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THE PARENT EXPERIENCE OF SCHOOL-AGE CHILDREN WITH ANXIETY: A WESTERN CANADIAN PERSPECTIVE

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Dedication

I dedicate this master's thesis to everyone who struggles with anxiety, to the parents who are doing their best to manage and support their children, and to the professionals who devote their careers and lives to mental health. I hope more anxiety-focused programs and interventions are created through this research. As well, I hope that this research invokes more conversations about mental health, and more mental health education and resources.

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Abstract

Anxiety is ever-present today, and despite the existing information and programs available, there is no sign of it decreasing. Children, especially, are experiencing more anxiety than they ever have before. Much of the research and anxiety-focused programs and interventions concentrate on children, and the research on how parents experience and manage their children's anxiety is lacking. In this study, I asked: what are parents' experiences of influencing and managing their children's anxiety? I conducted 6–10 interviews with parents of school-aged children to learn about their experiences. Guided by thematic analysis, the results of this study showed six themes: recognizing how children's anxiety presents, finding ways to manage anxiety, navigating barriers, recognizing growth and resilience, the impacts of anxiety on the family, and altruism for other parents. These results show that more education and anxiety-focused programs and interventions are needed to better support parents and their children.

Keywords: anxiety in children, parenting, school-aged children, thematic analysis, qualitative interviews, graduate research

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Thesis Overview

This thesis examines the how parents experience, manage, and influence their children's anxiety. In chapter one, I introduce the topic, rationale for the study, and the research question and sub-questions. Chapter two outlines the search strategy leading to the exploration of the existing literature on parent experiences. Chapter three provides details of the methodology and how the study was conducted. The results from the study are discussed in six themes in chapter four. Chapter five provides a discussion of how the results connect with the existing literature, as well as limitations and considerations for future research, and chapter six concludes this research.

Chapter 1: Introduction

This master's thesis presents a qualitative study that aims to better understand parents' experiences, both in terms of emotional impact and how they manage in their role. As anxiety in children is constantly increasing, exploring parents' experiences has the potential to shine the light on why this increase is not slowing down and what needs to change to decrease childhood anxiety rates in Canada.

Rates of anxiety among children in Canada are rising at a rapid pace (Badali, 2024; Havinga et al., 2017; Wiens et al., 2020). Parents struggle to manage their children's anxiety and are provided with little support and few resources to ease their stress (Beato & Rosa, 2024; Lebowitz & Omer, 2013). Many programs and treatments for anxiety in children focus only on the children, leaving parents on the outside and struggling on their own (Creswell et al., 2024; Lebowitz et al., 2013). Additionally, the experiences of parents as they navigate this challenging mental health concern are highly underexamined.

The first chapter of this master's thesis begins with my personal connection to and inspiration for this study. I then describe relevant background information regarding the prevalence of anxiety, how children experience anxiety, why improvements in current anxiety treatments and resources are necessary, and the lack of research on how parents experience their children's anxiety. The chapter ends with a description of the purpose and research questions guiding this thesis.

Inspiration for the Proposed Study

This study is inspired by my own experience with anxiety, as well as my academic and professional experiences. I have struggled with anxiety for my entire life. Growing up as the shy kid in my elementary school class, I experienced a constant fear of talking, let alone presenting

or asking questions in front of others. Although my extreme shyness eventually faded into the background during my high school and university years, the anxiety persisted. To this day, I have a fear of public speaking. I also experience panic attacks and bouts of intense anxiety that sometimes prevent me from leaving the house or engaging in activities I enjoy. My professional experiences and academic involvement in psychology, as well as my participation in various therapies, have fortunately, helped to make my anxiety more manageable. I am privileged to understand the resources available to me through my professional and academic experiences, yet I still see the discrepancy between what I know and what the general public knows.

More recently, I worked as a research assistant for the Whole Circle Resilience Lab at Athabasca University from November 2023 to November 2024. The main project of the lab involved conducting a scoping review of the existing literature to inform the development of a universal school-based program to promote resilience and prevent anxiety in school-age children. As part of the review, I also examined research on teachers, parents, and other types of caregivers. I found that there was a lack of research on parent- and guardian-based programs, and a general lack of research on how parents influence and manage their children's anxiety.

My own personal and professional experiences have shaped my determination to support the mental health of children and their families. From my work in the Whole Circle Resilience Lab, I became determined to learn more about parents' experiences with their children's anxiety and to fill this gap in the research. Drawing on my individual experiences, I hope to improve access to mental health resources, reduce stigma, and increase understanding of anxiety.

