, which may have tangible implications for adolescent relationships and mental health. Using focus groups,

one comprised of specialists/experts and the other of students ages 14-20, Runcan (2017) found that people ages 14-20 used Facebook for more than an hour a day and some used it for 3-4 hours daily. Runcan found that adolescents report possible addictions to Facebook, explaining it is “easy, pleasant, entertaining, cheap, and convenient...”(2017, p.94). Drawing on their professional experiences, specialists reported that Facebook is used as “some kind of refuge from real life and that depressed people seek pleasure in a virtual life” (Runcan, 2017, p. 96). However, because these are qualitative findings, they are non-generalizable and can only indicate possible trends.

Sameer and Patchin (2008) argue that several aspects of social media use pertain to adolescent identity construction, such as anonymity, role-playing, and self-presentation. The anonymity that is possible through online social activity may allow for “uninhibited behavioral choices,” which is relevant to the discussion of cyber bullying, trolling, and depression (Sameer & Patchin, 2008, p.128). They suggest that MySpace, an early form of social media and the most popular U.S. website in 2007, has been linked to problems such as “cyber bullying, cyber stalking, alcohol and drug abuse...planned school shootings, [and] suicide” (Sameer & Patchin, 2008, p. 131). Using an ethnically diverse sample of 839 adolescents, ages 14 to 18, researchers examined the relationship between cyber victimization, social anxiety, and depression (Landoll et al., 2015). They used the Social Anxiety Scale for Adolescents to assess anxiety levels and the Center for Epidemiological Studies- Depression Scale to assess depression levels. Their findings suggest that cyber victimization predicted increases in depression over time, but did not indicate increases in social anxiety (Landoll et al., 2015). These findings are limited because they are based on adolescent self-reports and only measured these variables during a two-month period. However, these findings are relevant because they contribute to the existing literature on

relational factors involved in the development and maintenance of adolescent anxiety and depression.

Associated Risk Factors

In their article “The Role of Family and Computer-Mediated Communication in Adolescent Loneliness,” Favotto, Michaelson, Pickett and Davison (2019) identify loneliness as a large predictor of internalizing disorders and suggest this should be considered as a factor as it relates to the use of social media. Favotto et al. (2019) posit that aspects of computer-mediated communication, including the use of social media, may have a negative effect on family interactions and overall social connectedness, thereby increasing the risk of loneliness experienced amongst youth. Using a Canadian school sample of 30,117 participants grades 6-10, they found that teens who used computer-mediated communication (CMC) daily reported more loneliness, even when they also reported moderately high levels of communication in families (Favotto et al., 2019). These findings suggest that perhaps CMC distracted adolescents from positive family interactions that usually serve as a protective factor for mental health. However, directionality cannot be determined due to the cross-sectional nature of this study.

Elmquist and McLaughlin (2018) review other potential risk factors associated with the use of social media, including the use of social filters, experiences of cyberbullying or trolling, and viewing triggering material. Van Geel et al., (2014) state that cyberbullying is a strong predictor of suicidal ideation (as cited in Elmquist & McLaughlin, 2018). According to the National Association of School Psychologists, ““research shows that exposure to another person’s suicide, or to graphic or sensationalized accounts of death, can be one of the many risk factors that youth struggling with mental health conditions cite as a reason they contemplate or attempt suicide”” (Elmquist & McLaughlin, 2018, p.507). Additionally, the American Academy

of Pediatrics defined “Facebook depression” as depression that “may occur as a result of adolescents viewing social media content that may make them feel inferior or negative about their self” (Elmquist & McLaughlin, 2018, p. 507). Examining the relationship between social media browsing and adolescent affective well-being, Weinstein (2017) found that adolescents who engage in more negative comparison as a result of browsing had less affective well-being than those who engaged less in negative social comparison. However, these findings represent a relatively homogenous community sample and therefore require further investigation. Pew Research in 2015 indicates that 21% of adolescents reported feeling worse about their own life as a result of viewing their friends’ posts, 40% reported feeling pressure to post “good” content, 68% reported experiencing drama on social media, and 26% reported experiencing conflict with friends on social media (Sussman & DeJong, 2018).

Social media also allows for “co-rumination” where adolescents can ruminate about their symptoms together, which may result in an increase in internalizing symptoms (Elmquist & McLaughlin, 2018). Additionally, using population-based data from the UK Millennium Cohort Study with 10,904 14 year olds, researchers found that sleep loss, online harassment, poor self-esteem, and poor body-image are listed as risk factors for depression and have been associated with additional social media use (Kelly, Zilanawala, Booker & Sacker, 2018). In a systematic review on the influence of social media on mental health, they found that risk factors for depression, anxiety, and other forms of psychological distress had to do with the quantity of time spent on social media, the quality of social media use (repeated checking or personal investment), and addictive/problematic use (Keles et al., 2019). Keles et al. suggests that “attitudes or behaviours (e.g. social comparison, active or passive use of social media, motives

for social media use)” may have a larger impact on the development of depression and anxiety symptoms than the frequency of use or the number of social media friends (2019, p.10-11).

Internalizing Disorders (Depression/Anxiety)

Heffer et al. (2019) criticizes Twenge et al. (2018) for conducting a non-specific assessment of the frequency of social networking use. According to Heffer et al. (2019), ‘almost every day’ is too broad of a response to accurately measure the frequency of adolescent social media use. Additionally, Heffer et al. (2019) mentions that Twenge et al. (2018) did not discern the direction of the relationship between social media use and depressive symptoms.

Longitudinal findings suggest that there is no relationship between depressive symptoms and social media use in adolescent males. Females, however, were found to use more social media when they experienced depressive symptoms (Heffer et al., 2019). Still, social media use was not found to predict an increase in depressive symptoms overtime. These longitudinal findings are significant, however, Heffer et al. (2019) solely focused on quantity of social media use, not including analysis of the quality of use and the ways in which it impacts depressive symptoms.

Muzaffar et al. (2018) assert that findings on the relationship between depression and social media use are mixed, some demonstrating an association between these two variables and others invalidating this association; their study used a sample of 102 adolescents (60.8% Hispanic, 25.5% African American, 3.9% South Asian, and 9.8% Caucasian) and did not find a relationship between depressive symptoms and Facebook use. While this creates a discrepancy in the findings, it should be noted that Muzzafar et al. (2018) used a relatively small sample for this study.

According to Moreau et al. (2015) and Lee (2015), social anxiety symptoms were associated with problematic Facebook use and addiction-like Facebook behaviors (as cited in

Muzaffar et al., 2018). Muzaffar et al. (2018) speculate that perhaps “online interactions are particularly attractive to individuals with social anxiety symptoms since such interactions allow for increased control over self-presentation and the ability to communicate in a low pressure setting with relative anonymity” (p. 252). In 2016, Woods and Scott found that increased social media use was also associated with higher levels of Generalized Anxiety Disorder (GAD) (as cited in Muzaffar et al., 2018). Inconsistent with previous findings by Shaw et al. (2015) and Lee (2015), Muzaffar et al. (2018) did not find an association between social anxiety and Facebook use. However, they did find that increased Generalized Anxiety Disorder (GAD) related to increases in Facebook behavior (Muzaffar et al., 2018). The limitations of this study are related to the self-reported nature of the findings. Additionally, using a sample of 226 participants (113 parent-adolescent dyads), Barry et al. found that the number of social media accounts and the frequency of checking those accounts demonstrated a positive relationship with “FoMo [fear of missing out] and loneliness, as well as with parent-reported hyperactivity/impulsivity, anxiety and depression” (2018, p.8). However, they did not find a relationship between parental monitoring of social media activity and adolescent adjustment. This finding may be as a result of the dichotomous question used to assess parental monitoring, which limited the scope of participant responses (Barry et al., 2018).

Potential Benefits

Elmquist and McLaughlin (2018) enumerate some of the potential benefits of social media use, including opportunities for self-expression, self-disclosure, and social connectedness or belongingness. Studies highlight the “benefits of enabling people to express their thoughts and feelings, and to receive social support (Keles, McCrae & Grealish, 2019, p.2). Another potential benefit is that adolescents may be able to engage with health and mental health information

anonymously, enabling access to further resources. O'Reilly et al. (2018) explains that social media "is a potentially inexpensive way to have conversations about mental health, impart information, and challenge stigma" (p.2). Using a qualitative design through focus groups, they found that social media can provide a sense of support, act as a stress reliever, and foster open dialogue about mental health issues (O'Reilly et al., 2018). While these findings are non-generalizable due to the small size of the sample, they provide relevant information about the ways in which social media may be used to bolster adolescent mental health.

Motivations for Use

Throuvala et al. (2019) discuss various motivational factors for social media use, including information seeking, entertainment, online-self-disclosure, social competition, identity formation, social interaction, validation, and mood regulation. 'Fear of missing out' (FoMo), a relatively new psychological phenomenon, characterized by "the need to be online to avoid feelings of apprehension when one is absent from rewarding experience that others may have," is another motivational factor for the use of social media amongst adolescents (Throuvala et al., 2019, p.165). Similarly, 'nomophobia' (no mobile phobia) is characterized as distress or anxiety that results from an inability to communicate or access information, which generates a sense of loss of connection and convenience (Throuvala et al., 2019). 56% of teens describe feeling "anxious, upset, or lonely without their phone" (Sussman & DeJong, 2018, p.113).

In their review of the literature on adolescent use of social media, Elmquist and McLaughlin (2018) found that "adolescents are drawn to social media platforms because they can express themselves, engage in a media community and gain a sense of connectivity, as well as anonymously discover health information" (p.504). Using focus groups, Throuvala et al. (2019) found six motivational themes that drive adolescent social media use: 1) relationship with

peers- facilitating constant communication and friend-making; 2) “digital omnipresence related to need for control and loss of control” (Throuvala et al., 2019, p.170). The ‘Need for control’ refers to the ways in which adolescents control their content and self-expression with the intention of controlling others’ impressions as well, whereas ‘loss of control’ refers to the ‘always on’ social media culture that invites compulsive checking and obscures boundaries and limitations around social interaction (Throuvala et al., 2019); 3) emotional regulation and enhancement, which is characterized by “counteracting boredom, mood boosting and escapism to relieve distress, and enriching entertainment and learning” (Throuvala et al., 2019, p.170); 4) idealized identity construction where adolescents present “enhanced version[s] of their self, via meticulous manipulation of selfies (with the use of filters, airbrushes, etc.)” (Throuvala et al., 2019, p.170); 5) peer comparison and ego validation; 6) facilitation of communication functions. Additionally, Throuvala et al., (2019) note that smartphone attachments are associated with a loss of offline social interaction. Lastly, an inability to access smartphones precipitated negative affect and behavior towards others. However, the limitations of these findings include the small sample size and its lack of generalizability.

Overuse/Addictive Use

Internet and social media activity is typically designed to be addictive in nature, creating a strong gravitational pull for adolescent engagement. In 2010, the Keiser Family Foundation study found that youth ages 8 to 18 spent an average of 7 and 1/2 hours on digital media daily (as cited in Scott, Valley, Simecka, 2017). According to Meerkerk et al (2009), *excessive internet use* is characterized by the presence of the following: “1) a loss of control over the behavior, 2) conflict (internal and interpersonal), 3) preoccupation with the internet, 4) use of the internet to modify mood, and 5) withdrawal symptoms” (as cited in Salmela-Aro, Upadyaya, Hakkarainen,

Lonka & Alho, 2017, p.344). “Overuse” or maladaptive use may distract from other important healthy functions like sleep and academic performance (Salmela-Aro et al., 2017) and may lead to increases in personal and interpersonal distress (Scott et al., 2017). While this has not yet been classified as an official disorder in the DSM, there are still tangible mental health implications that are pertinent for discussion and future research. Particularly as devices become more portable and social media interaction becomes increasingly pervasive, it is important to understand how overuse/addiction-like behaviors interact with various other psychological and relational outcomes.

Using a sample of 1702 adolescents in 6th grade (Male=720 and Females=906), Salmela-Aro et al (2016) conducted a two-wave longitudinal study looking at the relationship between excessive Internet use, depressive symptoms, and school burnout. Identifying school engagement as a possible mediating variable between Internet use and depressive symptoms, Salmela-Aro et al (2016) suggest that school engagement may act as a buffer between excessive Internet use and depressive symptoms. Alternatively, school burnout may foster the relationship between excessive Internet use and depressive symptoms. They identified three dimensions of school burnout including feelings of exhaustion, feelings of inadequacy, and feelings of cynicism. Their findings demonstrate a reciprocal relationship excessive Internet use and school burnout. They found that school burnout also predicted later development of depressive symptoms. This study was replicated with a sample of 1636 high school students ages 16-18. Participants completed the same questionnaire as in the first study. A reciprocal relationship between school burnout and excessive Internet use was observed, as well as a reciprocal relationship between school burnout and depressive symptoms. In both study 1 and 2, girls reported more depressive symptoms than boys, while boys reported more excessive Internet use than girls. However, these findings are

limited because there were some retention problems with the samples. This study was also done with Finnish adolescents and should be replicated with an American sample to see if similar trends occur.

In their review of mental health concerns and technology, Scott et al. (2017) list general risk factors associated with excessive technology use, including “excess stress, decreased emotional connection, decreased self-esteem, attention fragmentation, erosion of empathy, inability to set boundaries, increased need for immediate gratification, and numerous DSM-5 disorders (i.e. anxiety disorders, mood disorders, ADHD, narcissistic personality disorder, anti-social personality disorder, and obsessive-compulsive personality disorder)” (p.605).

Relationships and Social Media

Attachment. Attachment theory posits that children develop “interpersonal expectations or internal working models of the self and others through interactions with primary caregivers”(Worsley, Mansfield, MPhil, Corcoran et al., 2018, p.563). These working models determine well-being and are used to guide future relationships. Positive working models (secure attachments) form through “responsive, accessible, and trustworthy” caregivers, contributing to the child’s development of a positive sense of self and others (Worsley, et al., 2018, p.563). Conversely, negative working models form through inconsistent or unavailable parenting. Negative working models typically form along two continuums of insecure attachment: anxious attachment or avoidant attachment. Anxious attachments, characterized by “exaggerated reactions to distress in an attempt to acquire comfort and support,” develop in response to inconsistent primary caregivers. Avoidant attachments, characterized by deactivated attachment needs, form in response to unavailable parenting.

The literature is conclusive about the existing relationship between attachment style and psychological well-being, however recent literature also indicates a relationship between attachment styles and problematic internet use, which Worsley et al. (2018) defines as “cognitive preoccupation with the internet, an inability to control Internet use, and continued use despite negative consequences” (p.563). According to Flores (2004), addiction has been referred to as an attachment disorder or a disorder in self-regulation where “experiences of primary deprivation leave individuals looking for something in the outside world that can replace a missing part ‘inside’ of themselves” (as cited in D’Arienzo, Boursier & Griffiths, 2019, p.4).

Using a sample of 915 participants ages 18-25, Worsley, McIntyre, Bentall and Corcoran (2018) found an association between anxious attachments and problematic social media use, consistent with the hypothesis that those with attachment anxiety may overuse social media “in an attempt to seek comfort and belongingness online” (p.564). Conversely, attachment avoidance had a negative association with problematic social media use, which is consistent with the characterization of their tendency to suppress relational needs. Worsely et al. (2018) found a negative relationship between psychological well-being and problematic social media use, indicating that more use is associated with lesser well-being. These findings are limited due to the cross-sectional design of this study. Additionally, it should be noted that the sample was comprised of older adolescents and young adults, and perhaps this study should be replicated with younger adolescent groups to determine if the same outcomes occur.

Consistent with earlier empirical work (e.g., Yates et al., 2012), Worsley et al. (2018) found a relationship between history of childhood maltreatment and problematic social media use, indicating support for the hypothesis that maltreated people are more likely to mistrust or reject others, often driven by a fear of abandonment that limits their ability to seek out

relationship support (2018). Young people with histories of emotional, physical, sexual abuse or maltreatment may overuse social media sites to cope with negative affective states or to find relational interactions that are less distressing than face-to-face contact (Worsley et al., 2018). However, these findings used a sample with a large percentage of female participants, which may have curbed the outcome so that it is not representative of the larger population. Additionally, the cross-sectional nature of this study limits the ability to infer directionality, and it may be possible that depressed moods are caused by increased social media use.

Parent Relationships. Lewis et al. (2015) used a qualitative design to examine the impact of social media use on family functioning with depressed adolescents. Two general themes emerged from the data: 1) parent's inability to maintain control over their family environment and 2) parent's concerns about not being able to protect their children from harmful online material and experiences. Parents identified generational differences in family dynamics, explaining that it used to be easier to be aware of children's activities, but now "they disappear into their room and you know physically where they are, but not mentally, or what they are putting themselves to, or where they've been, or been subjected to" (Lewis et al., 2015, p.4). Parents explained that the need to monitor activity leads to tension and conflict with their adolescent children because teens don't want to feel like they are "being watched" (Lewis et al., 2015, p.4).

Parents also expressed concern over how many friends their children communicate with at once, suggesting that there may be harmful effects from the immediacy and persistent nature of social connectedness. They observed that their adolescent children placed emphasis on the quantity of friendships, rather than quality, leading to superficial friendships and increased need for peer validation. Some parents voiced concern over their adolescent's distorted view of

friendship and how friends should behave; they acknowledged that their children often accept disrespectful and mean behavior from others, believing these experiences are part of “typical” social interaction. Lastly, parents reported challenges around managing family routine and activity, suggesting that online participation distracted adolescents from family events, caused them to change plans abruptly, and disrupted the family’s functioning as a cohesive unit (Lewis et al., 2015). These findings illustrate the potential impact social media can have on peer relationships, parent-adolescent relationships, and overall family functioning. However, a causal relationship cannot be inferred due to the qualitative and descriptive nature of these findings.

As mentioned previously, Oliva et al. (2018) identifies affection as an important function of strong parent-adolescent relationships and high levels of control as a potential risk factor for strong parent-adolescent relationships. However, it is unclear how the use of social media may impact these aspects of parent-adolescent relationships. Additionally, Oliva et al (2018) only looks at these two aspects of relationship functioning, but there may be other aspects of relationship functioning that may emerge through further inquiry into the ways in which social media impacts parent-adolescent relationships.

Treatment Implications

Throuvala et al. (2019) suggests that by understanding underlying motivations for social media use, interventions can more easily target clinical aspects of these motivations, including peer attachments, identity construction, self-presentation, and need for control. Muzaffar et al. (2018) highlights the need for clinical assessment and intervention to address the potentially harmful effects of social media use, which should include questions for parents about their children’s social media use, as well as psychoeducation about how social media behaviors and interactions may lead to increases in symptoms of depression and anxiety. Susan and Dejong

(2018) recommend that questions should address both adolescents and their caregivers to obtain a comprehensive understanding of the ways in which social media use impacts the psychological and emotional wellbeing of adolescent clients. Additionally, it has been suggested that online material may reflect a “more unfiltered expression of adolescents’ internal mental states,” and therefore may be useful to incorporate as part of the dynamic clinical formulation. The Problematic and Risky Internet Use Screening Scale (PRIUSS) is a validated 18-item scale that can be implemented in clinical settings to obtain information relevant to social media use. Another clinical recommendation is to help parents establish limitations and boundaries for adolescent social media use (Muzaffar et al., 2018).

Additionally, cognitive behavioral therapy is considered an effective treatment for clinical issues relating to technology and connectivity (Scott et. al, 2017). This approach may allow clients to “increase their awareness of how their thoughts and behaviors are helping or hindering them in living life, specifically regarding the incorporation of technology and digital media into various life roles” (Scott, Valley & Simecka, 2016, p.610). Systemic approaches may be useful as well, depending on the underlying issues or motivations relating to social media use. Worsley et al. (2018) argues that interventions should primarily focus on “underlying problems that prompt problematic usage, as surface interventions such as a forced reduction in social media use are unlikely to be successful in overcoming this problem behavior” (p.567). Once the underlying issue has been identified, clinicians can help clients develop and implement adaptive coping strategies to replace social media as a form of coping with psychological distress. Additionally, helping youth find meaningful offline activity in the form of extracurricular activity and real-time relationships may serve as efficacious interventions for problems with social media overuse (Worsley et al., 2018). Lastly, Lewis et al. (2015) observes that parents feel

“isolated and unsupported” in their endeavors to address negative consequences of social media use with their adolescents, which should be considered further to determine the ways in which parents require help and support around these issues.

Conclusion

It is evident that social media use is associated with a combination of risks and benefits for adolescent development, relationship functioning, and mental health. The literature indicates a stronger presence of risk factors associated with the use of social media, indicating a possible relationship with symptoms of anxiety and depression amongst youth, as well as impaired social functioning with peers and parents. The extent of the relationship and the possible mediating variables are unknown. This study proposed to address the knowledge gap by exploring how social media impacts adolescent peer and family relationships, adolescent mental health (anxiety and depression), and treatment interventions with adolescents and parents.

Section Four: Theoretical Framework

Introduction

The following theoretical orientations were selected to guide this study: Attachment Theory and Erikson's theory of development. Both Attachment Theory and Erikson's psychosocial theory inform adolescent development, psychological health, and social functioning, and are therefore important to consider as they pertain to the use of social media and the ways it impacts adolescents across these three variables. Attachment Theory was used to guide the portion of this investigation that seeks to understand how relationships with primary caregivers relate to the development of internalizing symptoms and social media use. It was used to explore how parent-adolescent relationships can either exacerbate or ameliorate symptoms in adolescence. Erikson's theory was used to guide the exploration of how social media use affects adolescent psychosocial development, particularly as it relates to the identity building and individuating process. Each of these theories relates to a separate aspect of this inquiry; however, it should be noted that these theories are also interrelated because normative development is contingent upon healthy attachments with primary caregivers. These attachments provide a "secure base," from which adolescents can explore and gain independence, but may also return to for support, safety, and connection. Napier and Whitaker (1978) suggest that "people can't risk being close unless they have the ability to be separate... They also can't risk being truly divergent and separate if they are unable to count on a residual warmth and caring to keep them together" (as cited in Bell & Bell, 2009, p.476). Therefore, attachment dynamics and identity building processes should be evaluated individually, but also as interconnected constructs in the exploration of adolescent social media use and its potential impact on relationships and internalizing disorders.

Theoretical Orientations

Attachment Theory

Bowlby's (1969) Attachment Theory assumes the primary importance of early relational experiences in influencing interpersonal behaviors and psychological health (Brumariu & Kerns, 2010). Allen et al. (2003) suggest that in adolescence, "the construct of attachment security seems best viewed not as being either an intrapsychic or a relationship construct, but rather as an organizational construct that is likely to be reflected both in intrapsychic development and in multiple aspects of ongoing attachment relationships" (p. 292). In other words, attachments create 'internal working models' that determine psychological and relational functioning. Secure attachments form through consistent, responsive, and trustworthy parenting. According to Ainsworth (1985), attachment relationships play a critical role in the overall adjustment of the individual. These relationships build self-esteem, trust, and increase a child's capacity for self-regulation. Conversely, insecure attachments are associated with decreased social functioning, poorer self-regulation, and the development of internalizing symptoms (Brumariu & Kerns, 2010).

Using a sample of 238 adolescent-mother dyads, Brenning, Soenens, Braet, and Bal (2012) looked at the relationship between parenting behaviors (responsiveness and autonomy-support), adolescent attachment representations (anxious and avoidant), and the intergenerational transmission of internalizing symptoms. They defined responsiveness as a parent's capacity for "warm, affectionate, and involved" interactions with their children. Autonomy-support was defined as the parent's ability to "encourage their children to behave on the basis of self-endorsed motives and preferences," which aids in the promotion of volitional functioning in children. Brenning et al. (2012) identifies these two parenting dimensions as important functions

for the development of healthy attachments. According to Bowlby (1988), parents need to “comfort, sooth, and protect their children in times of stress [i.e. responsive parenting], but also need to permit and support autonomous action and exploration [i.e. autonomy-support]” (as cited in Brenning et al., p.804). Results from Brenning et al. (2012) suggest that avoidant attachments were related to lower levels of parental responsiveness, while anxious attachments were related to lower levels of autonomy-support. The rationale being that autonomy suppressing and controlling parenting may cause adolescents to be unsure of their own ability and worth. Brenning et al. (2012) concludes that lower levels of responsive and autonomy-supporting parenting strongly relate to the development of anxious and avoidant attachments, both of which correlate with the development of internalizing symptoms in adolescence (Brumariu & Kerns, 2010).

Bowlby’s attachment theory has received empirical support, suggesting that the nature of the attachment, whether secure or insecure, is a large predictor of psychosocial development. Findings indicate that insecure attachments correlate with adverse mental health outcomes in adolescence such as higher levels of anxiety, depression (Brumariu & Kerns, 2010), and addiction (D’Arienzo et al., 2019). The literature refers to addiction diagnoses as “attachment disorders” or disorders in self-regulation (D’Arienzo et al, 2019). Several studies have argued that social media use often appears to be addiction-like when consumers check accounts compulsively and experience distress as a result. In their systematic review of the relationship between social media and attachment styles, D’Arienzo et al. (2019) found that insecure attachment styles, both avoidant and ambivalent, relate to increased internet use. They speculate that increased Internet use may be motivated by an emotional need to escape. Higher rates of use also correlate with lesser capacity for self-regulation and decreased interpersonal functioning.

Conversely, securely attached individuals have stronger self-control and greater capacity for relationships, allowing them to explore and share feelings with others without perpetual fear of abandonment or rejection (D'Arienzo et al., 2019). When considering motivations for social media use or compulsive use, it is important to consider family attachment relations and how they impact the development of these behaviors.

It is also necessary to investigate the ways in which adolescent social media use impacts attachment relations with parents because it is possible that extensive use may also reduce parent-adolescent relationship quality. These possibilities should be considered as they relate to the ways in which adolescent social media use impacts and is impacted by relationships and the development of internalizing symptoms. These variables may also indicate possible direction for assessment and intervention procedures around issues relating to social media use and symptoms of anxiety or depression.

Lastly, it should be mentioned that the quality of the parent-adolescent relationship influences the adolescent's capacity for peer relationships and social functioning outside of the home. Goede, Branje, Delsing and Meeus (2009) suggest that adolescents form schemas, from experiences in early childhood relationships and use these mental representations as "relationship models to understand and construct their relationships with friends" (p. 1305). Research by Lieberman et al. (1999) indicates that adolescents from loving home environments are more successful amongst peers in their ability to maintain positive friendships (as cited in Steinberg & Morris, 2001). Generally, as children transition into adolescents, they start to form more loyal and trusting relationships with peers. According to Collins and Steinberg (2005), friendships also provide opportunities to enhance the quality of social competence (as cited in Smetana, Campione-Barr, Metzger, 2006). A five-wave longitudinal study demonstrates a bidirectional

relationship between parent-adolescent relationships and adolescent-friend relationships, suggesting each process informs the other (Goede, 2009). They measured correlation between these two relationships across three variables: support, negative interaction, and power. Their findings support both the parent effect model and the effect from adolescent friendships to parent-adolescent relationships (Goede, 2009). However, social media's impact on peer relations, parent relations, and the relationship between peer and parent relations remains unclear. This investigation seeks understanding of how each of these variables has changed through the use of social media and its potential impact on mental health outcomes amongst adolescents.

Erikson's Psychosocial Stage of Identity v. Confusion

The second theoretical orientation to guide this study is Identity v. confusion, which is the psychosocial task that Erikson identified for adolescent development. Erikson (1968) posited that teenagers must evaluate goals and values, and experiment in different roles to achieve coherent identity constructs (Hutchinson, 2015). Hutchinson points out, "answering the question 'who am I?' includes a consideration of the question 'How am I different from my brothers and sisters, my parents, and other family members?'" (2015). According to Blos (1967), this exploration stimulates the "second individuation" process where teenagers start to form identities that are both unique and separate from those closest to them (as cited in Levpuscek, 2006). Blos (1967) suggests that by disengaging from parents at this stage in development, adolescents are able to strengthen their own internal resources and learn to rely on themselves in increasing measures.

Marcia (1966) delineates two steps in the identity building process: identity exploration and identity commitment (Cyr, Berman & Smith, 2015). Identity exploration refers to the ability to delay commitment to one set of beliefs while evaluating alternative beliefs. Identity

commitment, on the other hand, occurs after a period of exploration and refers to the adoption of a specific set of values or goals. When adolescents refuse commitment, they may experience “severe subjective distress regarding inability to reconcile aspects of the self into a relatively coherent and acceptable sense of self,” (Cyr, Berman & Smith, 2015). This distress may manifest in anxiety, depression, and other psychological disorders.

Marcia’s (1983) *Identity Status* model includes four disparate categories of identity formation: Diffusion, Foreclosure, Moratorium, and Achieved (Arnold, 2017); each status runs across the exploration/commitment continuum. According to Alsaker and Kruger (2006), diffused identity, characterized by low exploration and low commitment, is associated with higher levels of psychosocial issues, like “poor peer relationships, low levels of self-esteem, and higher levels of hopelessness and social isolation” (as cited in Arnold, 2017, p.6). Foreclosure identities, characterized by low exploration and high levels of commitment, are typical of those living within cloistered communities because the conditions are such that the young person is unable to explore and evaluate a range of possibilities (Arnold, 2017). These individuals tend to reject experiences that are perceived as “different” or unfamiliar. Moratorium status is characterized by high exploration and low commitment and, like identity-achieved, is associated with increased prosocial capacity (Arnold, 2017). Lastly, high exploration combined with high levels of commitment results in identity-achieved, which correlates with psychologically healthier outcomes for adolescents (Arnold, 2017). Kroger et al. (2010) suggests that the research reflects a trajectory of adolescent development from diffused to achieved status (as cited in Arnold, 2017).

During this period of exploration and experimentation, parents must learn to negotiate psychosocial challenges that commonly occur as a result of adolescent autonomy building.