Background

Anxiety is defined as a normal and adaptive response to a potential threat or fearful situation (Klein et al., 2023). Although experiencing anxiety is a normal human experience, it

can become a concerning and detrimental mental health issue when experienced in excess (Rowden, 2022). There are many types of anxiety, including separation anxiety, panic disorder/agoraphobia, specific phobia, social phobia (including generalized social phobia and selective mutism), obsessive-compulsive disorder, and generalized anxiety disorder (Lebowitz & Omer, 2013). This study takes a transdiagnostic approach, meaning that it does not focus on a specific anxiety disorder but uses the term anxiety broadly to encompass all anxiety disorders. As this study is exploratory and given the lack of research on how parents experience their children's anxiety, taking a broad and holistic approach allows for results that do not exclude participants based on specific diagnoses. This broad and holistic approach also acknowledges that anxiety can be comorbid other aspects of everyday life, including other mental health concerns, and neurodiversity (e.g., ADHD).

Anxiety is highly prevalent but remains severely underrecognized and undertreated (Badali, 2024; Havinga et al., 2017). It is estimated that one in four Canadians will receive an anxiety diagnosis at some point in their lives (Mental Health Research Canada, 2023). Recently, the impact of anxiety in children and youth has been increasingly acknowledged (Badali, 2024; Klein et al., 2023). Children are highly susceptible to anxiety, and from 2011 to 2018 alone, anxiety diagnoses among youth increased in Canada from 6% to 12.9%, reflecting an annual increase of 1% (Wiens et al., 2020). When left unmanaged, anxiety can be highly impairing and persistent and has been consistently shown to have negative outcomes for children (Benito et al., 2015; Feinberg et al., 2018). These negative outcomes can include academic and social challenges, reduced engagement in extracurricular and social activities, physical issues (e.g., headaches, chest pains), substance use disorders, and reduced quality of life (Badali, 2024; Feinberg et al., 2018).

Anxiety can also have a substantial impact on children's well-being and developmental milestones (Klein et al., 2023; Lebowitz & Omer, 2013). When children experience anxiety, they tend to avoid situations that may cause distress based on past experiences and perceived fears (Lebowitz & Omer, 2013). Even though anxiety is a normal part of a child's development, it can become detrimental if experienced in excess (e.g., recurring panic attacks, clinging to parents, persistent sleep difficulties) (Klein et al., 2023). Children are also less willing to take risks and explore new experiences than their non-anxious peers, even when those experiences may be positive (Lebowitz & Omer, 2013). This suggests that children who engage in avoidance behaviours may inadvertently increase their anxiety, causing a self-reinforcing cycle.

Children are experiencing anxiety at younger ages than ever before. They can be diagnosed with an anxiety disorder as young as six years old (Reid-Westoby & Janus, 2022). Although all age groups experience anxiety, school-age children (age 6–12) may experience increased challenges due to higher self-awareness and understanding their feelings and emotions compared to younger children (Cohen, 2024). Typically, once children reach adolescence (around age 13), they become more independent (Zhu et al., 2024). School-age children, who are more reliant on their parents than adolescents, may be more strongly influenced by their parents' behaviours (Zhu et al., 2024). Therefore, it is crucial to better understand how to manage and prevent anxiety in children by examining the impact of parents' behaviours and influences (Benito et al., 2015; Feinberg et al., 2018).

Parents in this study are defined as any primary caregiver of a child (Klein et al., 2023). Anxiety in children is consistently on the rise, and parents are experiencing high levels of strain (Evdoka-Burton, 2017). Although many evidence-based treatment options for anxiety exist, relatively few children who experience excess anxiety access these treatments (Creswell et al.,

2024). Parents are managing their children's difficulties with little support and knowledge about what to do and could therefore benefit from further education and improved access to relevant resources (Evdoka-Burton, 2017; Kagan et al., 2016; Reardon et al., 2017; Woodgate et al., 2023).

Research on parents' experiences is severely lacking, and many current treatments for anxiety in children do not involve parents. The treatments that involve parents such as the SPACE (Supportive Parenting for Anxious Childhood Emotions) program, have not consistently achieved desired outcomes, partly due to a lack of understanding of parents' needs in supporting their children (Lebowitz et al., 2013). Parents also face barriers to accessing treatments and resources, including financial constraints, limited mental health education, and lack of awareness of available options (Woodgate et al., 2023). These barriers highlight the need to better understand what parents experience and how they manage their children's anxiety in order to increase the accessibility of current treatments and resources.