Parents often struggle to accommodate their adolescent's developmental need for increased independence. This is an important developmental and relational factor to evaluate as it relates to adolescent social media use. Adolescents may use social media to connect with friends and "separate" from parents, reflecting normative development at this stage. However, the all-consuming and pervasive nature of social media use may have profound implications for parent-adolescent relationships and their emotional connections. While earlier theoretical assumptions regarded the individuation process as the most pivotal aspect of adolescent development, more contemporary findings support an autonomy-relatedness model (Samuolis, Hogue, Dauber & Liddle, 2006, p.55). This model urges the adolescent to forge an individual identity by developing an autonomous sense of self, while simultaneously balancing the need to preserve important emotional connections with family members. Empirical findings suggest that the development of autonomy, while preserving an aspect of healthy relatedness, is linked to psychologically healthier outcomes like ego development, family cohesion, and secure attachment styles (Samuolis et al., 2006, p.55). Conversely, stunted individuation has been linked to depression (Samuolis et al., 2006).

Additionally, the pervasive nature of social media has posed questions about how much use is appropriate or beneficial for healthy adolescent development. While the literature suggests that autonomy-supporting parenting styles are beneficial, there may be serious mental health risks associated with unlimited social media access. Therefore, the question arises: how can parents promote autonomy building behaviors while also enforcing appropriate boundaries that protect adolescents from the potential psychological harm associated with social media consumption?

Lastly, it is critical to consider how social media adds new dimensions to the ways in which adolescents experiment, explore, test boundaries, express themselves, and form identities. ‘Constant’ social media consumption may contain risks for healthy identity formation and the development of internalizing symptoms, as is mentioned previously. However, even moderate use contains aspects of social comparison, FoMo, exposure to triggering material, and possible cyberbullying, which may have deleterious effects on development at this stage. Therefore, social media relationships were examined, as they may contain relevant or meaningful information about how relationship and identity building processes have changed through the use of social media.

Conclusion

Both attachment theory and Erikson’s stage of Identity v. Confusion relate to the exploration of how social media impacts psychosocial development in adolescence. Attachment theory focuses on the nature of relationships with primary caregivers and peers as they relate to aspects of social media use and risks for internalizing symptoms. The Identity v. Confusion stage guides the exploration of how social media has changed identity-building processes. It also guides the investigation into how parents can help their adolescent children negotiate these changes to promote healthy development. As indicated earlier, these theoretical orientations each contain unique implications, but they are also interrelated constructs.

Section Five: The Research Question

This research study addressed the knowledge gap around how social media may be impacting adolescent mental health and relationships with parents. The fundamental question this study proposed was the following: how does the use of social media impact parent-adolescent relationships and adolescent mental health, specifically depression and anxiety? The questions included in the digital interviews reflect this general inquiry. Questions about assessment and intervention were also included to explore how therapists are currently working with and around these issues.

This was a qualitative inquiry; therefore, no hypothesis was developed for the purpose of this study. The questions for this study were developed based on the existing research on the subject of social media, parent-adolescent relationships, and mental health. Below is a comprehensive list of sub-questions that guide the scope of this study. The questions are organized into three general categories: 1) social media and mental health, 2) social media and the parent-adolescent relationship, and 3) assessment and treatment with social media issues.

Question 1:

What are the mental health risks therapists have identified to be connected to social media use?

Question 2:

How do therapists view the relationship between social media use and anxiety and depression?

Question 3:

Which aspects of social media use have been observed to ameliorate and/or exacerbate symptoms of anxiety and depression?

Question 4:

How have therapists seen parent relationship dynamics change as a result of social media use?

Question 5:

What are the clinical observations that indicate social media may be impacting adolescent separation-individuation processes from parents?

Question 6:

What are the clinical observations about the concerns and challenges parents have with adolescent social media use?

Question 7:

Are therapists implementing assessment and treatment interventions to address adolescent mental health and relational issues connected to social media use? If so, what are these interventions?

Question 8:

How do therapists work with adolescents and parents around social media conflict?

Question 9:

What interventions have therapists used to address these issues and what are the observed outcomes of these procedures?

Section Six: Research Methodology

Research Design

This study used a qualitative design, which focuses on insider perspectives, and is person-centered, holistic, contextual, and inductive (Padgett, 2016, p.2). Padgett (2016) states “qualitative studies seek to represent the complex world of respondents...[which] emphasize[s] subjective meanings and question[s] the existence of a single objective reality” (p.2). A qualitative design is a good match for this study because the study focuses its inquiry on individual experience and explored the depth and nuance of that experience.

Qualitative one-on-one digital interviews were used to collect data and Grounded Theory was used to analyze the data. As described by Creswell, “the intent of a grounded theory study is to move beyond description and to generate or discover a theory, an analytical schema of a process” (1994, p.62-63). The theory is grounded off data from participants and may be used to “help explain practice or provide a framework for further research” (Creswell, 1994, p.63). Grounded Theory utilizes scientific precision, but also considers the “less measurable” aspects of human experience that are often nuanced and subjective (Pulla, 2014). Grounded Theory was selected for the current study because the study sought to explain relatively new social and psychological processes around adolescent social media use.

When deploying a Grounded Theory approach, the researcher is expected to set aside preconceived notions so as not to impose upon the data an already existing theory; the theory should emerge as an outcome of the coding process, which is consistent with an inductive analytic approach. According to Padgett (2016), Grounded Theory begins with open coding, where the researcher clusters the emerging interview themes into categories. Through the open coding process, the researcher uses continuing comparison to examine similarities and disparities between participant responses (Pulla, 2014). The researcher then uses axial coding to relate the

already existing codes. Selective coding is used to start to build a theory from the existing relationships between the axial codes (Creswell & Poth, 2018). This study will followed the Grounded Theory coding process by using open coding first, axial coding second, and selective coding last with the hopes of generating a theory from the existing data. Memoing was used to track the researcher's ideas about the emerging theory as the data is collected and analyzed.

The study was conducted in New York State and data was collected using digital interviews (surveys) and follow-up phone interviews. Access was assured because contact information was collected for participants through the use of two list serves of LCSW therapists in New York State who treat adolescents ages 14-18 and/or anxiety and depression. An introduction letter was sent to participants to provide information about the study and encourage participation. The letter included a section that obtained informed consent and provided a full overview of the ethical stipulations for their participation.

Data & Subjects

A volunteer sample was recruited through the use of two list serves through New York State Society for Clinical Social Work's website. The first list serve includes 58 LCSW therapists who serve adolescent populations in the New York State area. The second list serve includes 142 LCSW therapists who treat anxiety and depression. Data was collected through the use of one-on-one digital interviews and follow-up phone interviews. Participants were asked to complete the digital interview in a way that best represents their work with adolescent clients (ages 14-18) and their parents. Questions about modality of practice were included in the demographic section of the interview to determine how the therapist works with adolescents and whether or not the therapist includes direct work with parents, either through collateral sessions or family work. Therapists were asked to check all of the modalities they use in practice i.e.

individual sessions, family sessions, dyadic and triadic sessions with parents, collateral sessions with parents, or other. Therapists were asked what percentage of their caseload is comprised of individual work with adolescent clients and what percentage is family work with adolescents. Three participants consented to participate in a follow-up phone interview, which was conducted to allow for elaboration on the participant survey responses.

Feasibility was assured for this study because of the already existing list serves, which included participant contact information. The researcher agreed to share the results of this study with the participating therapists to encourage a higher response rate. A 13% response rate was reached for this study (26 participants). The surveys were anonymous and therefore participants did not have to be de-identified. Participants were asked to provide their contact information if they were willing to participate in a follow-up phone interview after completing the digital interview. All data was stored on a secure and locked computer. The expected sample size was relatively small for this study because it used a qualitative exploratory design. Creswell (1994) suggests that in order to develop a “well-saturated theory,” grounded theory studies typically include 20-30 individuals, but may include many more participants, depending on the particular study (p.159).

Measures

This was a qualitative exploration only; therefore, no validity or reliability of measures can be assessed or reported. However, the following terms and critical concepts were operationalized for the purpose of this study: social media, depression, anxiety, adolescents, parent-adolescent relationships, and interventions.

Social media was operationalized as web-based communication that facilitates the creation and sharing of information and ideas and includes platforms like Facebook, Instagram,

Twitter, Snapchat, and Tik Tok. As it is operationalized for this study, social media does not include gaming. Depression was operationalized according to the following definition and includes sub-clinical levels of depression: “a period of at least two weeks when a person experience[s] a depressed mood or loss of interest or pleasure in daily activities, and ha[s] a majority of specified symptoms, such as problems with sleep, eating, energy, concentration, or self-worth” (“NIMH Mental Health Information Major Depression, 2019). Anxiety was operationalized to include social anxiety and generalized anxiety disorders, according to APA’s definition of these disorders, and sub-clinical levels of these disorders (as cited in Muzaffar et al., 2018). The APA classifies social anxiety as “persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others” (as cited in Muzaffar et al., 2018, p.253). The APA classifies generalized anxiety disorder as “excessive anxiety and worry about a number of activities or events with difficulty controlling the worry” (as cited in Muzaffar et al., 2018, p.253). As was similarly defined by Houghton et al. (2018), subclinical levels were defined as the presence of clinically relevant symptoms that do not meet the full criteria for social anxiety disorder, generalized anxiety disorder, or major depression. For the purpose of this study, adolescence was defined as a period of time, between the ages of 14 and 18, during which children mature physically and psychologically. A parent-adolescent relationship was operationalized as ongoing interactions or mechanisms between parents and their adolescent children. Lastly, an intervention was operationalized as professional activity directed toward improving a client’s quality of life or reducing their experience of distress.

The instrument developed for this study was a structured open-ended qualitative digital interview, delivered to 26 participants. Part I includes 16 questions, including questions about the

therapists and their demographics. Parts II and III include 8 open-ended questions about therapists' observations of adolescent social media use in relation to mental health and parent-adolescent relationship functioning. Part IV includes 4 questions that ask about the ways in which therapists assess and treat and issues surrounding adolescent social media use.

Procedures

Once the Yeshiva University IRB application was approved, on 1/13/20, data was collected through the use of one-on-one digital interviews (surveys) and follow-up phone interviews. Digital interviews were administered through Google Forms and were automatically anonymous. Follow-up phone interviews provided an opportunity for the participants to elaborate on the responses provided in their digital interviews. Phone interviews were conducted with all participants who volunteered (three). All responses were stored on a secure computer file on a locked computer that was password protected. An introduction letter was emailed to the participants to provide information about the current study. The letter also included a section that obtained informed consent from participants. Participants were informed of the purpose of the study and the voluntary nature of their participation. They were informed that they could refuse participation at any point during the study. They were informed that they would receive access to the findings in the aggregate. Lastly, participants were informed that all cases discussed would ensure anonymity of client base.

Data collection took place in phases. Therapists were first emailed with information about the study and to obtain informed consent. Once the participants consented, a first e-mail delivery of the survey took place. After approximately three weeks, participants received a first reminder and request for their participation. A second reminder and request for participation was sent out in another three weeks. A third and final reminder was sent out two weeks later. Follow-

up phone interviews were conducted with three willing participants to allow for an elaboration on survey responses. After all of the data were collected it was then analyzed using Excel to assist in organizing.

Data Analysis Strategy

Upon completion of the data collection, the researcher transcribed all of the follow-up phone interviews. The phone interviews were transcribed manually to ensure greater accuracy. Once all of the interviews (survey and phone) were in to text format, the researcher transferred the data to an Excel document for further analysis. Inductive coding was then used to organize the data by assigning codes that emerged from the data. The data was analyzed manually and memos were kept to record the researcher's process of analysis.

Adhering to the concepts inherent in Grounded Theory, the researcher utilized open, axial, and selective coding to analyze and interpret the data. Two methods of triangulation were used to increase the validity of the collected data, including methodological and investigator triangulation. The researcher employed methodological triangulation by using more than one method to collect the data (online surveys and phone interviews) (Leech & Onwuegbuzie, 2007). Investigator triangulation was used as the researcher conferred with another researcher to confirm the identification of themes (Leech & Onwuegbuzie, 2007).

Data Analysis and Coding

The dataset was comprised of twenty-six online survey responses and three follow-up phone interviews. As discussed above, the researcher used inductive coding to select themes from within the dataset. Using inductive coding, the researcher engaged a three-step coding process, including open, axial, and selective coding. Open coding was used first by exploring the general themes emergent within the data. The researcher engaged this process by isolating

subsections within the data and identifying themes within each subsection. The subsections were comprised of the participants' collective responses to each individual survey question. The survey questions served as the category title and several themes were identified within each category. These themes were labeled appropriately within the data. Combinations of word-by-word and line-by-line coding were used to identify themes within each subsection of the data.

As a next step, axial coding was used to group the open codes into broader categories. Engaging the process of axial coding, the researcher collapsed individual open codes by combining them into broader categories and listing their subthemes. This was done by color coding the open codes and placing them into axial codes. Once axial codes were created, the researcher was able to identify the number of times each theme emerged within the data, which provided an understanding of the theme's relevance. Lastly, selective coding was used to select the most important categories and begin to form a theory or explanation based on their relevance to the over-all and sub-research questions. At this stage of analysis, themes were examined within and between each subsection of the data. The analysis of themes concluded once saturation was reached and new themes/explanations (or variation) were unable to be identified within the data. The researcher, who conferred with another researcher in this process, conducted the selective coding process.

Section Seven: Results

Participants

The current study contained a sample of twenty-six LCSW therapists, the majority of which were Caucasian (62%) and Female (75%). There were small variations in ethnicity amongst therapist participants, as is illustrated in Figure 1 below. Participant ages ranged from 29 to 73 years old, with a mean age of 43 ($M = 43.46$, $SD = 14.42$). The average amount of time in clinical practice between the participants was approximately 13 years ($M = 13.21$, $SD = 11.86$). Additionally, 50% of the sample (12 therapists) reported working in a private practice setting, approximately 21% in a clinic setting, and the remaining 30% reported other variations of practice settings, including school social work, teaching, training, or a combination of practice settings, as is represented in Figure 2 below. The average caseload amongst all of the participants was approximately 19 sessions per week, ($M = 19.38$, $SD = 11.12$) with an average of 44% of the work conducted with adolescent clients ($M = 44.17$, $SD = 29.71$), shown in Table 1.

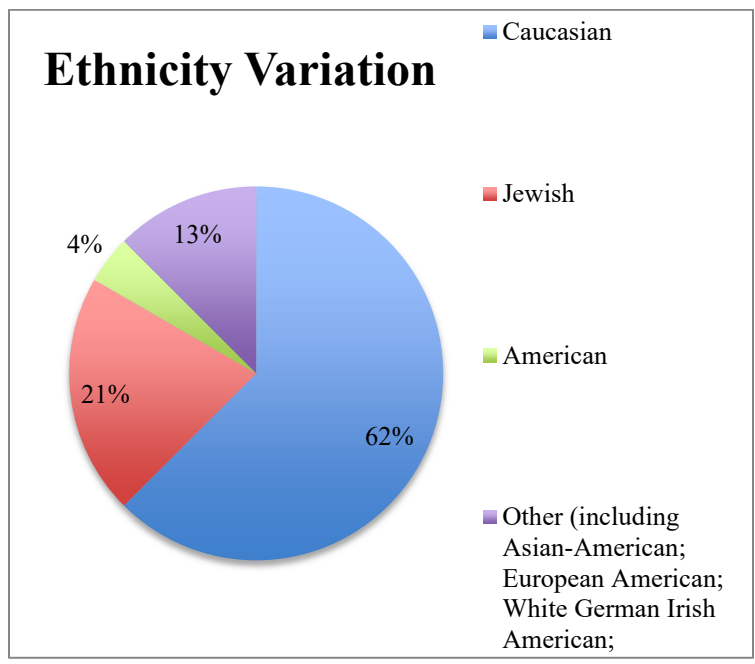
Table 1

Demographics

	Range	Mean	SD	% of N
Therapist Age	29-73	43.46	14.42	--
Weekly Caseload Size	1-50	19.38	11.12	--
% of Work with Adol	0-100	44.17	29.71	--
% of Work with Families	0-100	22.86	23.14	--
% of Dyadic or Triadic Work with Adol	0-100	18.33	26.31	--
Years in Clinical Practice	1.5-50	13.21	11.86	--
Parent of Adolescent Over 14	--	--	--	41.67
Treat Adults with Adolescent Children	--	--	--	62.5

Figure 1

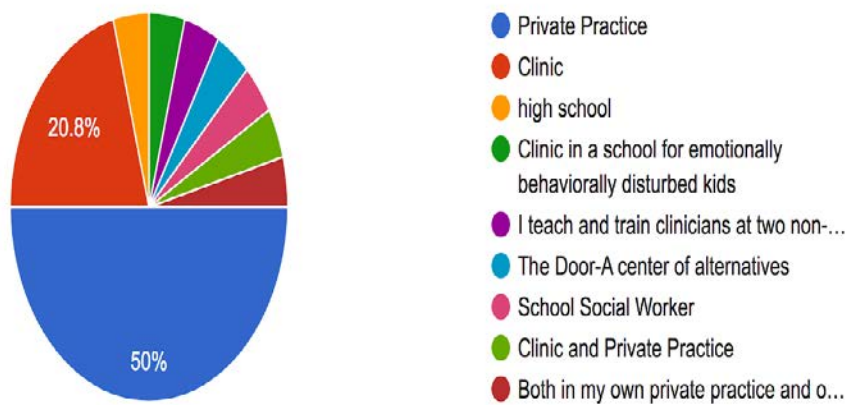
Therapist Ethnicity



Note. 62% of therapists were Caucasian

Figure 2

Practice Setting

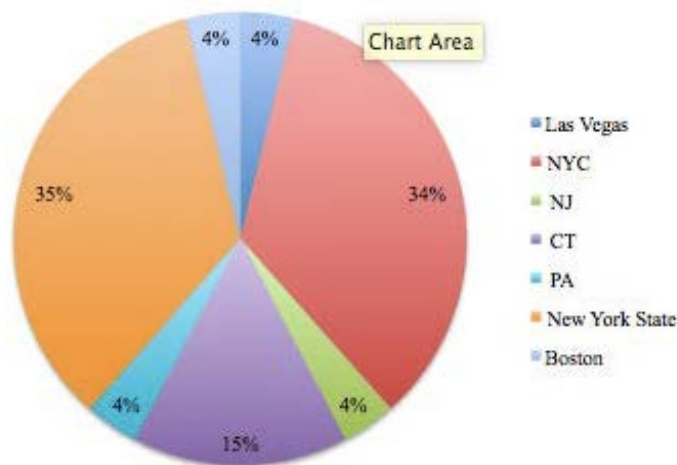


Note. 50% of therapists were in private practice

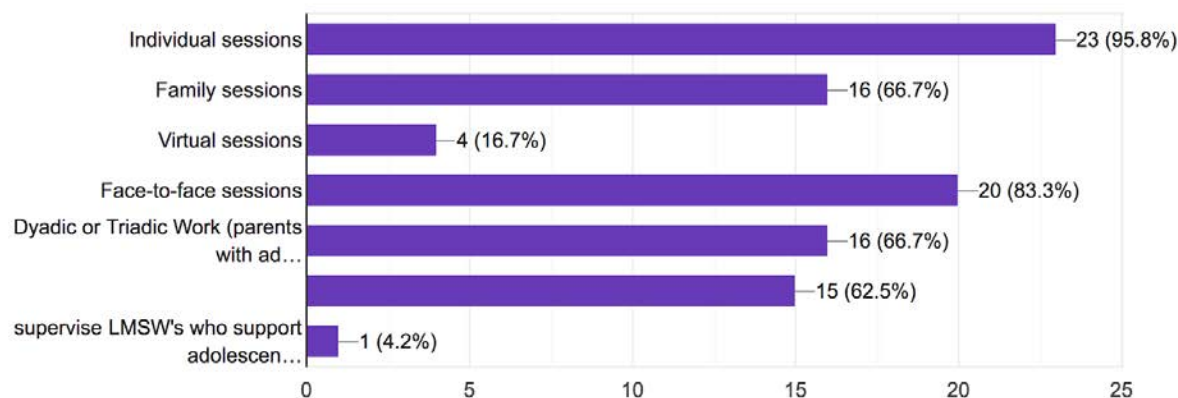
As is shown in Figure 3 below, approximately 70% of therapists reported working in the New York area, 15% reported working in Connecticut, and the remaining 15% were comprised of therapists working in Boston, Las Vegas, New Jersey, and PA. Approximately 96% of the surveyed therapists reported that they conduct individual sessions; 67% reported doing family sessions and another 67% confirmed that they conduct dyadic and triadic sessions with parents and adolescent clients (Figure 4 below). The two most preferred intervention methods were relational and CBT. A large majority of therapists (67%) indicated their preferred intervention methods were relational, while approximately 62% preferred CBT interventions and 54% preferred psychodynamic interventions. Lastly, 33% of the respondents selected attachment-based interventions as a preferred intervention method (shown in Figure 5 below).

Figure 3

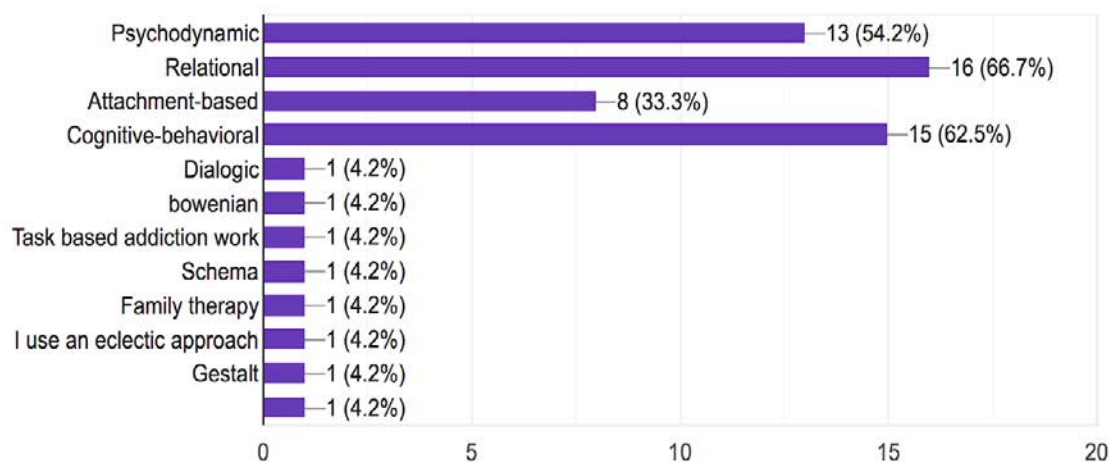
Therapist Location of Practice



Note. Approximately 70% of therapists practice in the New York area

Figure 4***Modalities***

Note. Majority of therapists conduct individual sessions, family sessions, and dyadic and triadic sessions.

Figure 5***Preferred Intervention Methods***

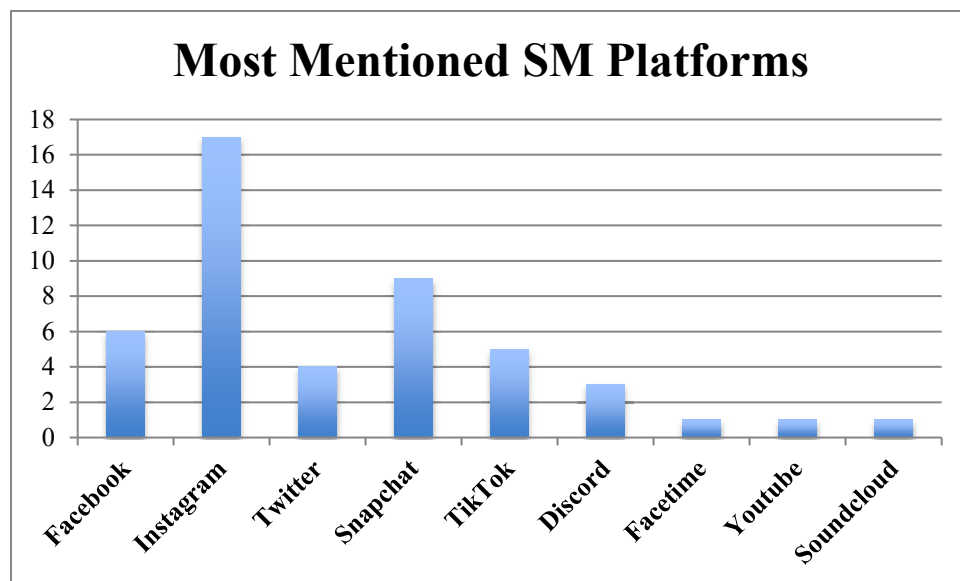
Note. Relational and CBT approaches were the two most preferred intervention methods

Therapists also reported the kinds of social media platforms they hear clients talk about in session. Instagram was the most commonly mentioned social media platform, with 70% (17

therapists) of therapists reporting that their adolescent clients use Instagram. Therapists also commonly reported that their adolescent clients used Snapchat, Facebook, and TikTok, as illustrated in Figure 6 below.

Figure 6

Most Mentioned Social Media Platforms



Note. 36% of therapists identified Instagram as a social media platform used by their adolescent clients

Thematic Findings

Countertransference

When asked about their countertransference reactions to issues pertaining to social media use, therapists' reactions varied. Some of the therapists empathized with the challenges adolescents and parents face in a "social media world," specifically the adolescent's exposure to inappropriate content, struggles with feeling addicted to social media, and the parents' sense of powerlessness in navigating these issues. However, the most common countertransference reactions expressed were the frustrations therapists felt toward parent "passivity." Therapists

described feeling frustrated by parents who don't acknowledge the role they play in establishing effective boundaries around social media use or in trying to engage their adolescent children in activity outside the social media world. One therapist stated,

“I have both felt empathic towards their feelings of frustration and powerlessness, but I've also been frustrated by some parents' struggle to work on ways to add fun and connection from different directions, rather than harping on and nagging them to get off their phones.”

Lastly, some therapists expressed their personal feelings towards social media and discussed how these feelings may affect the ways in which they reflect and think about content related to social media in session. One therapist voiced a personal aversion to social media and its “toxicity,” which the therapist speculated impacts the ways he/she assesses and intervenes around clinical issues pertaining to social media.

Social Media and Mental Health

The following describes some of the mental health risks therapists have identified to be connected to social media use:

Two main categories of mental health risk factors emerged from within the data: interpersonal mental health risk factors and individual mental health risk factors. Social isolation, or “disconnection,” was the most commonly identified interpersonal risk factor associated with adolescent social media use, with 27% of therapists identifying this as a risk factor (see Figure 7 below). Other interpersonal risk factors mentioned included loose boundaries, poor social skills, self-comparison, cyber bullying, and disruption of family relationships. Loose boundaries referred to the “always on” culture of social media as well as the crossing of sexual boundaries through the use of various social media platforms.

Amongst the individual risk factors described by therapists, anxiety was most commonly associated with adolescent social media use and identified as a risk by 32% of therapist respondents (illustrated in Figure 8 below). Amongst other mentioned individual risk factors associated with adolescent social media use, depressed mood was identified by 20% of therapists and low self-esteem by 18%. It should be noted that there is a great deal of relatedness between individual and interpersonal risk factors, such that some of these variables may be reciprocally related. Several therapists discussed the interrelatedness between individual and interpersonal risk factors. They suggested that many facets of social media use and the ways it's engaged with contribute to a multitude of intrapsychic problems. Similarly, intrapsychic problems related to anxiety and depression may impact the interpersonal aspect of social media engagement as well. Several therapists indicated a plausible relationship between individual and interpersonal factors, including one who stated,

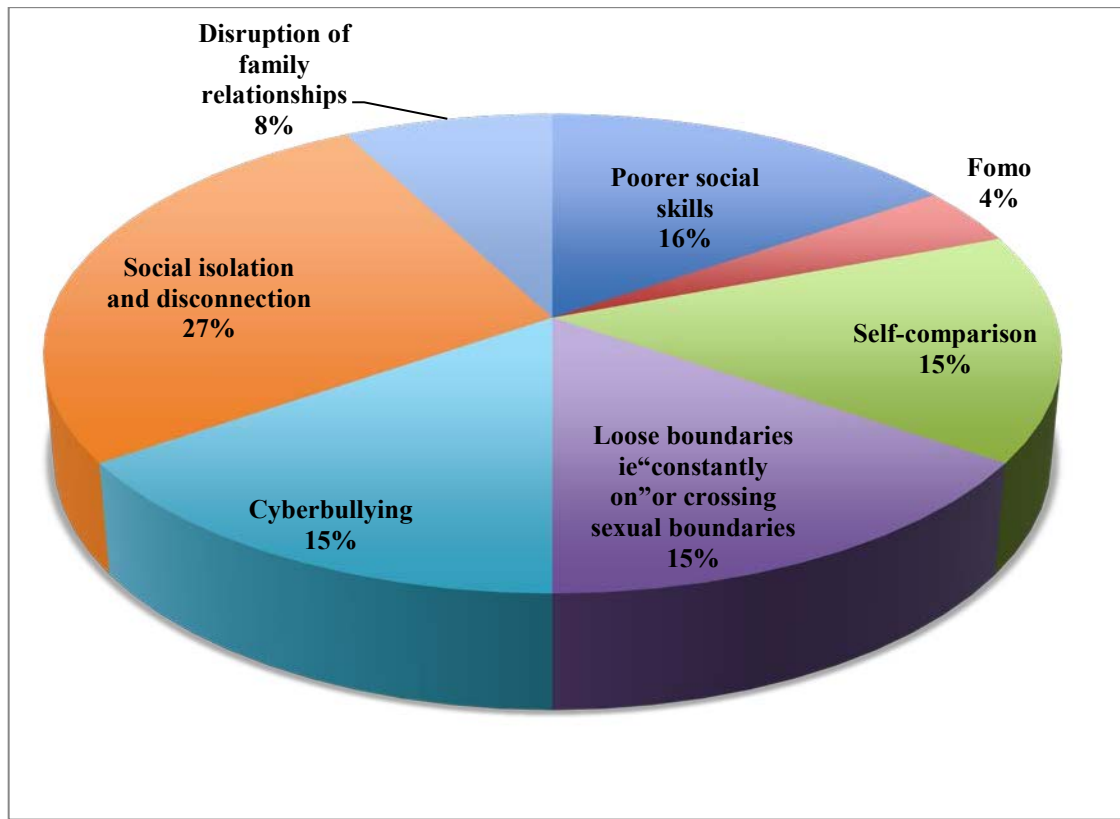
“Anxiety and depression [are] related to the need to be constantly interacting [with] and/or responding to others....”

Another therapist stated similarly,

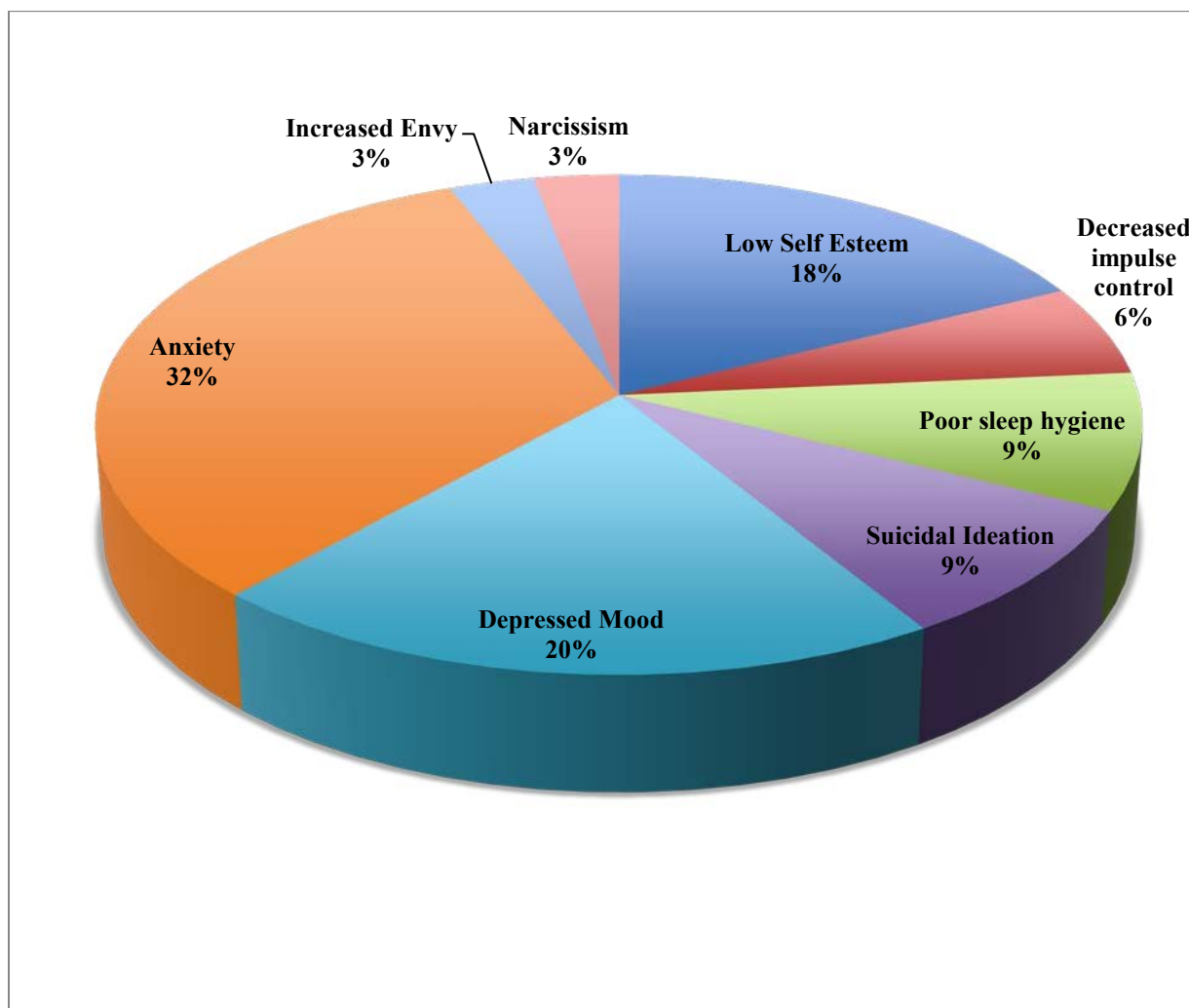
“Often significant relational exchanges transpire on these [social media] platforms and it can take time with some of the adolescent clients I work with to begin to identify and unpack the relational disconnect contributing to anxiety symptoms, particularly interpersonal anxiety.”

Figure 7

Interpersonal Mental Health Risk Factors



Note. Social isolation/disconnection was the most commonly identified interpersonal risk factor

Figure 8***Individual Mental Health Risk Factors***

Note. 32% of therapists identify anxiety as a risk factor

The following paragraphs summarize therapist observations of the relationship between social media use and anxiety and depression:

75% of therapists stated that social media is linked to symptoms of anxiety or depression. Several therapists discussed the ways in which social media can exacerbate already existing symptoms. They propose that there may be underlying symptoms, such as low self-esteem, that negatively impact the ways in which social media interactions are funneled through adolescent

psyches. While this may be true for in-person interaction as well, therapists point to a marked difference in online interaction where there is an absence of eye contact, tone, and other affective responses. The elimination of the affective feedback typically available in in-person interactions may result in more internal rumination and, ultimately, increases in anxiety and depression. One therapist explained,

“It seems like the disconnect between reading emotional content without face to face or vocal communication often leaves a lot of room for doubts and insecurity related to presumed feelings in the other person. And in a subtle way it seems like it can contribute to being guarded in emotional expression as well.”

Many therapists suggest there are various feelings or processes associated with online interaction, such as envy, FoMo, cyber bullying, and the preoccupation with self and others that contribute to symptoms of anxiety and depression. One therapist stated,

“In terms of social difficulties, often times, those that look at other's pages and accounts can tend to assume that others' lives are better than theirs, envy the physical appearance or material things that others have, and then feel bad or insecure about their own body, social circle, life...”

Another stated,

“If someone struggles with low self esteem or anxiety it can be exacerbated by social media, but I think if someone has a really strong sense of themselves, obviously they are much less vulnerable to it.... just like in a classroom if people are whispering and talking, one kid might think they are talking about them and the other kid could care less about what they're talking about...they can use social media to reinforce their distorted ideas, so they can use it as supposed proof when it isn't really proof.”

Again, this may refer to the unique ways of relating through social media, where adolescents are able to interact with other people in certain capacities, but are often left to process those interactions and their meanings in the absence of others.

Other respondents discussed the quantity of their adolescent clients' use as an important determinant in the development of symptoms of anxiety and depression. Lastly, therapists identified the use of social media as a coping mechanism, which some discussed as a positive mental health resource available to alleviate symptoms of anxiety and depression. However, other therapists identified "avoiding feelings and real life" as a possible harm that may result from adolescents relying on social media as a coping mechanism, which may in turn exacerbate symptoms. One therapist suggested that "checking" social media accounts both contributed to client anxiety while simultaneously serving as a self-soothing mechanism for the client's anxiety:

"Compulsive checking of social media feeds reinforces my patients' anxiety and their obsessive thinking cycle. It also serves as a self-soothing tool when they are feeling distressed or lonely, however thus creates a compulsive reaction to check social media in response to any negative emotion. The most obvious result of this is in turn an increase in anxiety..."

The following details specific aspects of social media use therapists have observed to ameliorate and/or exacerbate symptoms of anxiety and depression:

Variables most commonly associated with symptoms of anxiety and depression were examined across three subsections of the data. The most notable variable associated with symptoms of anxiety and depression was "self-comparison"(identified by 31% of therapists), followed by "relational disconnect/social isolation" (identified by 26% of therapists). The other variables that therapists identified as closely related to symptoms of anxiety and depression

included the “always on” culture/poor boundaries, Fomo, and cyber bullying (see Figure 9 below).

Additionally, 46% of respondents mentioned community and social connection as an aspect of social media that is positive for mental health outcomes and may reduce symptoms (see Figure 10 below). One therapist described a sense of community that can be shared through social media, explaining that this was particularly impactful for LGBTQ clients or clients who feel alienated in their relationships at home. Other therapists discussed ways social media can be engaged to disseminate positive mental health messages, which may also reduce the experience of stigma around mental health issues. One therapist described this stating,

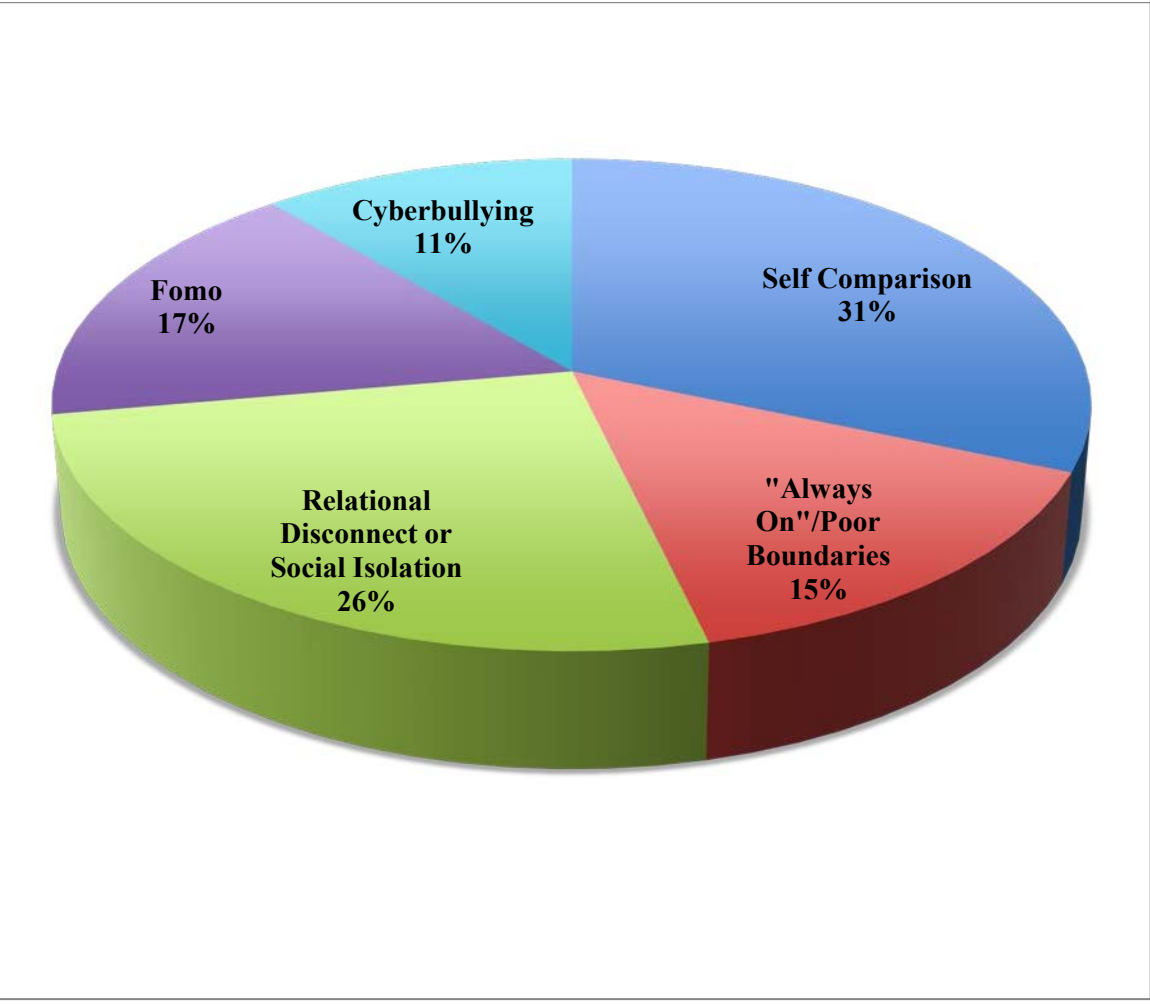
“When social media is used to access positive images or message and show examples of healthy alternative behaviors or inspiring people, that's when it can be helpful. It can also help adolescents feel less isolation when they can feel their experience is normalized and validated within a community of peers or those who can relate to them.”

Lastly, therapists discussed ways social media can be used as a vehicle for self-expression, which they identified as either having a negative or positive impact on adolescent mental health, depending on the kinds of expression and the ways adolescents assign meaning to and use these opportunities for self-expression. One therapist said that social media allows adolescents to reflect a persona that they are “unable to reflect in person.” Other therapists spoke about ways adolescent clients utilize social media to express feelings they may not otherwise feel comfortable or be able to express. One therapist shared,

“Some of my patients use a fully private twitter account to share their thoughts and feelings privately, as a way of expressing their thoughts and coping with frustration.”

Figure 9

Variables Most Commonly Associated with Sx of Anxiety and Depression



Note. Self-comparison was identified as the variable most associated with symptoms of anxiety and depression

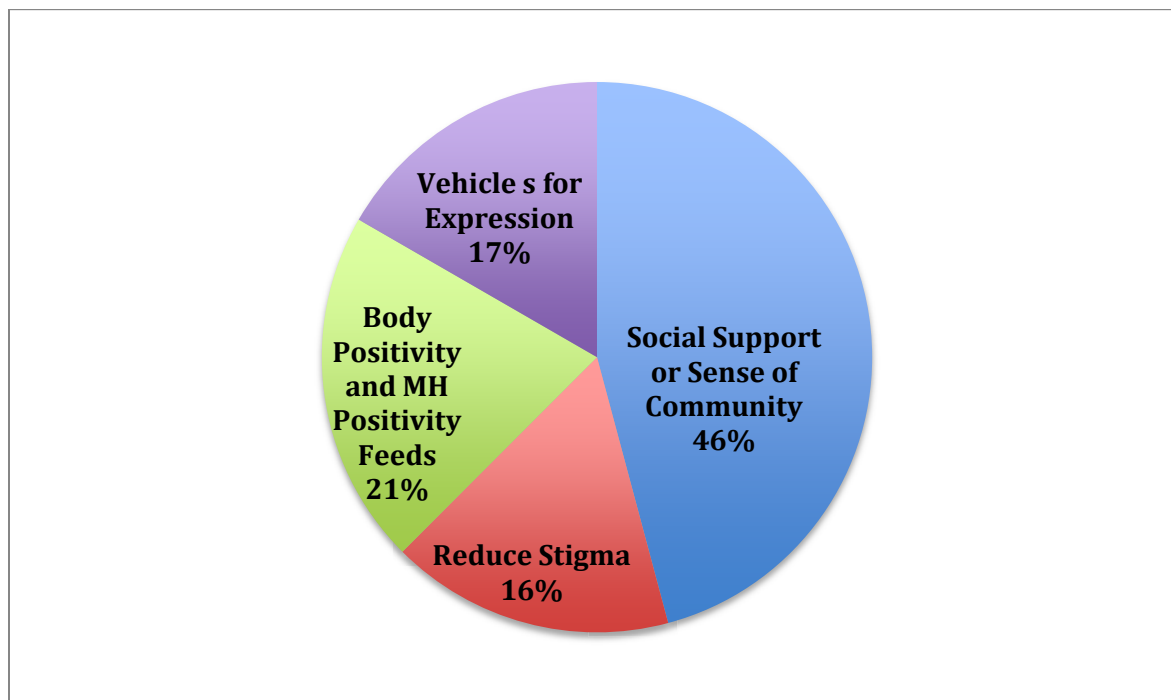
Figure 10***Positive Aspects of Social Media Use***

Figure 10. 46% of therapists identify social support as an aspect of social media that is positive for mental health

Social Media and the Parent-Adolescent Relationship

The following describes how therapists have seen parent-adolescent relationship dynamics change as a result of social media use:

A noticeably small minority of the sample (one therapist) indicated the possibility of positive (or neutral) change to parent-adolescent relationships as a result of social media use. The therapist stated, “Parents have been able to deduce what is important to their child based on what they post.” This suggests that parents may be able to use social media to glean more insight into the inner and outer lives of their children. However, a large majority of therapists (83%) reported that the parent-adolescent relationship is negatively affected by social media use. The most

notable negative change, cited by eleven therapists, is the increase in relational disconnect between parents and adolescents. Therapists reported that parents feel like they can't compete with social media in captivating the attention of their children. Therapists also reported that parents struggle to understand the importance of social media to their adolescent children, which may increase the adolescent's frustrations towards the parent and potentially increase the child's desire for social media use, as a result of the increased disconnect at home. One therapist stated,

“Parents feel like they can't compete with ‘the screens’ and have difficulty finding ways to connect meaningfully with their teens. Adolescents often feel like their parents don't ‘get it’ and are not interested in learning more about what they get out of the social media use and/or what they are interested in.”

Additionally, 25% of therapists described observations of poorer quality parent-child interaction as a result of social media use, including higher levels of conflict, increased secrecy, increased disengagement, and less communication. One therapist illustrated this by discussing the fragmentation of adolescent attention and ways this can impact relationships with parents, stating

“Quality time between parents and adolescents has become less sincere and connective even when the family is together ex. at a meal, the young person may also be holding conversations with others on social media and therefore they are disconnected from their parents.”

Lastly, therapists discussed ways adolescent social media use may increase parent anxiety. One therapist explained,

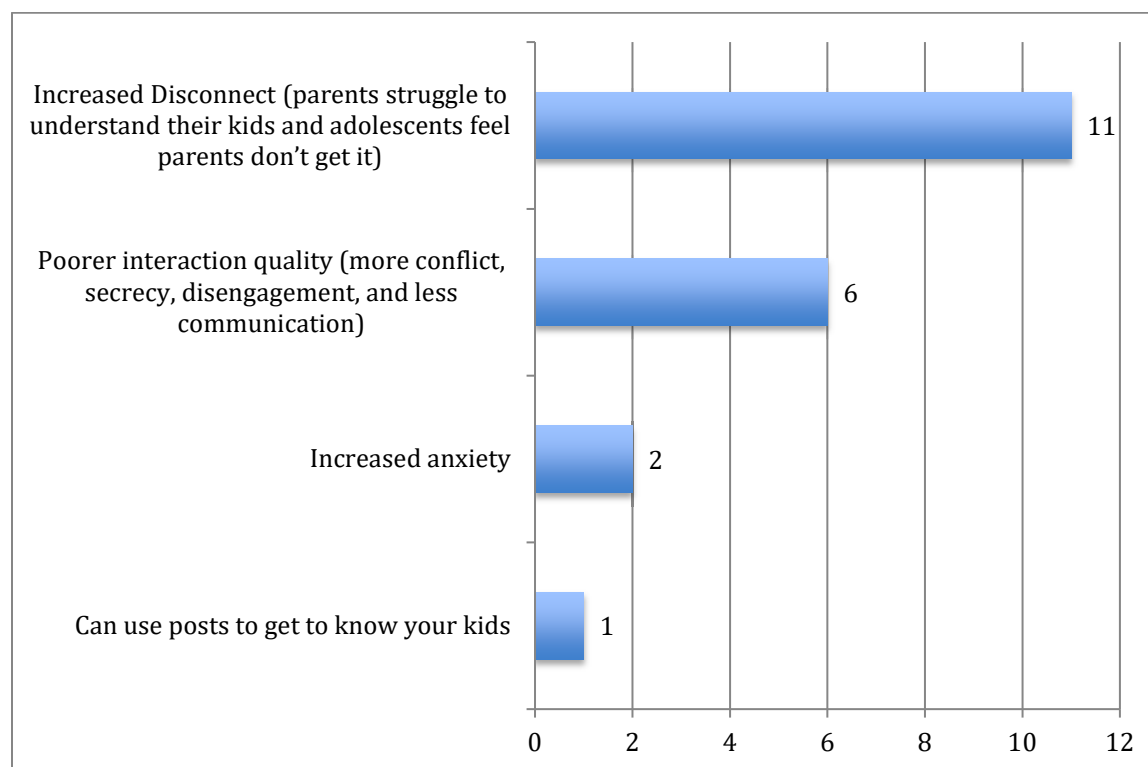
“Parents have increased anxiety about what their children are being exposed to and the social stresses that they may be experiencing. Parents may feel that they do not know how to protect their children from the stresses experienced on social media, and also that

they do not know how to support their children effectively when these stresses present themselves.”

It should be noted, the themes identified as possible changes to parent-adolescent relationships may be related in different ways and should be considered accordingly. Figure 11 below provides a visual representation of the changes to parent-adolescent relationships as a result of social media use.

Figure 11

Aspects of Parent- Adolescent Relationship that are Impacted



Note. 46% of therapists reported increased disconnect in parent-adolescent relationships as a result of social media use

The following is a summary of the clinical observations about the concerns and challenges parents have with adolescent social media use:

Parent concerns about adolescent safety and productivity was reported as the most common concern/challenge parents have regarding adolescent social media use. Therapists discussed parent concerns with and challenges around navigating adolescent exposure to and activity with sexually explicit material, specifically “inappropriate posting” and “sexting.” Other safety concerns were regarding the adolescent’s potential exposure to harmful messages and cyber bullying. They also discussed parent concerns over the impact social media has on academic performance and other forms of in-person activity. Therapists discuss ways parents find it challenging to navigate boundaries and limit-setting around social media use, both with the quantity (amount of time) and quality (content) of use. Therapists suggested that one of the biggest challenges/conflicts emerge as a result of an “erosion of boundaries,” referring to the ways adolescents disregard, or remain unaware, of important personal boundaries and the ways parents struggle to enforce effective limit-setting around social media activity. One therapist illustrated potential conflict as a result of poor boundaries, stating

“Everything to do with nude photos, because that is a definite conflict space. If the parents find out they tend to get very angry in which case I have to have the conversations of, ‘we try not to slut shame people, and how do we also have someone follow family rules, family guidelines and take it more as a safety perspective.’

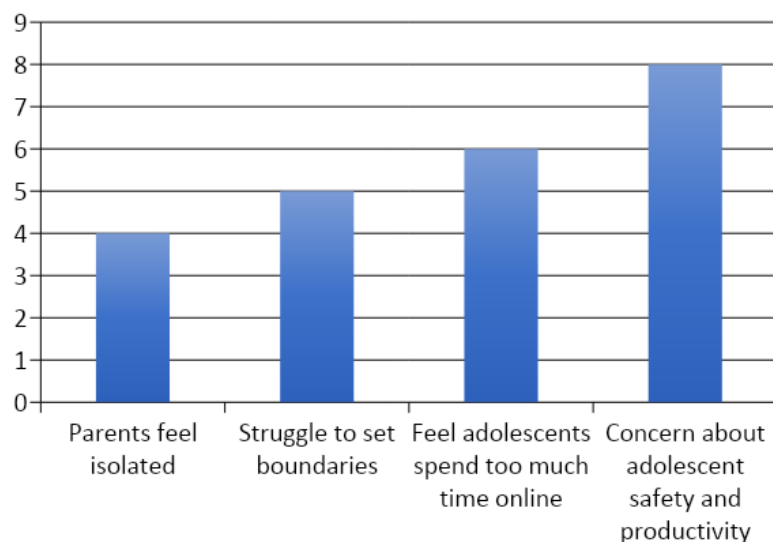
Otherwise, mostly [conflict occurs] when the social media interferes with the academics, so if someone’s grades are dropping and the parents check the phone and see that you’ve been on the phone 6 hours the night before Facetiming somebody...”

Lastly, as was similarly mentioned previously, therapists suggested that parents feel isolated from their children and struggle to manage effective in-person communication. Figure 12

represents the most commonly reported concerns and conflicts parents have with adolescent social media use.

Figure 12

Parent Concerns/Conflicts



Note. Concerns about adolescent safety and productivity were cited most

The following are the clinical observations that indicate social media may be impacting adolescent separation-individuation processes from parents:

All of the themes discussed above were also mentioned within the context of separation-individuation and ways this process may be impacted by social media use. Therapists discussed ways social media provides increased opportunity for separation from parents, providing them with a space to engage life outside the home. Therapists discussed ways adolescents can use social media as a vehicle for self-expression, which they indicated might potentially support the individuation process as well. The tone in which therapists discussed separation-individuation through social media use varied, where some therapists viewed it as a positive thing, some viewed it neutrally, but the majority of therapists seemed to view this process as potentially

negatively impacted by the use of social media. One therapist wrote about the degree of separateness created through social media engagement stating,

“Adolescents end up having very private lives that their parents are unaware of since much of what they do takes place on a phone without verbal communication.”

Conversely, another therapist cited the many ways social media may be used to support positive separation-individuation, explaining

“For many clients there have been a lot of positives around social media, particularly in having space to explore emotional experiences they feel they can't in their family, get support, and make connections. Some clients have used it as a space for political organizing and activism. Others are able to explore their gender or sexuality through social media in ways they feel freer than doing in person but have informed their in-person development, expression and sense of belonging.”

Assessment and Treatment Interventions

The following summarizes the ways in which therapists assess and treat clinical issues related to social media, including a discussion of the observed outcomes:

Approximately 75% of therapists reported that they include assessment questions around social media use. Questions most commonly explored the kinds of social media adolescents use, how they engage with it, and the impact it has on sleep hygiene and aspects of social life. Some stated they ask about the adolescent's social networks, both in-person and online. Another therapist talked about “tracking” family life to get a sense of how much social media is used within the family. Only one therapist reported including assessment questions that explore how adolescents feel when disconnected from social media. The remaining 25% of therapists

indicated that either social media doesn't "come up" in session or they do not have assessment questions to obtain information about this aspect of the adolescent's life.

Table 5 above suggests that most therapists preferred to use relational (67%) and CBT (63%) interventions to guide their clinical work with clients. Additionally, Table 13 shows the specific interventions therapists have implemented with clients, either in individual or family sessions with adolescents. 41% of therapists discussed using interventions aimed at improving boundaries and limit setting. Some discussed doing this individually with the adolescent, but most discussed doing this work more with parents. One therapist reflected his/her work with parents stating,

"I believe that every family has their own narrative and way of thinking about things. I am not an advice-giver, but I do believe that every family needs rules to function. I try to work as a 'team' and figure out how parents are setting rules with regard to social media use/access."

The following case vignette demonstrates work conducted with an individual adolescent to improve boundaries:

One example is of a 14 y/o cisgender female last week. She was excited to share that she's "talking" to five different guys as of the last hour or so. She wanted to FaceTime at least one of them later that evening. The client struggles with over-sleeping and difficulty waking up in the morning due to taking her medications too late in the evening. As we were meeting at 7pm and she would not be home until at least 8:30pm, we discussed how she navigates her FaceTime chats. She admitted that she spends 2-3 hours talking to people and really enjoys feeling connected to the boys. We discussed how delaying taking her meds to talk to the boys would impact her in the morning, contributing to

issues she is having at school with missed class/arriving late. I challenged her to postpone the FaceTime calls until the next day and to start earlier in the day. She became anxious that they wouldn't be interested the next day. This led to conversations about immediate gratification and her fear of setting boundaries with boys who ask things of her because she doesn't want to lose the attention (an ongoing topic in therapy). By the end of the session, she agreed to SnapChat with the two boys she was most interested in on the drive home (parents driving) and to set up a FaceTime date the next day.

Another therapist described working towards helping adolescents create better boundaries by helping them evaluate the risks around certain kinds of social media activity. The therapist described these interventions in the following case vignette:

An example, one of my group members, a young gay man, who is like 14, was talking to a friend and had decided he was going to sneak out and call an Uber and go to this guy's house...And the stranger was willing to pay for him to take an Uber to a place he's never been with guys he's never met and he was able to recognize 'that's not safe' so he...shut it down...he made the choice not to and so in that space its about acknowledging how courageous that is.... working with him around you did a good job, how did you make that decision, what is your inner kind of risk assessment and just validating that thought process, because he cant talk it through with other people because he'll get in trouble.....but just keeping it neutral, because if he did go, I need to be able to talk about safety without adding any shame, and if something bad happened to not have the client feel like its their fault.

Another therapist stressed the importance of creating boundaries around the clinical work and described ways he/she communicates these boundaries to clients, stating

“I say upfront, I don't do social media. If you find me on anything, I will ignore you. I don't accept friend requests, I don't communicate with clients through social media...I don't want someone to message me on Facebook and think I'm going to see it and then wake up in the morning and see like I'm contemplating suicide, so navigating that space because the teens are so used to that instant response on social media...”

Additionally, 20% of therapists focused their interventions on building insight with adolescents through reality testing around the adolescent's perceptions of others, examining underlying reasons for use, and reflecting on benefits/harms of use. One therapist stated,

“I use a cost benefit analysis and motivational interviewing. I get the client to examine their feelings in relation to social media, and the benefits of setting their own boundaries around their social media use. I empower them to take control of their social media use, and to put the phone away and do other things. I also encourage clients to pick up the phone and call people, to hear their friend's voices. I have them consider the difficulty determining a "tone of voice" or attitude while texting.”

One therapist provided the following case vignette to illustrate a behavioral intervention used in conjunction with some insight building:

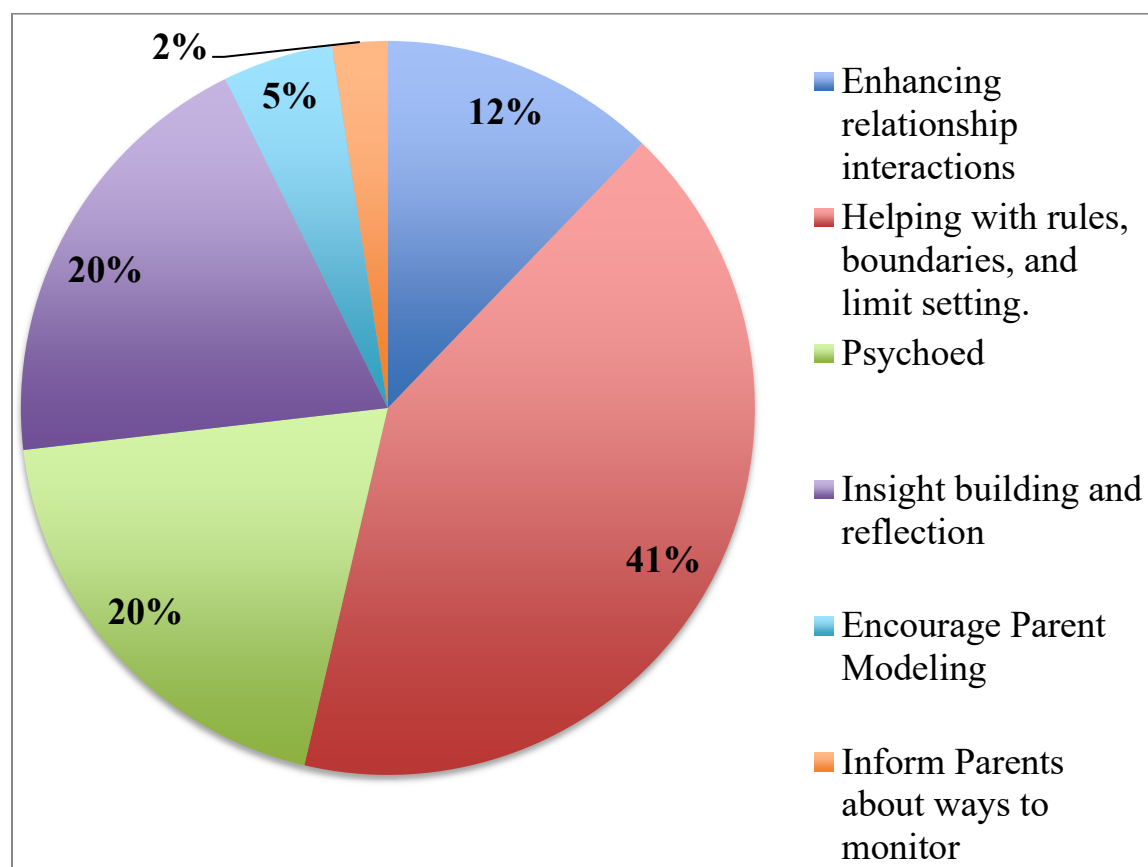
“For another client struggling with an eating disorder, I asked to see the type of posts on their Instagram and Tumblr feeds. They admitted to having pro-eating disorder material on both apps. We discussed the impact of this on their struggle to recover. As the adolescent did not feel ready to delete the accounts, we brainstormed ways of balancing the content with pro-recovery accounts. The next week, the client shared that it was helpful to have both voices within them represented - the side that wants to keep the ED and the side that wants to recover from it.”

Other interventions were geared towards enhancing the quality of interpersonal interactions, which included negotiating compromises, facilitating effective communication, and working towards positive conflict resolution. Other therapists said they provide parents and adolescents with psychoeducation about the impact of social media use, encourage parent modeling through moderate phone use and healthy boundaries, and inform parents about ways to monitor adolescent social media activity. One therapist described the ways in which he/she encourages parent exploration around adolescent social media activity, stating

“I just try to get the parents to listen to the language, listen to what are they saying, who are they talking to, and trying to be aware of that digital footprint.”

Figure 13

Clinical Interventions



Note. The most commonly used clinical intervention were geared towards helping implement rules, boundaries, and limit setting

Limitations

Several limitations exist for the current study. This study used a relatively small sample and recruited participants that were predominantly living in New York State; therefore, the findings are non-generalizable and limited to a relatively small geographic region. Additionally, the 13% participant response rate was not ideal for this study. The open-ended style interview questions may have created a large variation in participant responses. However, this study chose to use a qualitative design with open-ended questions because a relationship between variables has not yet been determined.

Additionally, because this is a qualitative study, it only conducted a preliminary exploratory investigation into the ways in which social media impacts adolescent relationships and anxiety and depression. Additionally, the data may be skewed because it only includes observations of adolescents who are already in therapy and excludes observations of adolescents who are not yet engaged in therapy. Because the sample excludes observations of adolescents who are younger than 14, the data does not reflect this stage of adolescence. In addition, the data does not include a consideration of differences across the gender continuum in how adolescents engage with and are impacted by social media. Lastly, only trends may be indicated through this study because of its qualitative design; causation cannot be determined.

Section Eight: Discussion

The current study investigated the clinical implications of adolescent social media use, which included an exploration of the impact social media has on symptoms of anxiety and depression, parent adolescent relationships, and the conceptualization of treatment. While previous findings have listed some of the mental health factors associated with social media use, they have failed to explore some of the complex intrapsychic and relational processes underlying these issues. Additionally, previous research has excluded an examination of the ways in which assessment and intervention are conducted around problems relating to adolescent social media use. The current findings expand our understanding of these complex processes as they pertain to symptoms, relationships, assessment, and treatment.

Among some of the major findings, “relational disconnect” emerged as the most prominent interpersonal mental health risk factor associated with social media use. It refers to decreases in in-person interaction and the kinds of connection typically available through in-person interaction. This research is consistent with earlier findings that suggest a decrease in in-person interaction is associated with social media activity (Fovotto et al., 2019). However, these findings provide insight into some of the human thoughts, feelings, and relational processes underlying the absence of in-person interaction, as well the processes underlying the new forms of engagement available through social media.

The current study suggests that the typical features of in-person engagement, like affect, tone of voice, eye contact, and a rhythm of back and forth feedback, are not as available through social media interaction, which may lead to decreases in the depth and nuance of human relating (“relational disconnect”). Therapists indicated that peer interactions through social media often reflect more superficial ways of relating, instead of being really connective. Additionally, the

current findings suggest that “increased disconnect” was the most commonly observed change to parent-adolescent relationships as a result of social media use. This is reflected in the amount of time adolescents spend using social media and disengaging from their parents. Therapists discussed parents’ struggle to understand and relate to their child’s interest in social media activity and the adolescents’ feeling like parents “don’t get it” as some of the feelings that underlie much of the disconnect in parent-adolescent relationships. Additionally, poorer interaction quality between parents and adolescents was identified as the second most commonly observed change to parent-adolescent relationships as a result of social media use. Poorer interaction quality included things like higher levels of conflict, secrecy, and disengagement, and lower levels of communication. The current findings indicate that the quantity of time spent in adolescent relationships and the quality of these relationships (with parents and peers) have been greatly impacted by the use of social media.

As indicated in earlier work, positive parent-child relationships promote psychological adjustment and aid in the management of life stressors (Oliva et al., 2014, p.515) (Telzer & Fuligni, 2013). Additionally, as indicated by Goede et al. (2009), positive peer relations serve as a protective factor against the development of internalizing problems in adolescence. Through positive peer relations, adolescents build confidence, self-esteem, and have access to more emotional support (Oliva et al., 2014). This study demonstrates a loss of positive connection in relationships, both with parents and in relationships outside of the home, as a result of social media use, which may have profound implications for symptoms of anxiety and depression. These findings have real implications for assessment and treatment with adolescents and will be elaborated on further in those sections.

Additionally, the current findings suggest that anxiety and depression are the most common mental health risks associated with adolescent social media use. “Self-comparison” and “relational disconnect” were identified as two factors associated with social media use that are most relevant to symptoms of anxiety and depression. Consistent with earlier findings from Weinstein (2017), this research suggests that self-comparison is strongly associated with symptoms of anxiety and depression. However, these findings reveal more of the process behind self-comparison through social media use, indicating why it may be particularly related to symptoms of anxiety and depression.

From the current findings, it is apparent that through social media, adolescents are able to engage social activity in the absence of another person. This allows for a potential increase in self-comparison, as the adolescent is unable to access the more human dimensions of another person’s life and instead is only able to connect with the persona that the other chooses to portray on social media. Because adolescence is a particularly vulnerable period in which adolescents often struggle to discover a positive sense of self, constant exposure to seemingly “perfect” images of others may be harmful to the adolescent’s development and contribute to the internalization of low self-esteem.

The current findings also suggest that adolescents use social media content to support already existing negative beliefs about themselves. Therapists reported that adolescents commonly project their low self-esteem and other negative feelings onto their social media interactions, thereby interpreting social media content through this “low self-esteem lens.” These findings suggest that adolescents that are more prone to anxiety and depression may be particularly vulnerable to projecting negative feelings onto social media interactions, which may consequently exacerbate the harmful affects. Additionally, because social media interaction is

generally devoid of eye contact, tone, and emotional affect, it allows adolescents to more easily project their own feelings onto social situations without the usual feedback from another person. This phenomenon may also contribute to cyber bullying and Fomo (fear of missing out), which were also associated with anxiety and depression in the current study.

Additionally, similar to previous findings by Throuvala et al. (2019), this study indicates that the “always on” social media culture has led to the erosion of important boundaries, such that adolescents remain unaware of the pressures to respond “immediately” and the expectation that others respond in a similar way, which may exacerbate symptoms of anxiety and depression. These findings remain consistent with earlier work and should be considered in relation to the increases in peer pressure and reduced capacity for self-regulation at this stage of development (Keles et al., 2019). Increases in peer pressure and decreases in self-regulation capacities at this stage may make it particularly difficult for adolescents to establish boundaries around social media use. However, this should be explored further in future work.

Consistent with Runcan (2017), the current study also revealed that social media serves as refuge from real life, thereby alleviating symptoms of anxiety and depression. As was indicated in earlier findings, it provides a sense of community, offering opportunities for connectedness and self-expression. It is also used to access mental health positivity feeds and increase discussions around mental health, which often reduces the stigma around these sensitive issues. This suggests that there are ways to engage social media as a resource to alleviate symptoms of anxiety and depression in adolescents.

Additionally, therapist respondents discussed social media use in relation to separation-individuation. Previous findings have suggested that the development of autonomy, while preserving an aspect of healthy relatedness, is linked to psychologically healthier outcomes in

adolescents (Samuolis et al., 2006, p.55). It is therefore important that adolescents are able to separate from parents while also finding ways to maintain connectedness in these important relationships. The current findings suggest that adolescents may use social media to connect with friends and “separate” from parents. While this is reflective of normative development at this stage, separating from parents through the use of social media appears to be unique in its process and implications.

The current study reveals that separation may occur as a result of the large quantity of time adolescents spend on social media, but it may also occur as a result of the parents’ lack of awareness around the adolescent’s social media engagement. These findings suggest that parents struggle to understand the social media world, which allows adolescents the opportunity to present a self and engage with others online with little parental oversight. Consistent with this, therapists reported that the biggest concern parents had was regarding their adolescent’s safety online and productivity offline. Much of the parent-adolescent conflict reported also revolved around the quantity of time adolescents spend online, parent concern about the kind of activity they are engaging, parents’ feelings of isolation, and struggling to establish effective boundaries around social media use. While this may reflect some of the challenges that are typically present at the separation-individuation stage of development, as a result of social media parents seem to be struggling more with the management of their own feelings of isolation and in finding ways to effectively negotiate boundaries that promote the adolescent’s well-being.

The findings contained varying perspectives on the separation-individuation process through the use of social media. Some of the therapists indicated potential benefits because adolescents are able to utilize social media for important forms of self-expression at this stage. However, other therapists suggested that the use of social media creates unhealthy amounts of

separation between parents and adolescents, making it particularly difficult to maintain the connectedness that is important for adaptive separation-individuation. Because of the variation in findings, further exploration around how separation-individuation is impacted by the use of social media should be conducted in future studies.

Additionally, the current findings reveal the ways in which therapists assess and treat issues relating to social media use. While most of the therapist respondents indicated that they asked about adolescent social media use, it was mostly to assess how much time was spent on social media, the kinds of social media the adolescent uses, and the impact it has on sleep habits and other basic functioning. Only one therapist included assessment questions that ask about the adolescent's mood as it may be impacted by social media connection or the absence of social media connection. This is a surprising incongruence in the findings, as all of the therapists had previously indicated a strong association between social media use and symptoms of anxiety and depression. Because of the strong relationship indicated between social media and these symptoms, it seems important for therapists to further explore the affective and symptom impact of social media use, including an assessment of self-harm. This should be considered further and may be useful to explore in future studies.

Another discrepancy in the findings was indicated between the ways therapists conceptualized the issues around adolescent social media use and their efforts to address these issues. Even though therapists identified "relational disconnect" as the primary concern related to social media use, they tended to use more concrete interventions that were primarily focused on helping parents and adolescents create effective boundaries around social media use. Other concrete interventions included providing psychoeducation to parents and encouraging parent modeling of healthy phone use. These findings were surprising because most of the therapists

identified relational methods as their preferred intervention method with clients. This should be considered in future studies to determine why therapists may have chosen to use more concrete interventions around issues pertaining to adolescent social media use. Perhaps this decision may be a reflection of therapists' goals as more directed towards family functioning instead of focusing primarily on the adolescent well-being. Another possibility is that there may be challenges around implementing more relational or psychodynamic approaches with adolescents. Lastly, it may be that therapists believed CBT interventions to be more effective with issues pertaining to adolescent social media use, however this was not indicated anywhere in the findings and should be explored in future work.

Only 12% of therapist respondents reported focusing their interventions on enhancing relationship interactions, which included facilitating the negotiation of compromises and working towards effective conflict-resolution. However, these relational interventions seem more "family functioning" oriented rather than "adolescent feeling" focused. While this is one important focus for intervention, it fails to consider the ways in which adolescents *feel* or *don't feel* connected to others (peers and parents) through social media and other kinds of interaction. Particularly because therapists seemed to indicate a strong relationship between social media use and symptoms of anxiety and depression, it is surprising that both the assessment and interventions used around issues pertaining to social media seemed to exclude a consideration of the adolescent's feelings, mood, and relationship quality from the adolescent's perspective.

Some of the more reflective and insight oriented interventions (20% of the interventions used) focused on reality testing around issues of self-comparison. Other interventions used were cost benefit analyses and emotional interviewing to help adolescents examine their feelings, behaviors, and the potential outcomes of different kinds of social media engagement. While few

therapists indicated the observed outcomes of these interventions, one indicated that these interventions were particularly efficacious with adolescent clients.

From the findings, it is evident that social media isn't entirely bad, nor is it entirely good. It is a rather complex phenomenon, with a great deal of nuance in the processes that determine its outcomes. For example, social media may be used as a resource for relationships and serve as a vehicle for increased social connection. Particularly, for more vulnerable individuals and groups, like LGBTQ adolescents, it can be helpful to share in a sense of community online with people who have a common experience. Conversely, social media may also serve as a barrier to deeper in-person connections, which may have profound implications for parent/peer-adolescent relationships. The findings vary in the ways social media may be used to support the process of separation-individuation. Some therapists suggested that it may positively support individuating experiences by providing a place for self-expression. Other therapists, however, suggested that the increased separation or disconnect in parent-adolescent relationships may have negative affects on the separation-individuation process.

Additionally, social media may increase adolescent exposure to self-harm and other risky material. Conversely, however, it can reduce the stigma around difficult mental health issues and create a space where adolescents are able to openly and anonymously discuss sensitive issues. Lastly, it may be used to avoid addressing or dealing with difficult feelings and relationships. However, it may also be used as a coping skill to alleviate distress and offer a place of refuge from harmful relationships.

Lastly, this research can be used to guide future research and clinical practice in several ways. As was indicated in the findings, 25% of therapists did not include assessment questions exploring issues related to social media. This suggests a need to increase practitioner awareness

around clinical issues relating to social media so that they may be able to recognize the need to assess further in these areas. This study also provides direction for assessment and treatment around clinical issues relating to social media use, which may be used by therapists to enhance the quality of practice with adolescents and their families.

Conceptualizing adolescent social media use as “complex and nuanced” may be the most effective guide for clinical assessment and treatment. In doing so, therapists may be able to more critically examine the underlying motivations and intrapsychic processes associated with social media use, as well as the shifts in mood, behavior, and relationships that occur as a result of adolescent social media use. It may also be useful to conceptualize the assessment of family processes in relation to social media use separately from the adolescent’s individual intrapsychic and relational experience with social media. In doing so, therapists may be able to enhance their understanding of the individual and family as distinct units, and may also be able to delineate their interconnectedness more clearly.

The findings from this study may be able to inform the development of screening instruments that can be used to inform individual, family, and group work with adolescent clients. The instrument geared towards use in individual or group work with adolescents may contain some of the following questions: What kinds of social media do you use? What do you use it for? How often do you check these platforms? How do you feel when connected and when disconnected from social media? Do you feel more connected to others through social media or outside of social media activity (in-person)? What are some of the challenges you face with or on social media? The instrument used in family work, particularly with parents, might include some of the following questions: Does your family have rules around phone use and social media activity and, if so, what are they? What are some of the social media platforms your adolescent

child uses and what do you know about these platforms? Do you ask your adolescent child about their social media activity and how does the adolescent respond to your interest? Does your child's mood and behavior look different when they are connected to social media activity vs. when they are disconnected?

As mentioned previously, this study identified two primary variables associated with symptoms of anxiety and depression: relational disconnect and self-comparison. This suggests that therapists should pay close attention to these areas, both in their assessments and interventions. Based on the findings, reality testing and perspective taking are two interventions that may be particularly useful in helping adolescents manage self-comparisons that typically lead to lower levels of self-esteem. These findings have tangible implications for group work and provide clearer direction for areas of focus (relational disconnect and self-comparison) in group-work with adolescents. Findings from the current study suggest that group work may serve as a particularly useful modality in working with issues like relational disconnect and self-comparison because it provides adolescents with in-person engagement opportunities, which are more conducive to reality testing and increased connective relating.

Additionally, based on the finding that there is a strong relationship between social media use and internalizing symptoms, social media interventions should be geared towards the alleviation of these symptoms. It may therefore be effective to help adolescent clients think critically about the parts of themselves that are reflected in their social media content- is it a depressive part, is it an angry part, is it a helpless part- why is it important to reflect that part, are there other parts that want to be reflected or seen, and what are the affects of reflecting these parts of oneself? Based on the findings, cost-benefit analyses and motivational interviewing may be useful in helping clients with decision-making related to social media use, particularly in

creating boundaries around use. For example, a cost-benefit may help clients think critically about the potential benefits and costs of disconnecting from social media during session, including a consideration of the relational and symptom outcome. In doing so, this may deepen the adolescent's insight into the positive and negative ways social media impacts their symptoms and relationships, which may be particularly helpful in the management of symptoms associated with the "always on" culture of social media. Similarly, risk-assessments can help adolescents assess the risk around their social media activity and consider options available to reduce risk and enhance safety. This is another intervention that can move adolescents towards safer boundaries with social media use.

Additionally, to address the relational disconnect that results from social media activity, interventions might focus on exploring ways to foster connection and closeness in adolescent-parent and peer relationships. Other interventions that address "relational disconnect" may focus on helping adolescents compare the effects of in-person interaction with social media interaction, examining differences in feelings, behavior, and connection. However, a consideration of the interventions that are most effective in addressing "relational disconnect" should be explored further in future work.

Additionally, based on the current findings, it is critical that therapists empathize with parents' feelings of isolation and the challenges they face in trying to "compete" with social media for their adolescent's attention. It may be equally important to empower parents to think more critically about the ways they can engage and connect with their adolescent children, encouraging them to "get curious" about their children. This curiosity may also generate positive outcomes in ensuring adolescent safety online. Based on the current findings, therapists should encourage parent curiosity around how certain social media platforms work, the kinds of activity

their child engages in, how they know their “friends,” and the potential risks involved. Lastly, to be able to most effectively assess and intervene, therapists should be mindful to manage their own countertransference reactions towards issues pertaining to adolescent social media use.

As mentioned throughout this section, this study points to many different avenues for future research. While the current findings indicate various interventions used around clinical issues related to adolescent social media use, it did not identify which interventions were most effective in reducing symptoms of anxiety and depression, which should be explored in future work. It may also be important to explore the motivations for therapists to use CBT approaches with adolescent clients instead of relational approaches, as was indicated in the findings. Future research may also consider comparing family-focused interventions with adolescent focused interventions to determine which approach may be more effective in reducing internalizing symptoms and improving relationship quality with adolescents. While current study offers implications for future research and practice, it is limited in its ability to inform policy due to the small sample size and the qualitative nature of the findings.

In conclusion, this study explored the complex process behind adolescent social media use, demonstrating its nuanced and complicated relationship to anxiety, depression, and important relationships. It identified two specific processes, or factors, (relational disconnect and self-comparison) that are closely related to symptoms of anxiety and depression and analyzed the ways in which these processes lead to increases in clinical symptoms. This study also highlights some of the changes occurring in parent-adolescent relationships as a result of social media use, including a consideration of the ways parents are struggling to adapt parenting practices to fit a climate that is saturated by social media. By exploring and analyzing some of the social media processes associated with anxiety and depression, this research was able to identify particular

areas that are important for clinical assessment and intervention. Lastly, the current study offers insight into some of the different clinical interventions that therapists have used to assess and intervene with these important clinical issues.

Section Nine: Anticipated Contributions

This study identified relational and mental health issues related to adolescent social media use. Its contribution is in gathering and synthesizing this information to help identify the specific issues surrounding adolescent social media use, particularly in relation to symptoms of anxiety and depression and parent-adolescent relationships. These findings were able to generate more insight into the clinical “problem areas” (with individuals and families) related to social media use, which may be able to inform clinical practice with adolescents. In addition, this study analyzed some of the psychological and relational processes associated with social media use in ways that reflect the nuance and complexity around these issues, which may be used to enhance the overall quality of work with adolescents and families in these areas.

This study also identified assessment and treatment practices that have been used by experienced clinicians around these issues. It discusses how these interventions are implemented and with which clinical issues, which may provide further guidance for how clinicians should conceptualize the formulation of assessment and treatment in areas related to social media use. It highlights opportunities for group-work, suggesting that relational disconnect and self-comparison might be two critical areas to address in group-work with adolescents. This research also provides concrete direction for assessment methods by including a list of assessment questions, based on the current findings, which may be able to inform the development of a screening instrument for adolescent social media activity that can be used in individual, family and group work with adolescents.

This study also provides direction for future research, identifying a need to further explore the efficacy of different clinical interventions in treating issues related to adolescent social media use. Lastly, the current findings add to the existing research with grounded practice

wisdom, which may be used to further evidence based knowledge on this evolving phenomenon. While the current research builds on the existing knowledge and offers important clinical insight, it may not be able to inform policy because of the qualitative nature of the findings.

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Plan for Completion of the Dissertation

	Aug '19	Sept '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20	May '20	June '20	July '20
Proposal defense												
IRB												
Sampling												
Data Collection												
Data Set Creation												
Data Cleaning												
Data Analysis												
Writing Results												
Writing Lit Review												
Writing Methods												
Writing Conclusion												
Submit dissertation Draft to Advisor												
Dissertation Editing												
Dissertation Defense												

Appendix A

Therapists' Observations of Adolescent Social Media Use: Implications for Assessment and Treatment

Introduction Letter/Informed Consent

Dear colleague:

I am a doctoral candidate at Yeshiva University, Wurzweiler School of Social Work. I am requesting your participation in a study about the impact of social media use on parent-adolescent relationships and adolescent mental health (depression and anxiety).

The purpose of the Study: This study explores dynamics of adolescent social media use as it pertains to symptoms of anxiety and depression and parent-adolescent relationships. Because social media use has become increasingly pervasive amongst adolescents, there is a need to consider the ways in which it may be impacting important family relationships and mental health.

This study hopes to glean deeper understanding into how adolescent mental health and relationship processes are informed by social media use. I hope to generate knowledge into the changes occurring as a result of adolescent social media use, particularly in social and psychological spheres. Findings may also be able to inform assessment treatment interventions so that clinicians are able to help adolescents and parents navigate the challenges presented by the ubiquity of the digital world. The online survey should take approximately 20 minutes to complete and return digitally.

The deadline for survey to be received is:

Consent Information: The attached survey was developed to better understand the dynamics of adolescent social media use, with focus on implications for mental health and relationship functioning. The survey will ask a little about you and then ask several questions about your clinical observations and understanding of adolescent social media use. To protect confidentiality, your email address will be removed from survey interviews and each participant will be assigned an ID number. Email addresses will be stored on a locked and secure computer and will remain confidential. If you decide to participate, the results will be shared with you so that you have access to this important clinical information surrounding adolescent social media use. At the end of the survey you will be asked if you are willing to participate in a follow-up phone interview and, if so, please provide the necessary contact information.

The Institutional Review Board of Yeshiva University has approved this study.

- **The survey is online and by hitting the Agree button, you are consenting to participating in this study.**
- **Your participation is entirely voluntary and will be de-identified.**
- **You can discontinue participating in the study at any time without any penalty.**
- **All written and published information will be reported as group data with no references to agency or names.**

Thank you so much for participating! Should you have any questions, please feel free to contact the researcher Michal Meyer at: mmeyer1@mail.yu.edu. Dr. Nancy Beckerman will serve as the principal investigator on this study and can be reached at beckerma@yu.edu.

Sincerely,
Michal Meyer

Appendix B

Survey

The following is a brief survey about the role of social media in adolescent mental health and parent-adolescent relationships. We will be asking about your clinical observations of adolescent clients and families as they relate to social media use. By adolescents, we mean adolescents ages 14-18. When referring to depression and anxiety, we mean clinical and sub-clinical levels of major depression, generalized anxiety, and social anxiety that are self-reported by the client. By social media, we mean platforms like Facebook, Instagram, Snapchat, Twitter, and Tik Tok. However, gaming is not included as a social media form for the purpose of this study.

PART 1: About Yourself and Your Setting

We have a few questions about you and your clinical practice setting. Please provide the answer that best represents you and your work. Thank you.

1. Regarding your gender, how do you identify?

Mark only one oval.

- Female
- Male
- Other: _____

2. Please provide your age below (in years):

3. What is your ethnicity?

4. Please check all of the modalities you use in practice:

Check all that apply.

- Individual sessions
- Family sessions
- Virtual sessions
- Face-to-face sessions
- Dyadic or Triadic Work (parents with adolescents)
- Collateral Sessions (with parents only)
- Other: _____

5. **What setting do you practice in?**

Mark only one oval.

- Private Practice
- Clinic
- Other: _____

6. **What city do you practice in?**

7. **How large is your caseload in a typical week?**

8. **What percentage of your clinical practice includes work with adolescent clients?**

9. **What percentage of your clinical practice includes family work with adolescents?**

10. **What percentage of your clinical practice includes dyadic or triadic work with adolescents and their parents?**

11. **Do you treat adult clients who have adolescent children?**

12. **How long have you been in clinical practice? (number of years)**

13. **Please indicate preferred intervention methods**

Check all that apply.

- Psychodynamic
- Relational
- Attachment-based
- Cognitive-behavioral
- Other: _____

14. **Do you have additional professional training? (If so, please indicate the kind of training)**

15. **Are you the parent of a child over 14 years old?**

Mark only one oval.

Yes

No

16. **Have you had any counter-transferential experiences with adolescents or their parents around issues pertaining to social media use?**

PART 2: Social Media and Mental Health

This section asks about your clinical understanding of adolescent social media use as it pertains to mental health. Please provide the answer that best represents your work. Thank you.

17. **What kind of social media platform is most comm only referred to in your practice by adolescent clients or their parents?**

18. **Using your clinical observations, what are the mental health risk factors you've observed to be associated with adolescent social media use?**

19. **Based on your clinical observations, what is the relationship between adolescent social media use and symptoms of anxiety and depression?**

20. **Based on your clinical observations, which aspects of adolescent social media use relate to symptoms of anxiety and depression?**

21. **Based on your clinical observations, please describe aspects of social media use that foster adaptive mental health outcomes in adolescents (such as good self-esteem, positive peer-relationships, destigmatization of mental health issues, etc.)**

Part 3: Social Media and Parent-Adolescent Relationships

This section asks you to provide your clinical observations of social media's impact on parent-adolescent relationships. Please provide the answer that best represents your work. Thank you

22. **What have you observed regarding adolescent use of social media to create independence from parents and develop increased autonomy?**

23. **Based on your clinical observations, how have parent-adolescent relationships changed as a result of adolescent social media use?**

24. **What have you found to be the most common challenges, concerns, or conflicts parents have with adolescent social media use?**

Part 4: Assessment and Intervention

This section asks you about assessment and intervention with issues pertaining to adolescent social media use. Please provide the answer that best represents your work. Thank you

25. **How do you include questions about social media use in your assessment with adolescent clients?**

26. **How do you work with adolescents and parents around social media conflict?**

27. **What are some of the interventions you use to address issues relating to adolescent social media use and what are the observed outcomes of these interventions?**

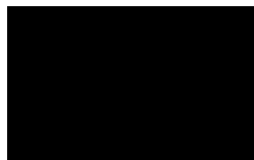
28. **Are there any other important clinical observations or insights you have had about adolescent social media use that were not asked about in the questions above?**

Thank you for your participation in this survey! If you have any questions you can email the primary doctoral student at mmeyer1@mail.yu.edu

29. **Please provide your contact information if you are interested in a follow-up phone interview.**

Thank You!

Appendix C



January 13, 2020

Nancy Beckerman, DSW, MSW
Yeshiva University
2495 Amsterdam Avenue
New York, New York 10033

Dear Dr. Beckerman:

SUBJECT: IRB EXEMPTION—REGULATORY OPINION
Investigator: Nancy Beckerman, DSW, MSW
Protocol Title: Therapists' Observations of Adolescent Social Media Use:
Implications for Assessment and Treatment

This is in response to your request for an exempt status determination for the above-referenced protocol. Western Institutional Review Board's (WIRB's) IRB Affairs Department reviewed the study under the Common Rule and applicable guidance.

We believe the study is exempt under 45 CFR § 46.104(d)(2), because the study involves surveying therapists to see how social media use influences psychosocial functioning in adolescence, with particular focus on parent-adolescent relationships and adolescent anxiety and depression. Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

This exemption determination can apply to multiple sites, but it does not apply to any institution that has an institutional policy of requiring an entity other than WIRB (such as an internal IRB) to make exemption determinations. WIRB cannot provide an exemption that overrides the jurisdiction of a local IRB or other institutional mechanism for determining exemptions. You are responsible for ensuring that each site to which this exemption applies can and will accept WIRB's exemption decision.

Please note that any future changes to the project may affect its exempt status, and you may want to contact WIRB about the effect these changes may have on the exemption status before implementing them. WIRB does not impose an expiration date on its IRB exemption determinations.

Western Institutional Review Board®

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Nancy Beckerman, DSW, MSW

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January 13, 2020

If you have any questions, or if we can be of further assistance, please contact R. Bert Wilkins, J.D., M.H.A., C.I.P., at 360-252-2852, or e-mail RegulatoryAffairs@wirb.com.

RBW:tb
D2-Exemption-Beckerman (01-13-2020)
cc: Michal Meyer, Yeshiva University
Edward Berliner, Yeshiva University
WIRB Accounting
WIRB Work Order # 1-1252804-1