Purpose and Research Questions

The aim of this study is to better understand how parents experience and manage their children's anxiety. Specifically, it examines how parents affect their children's anxiety and what parents can do to reduce negative impacts and enhance positive outcomes. My hope is that this study informs further research on this topic and advances anxiety intervention development and education.

Research Question

What are parents' experiences of influencing and managing their children's anxiety?

Sub-questions

What strategies do parents use to manage their children's anxiety?

What supports and resources do parents find helpful or wish they had access to?

How can the ways that parents influence their children's anxiety be better managed?

Chapter 2: Literature Review

This chapter of the thesis highlights the existing literature on parental influences and experiences of anxiety in children. I begin by describing the inclusion and exclusion criteria for the study, then outline various parent influences on anxiety in children, examine existing research on parent experiences, and conclude by exploring the existing anxiety-focused programs and interventions. This literature review, combined with the identified gaps in the research, establishes the rationale for my research on how parents experience their children's anxiety.

Search Strategy

The literature search began with a general search for parent and anxiety in children. A broad search was taken to understand the scope of the available research, which was later narrowed down as the topic and research question became more defined. Literature from Canada was prioritized, but as it was minimal, other countries were included later. EBSCOhost, APAPsycInfo, ERIC, Cinahl, and Google Scholar were used to search the literature. Handsearching was also used to review the reference lists of the articles found in the search due to there being limited literature available. Peer-reviewed literature was mainly used for this review. However, one master's thesis (Evdoka-Burton, 2017) and one online article (Badali, 2024) were included as well due to the lack of relevant research and endeavouring to complete an exhaustive literature search. A full breakdown of the search strategy can be found in Table 1 in Appendix I.

Inclusion and Exclusion Criteria

Inclusion criteria for this review were recently published evidence on parent experiences and influences on their children's anxiety, as well as anxiety in children in general. The literature must have been published within the last 10 years from 2014–2024, except for Lebowitz & Omer

(2013) and Lebowitz et al. (2013), as those works served as foundational texts focused on parent accommodation of anxiety. Exclusion criteria were the COVID-19 pandemic, math and specific subject-related anxiety, medicine, and specific medical-related anxiety issues (e.g., anxiety surrounding chronic pain), and disabilities.

The COVID-19 pandemic was an excluded criterion to not convolute the literature. As the COVID-19 pandemic became a part of everyday life, many people's anxiety rose substantially, especially in social and public situations When conducting the searches, I found that there was a wealth of anxiety research specifically related to the COVID-19 pandemic, which had enough information to be a separate study. Subject-related and medical-related anxiety, as well as disabilities, were also excluded due to many studies in these topics not being related to parent experiences and anxiety in children specifically. Including those specific topics would also make the search overly complicated for the focus of this broad study on understanding parent experiences of anxiety in general.

The focus of this review was to highlight what is known about how parents manage and influence their children's anxiety. The findings draw from both quantitative and qualitative studies published between 2013 and 2024. Parent influences, experiences, and current anxiety-focused programs and interventions were the three main themes that were discovered from my review of the literature. These three themes are discussed in detail in the following sections.

Parent Influences

Parents are one of the primary influences on a child's life. They play a significant role in influencing how children are raised, what they learn, and what they are predisposed to. When children experience anxiety, the whole family, but especially parents, are likely to be affected (Beato & Rosa, 2024; Benito et al., 2015; Lebowitz & Omer, 2013). The presence of anxiety in

the family can cause immense strain on parents, including contributing to their own mental health concerns (Beato & Rosa, 2024). Parents are not necessarily to blame for their child's anxiety, but they are affected by it (Lebowitz & Omer, 2013). If anxiety in children is left unaddressed, it can have a substantial impact on the child, as well as on family functioning (Lebowitz & Omer, 2013).

Parents care deeply about their children and want to help but do not always know where to start (Badali, 2024). Additionally, anxiety can be difficult to recognize in children (Badali, 2024). When managing their children's anxiety, most parents believe they are helping more than they are causing harm (Beato & Rosa, 2024). However, the distress associated with experiencing and attempting to manage their child's anxiety can create additional stress and anxiety for parents themselves (Beato & Rosa, 2024).

Parents feel a strong sense of responsibility for their children and struggle to see them in distress (Mak et al., 2014). They view themselves as "protectors" and strive to obtain as much information as possible about their child when their child is in distress and they are unsure how to help (Mak et al., 2014). Therefore, parents will do anything to reduce both their own and their children's anxiety (Beato & Rosa, 2024; Johnco et al., 2022). For example, parents may engage in behaviours such as comforting their children or attempting to change their situation. However, immediately attempting to relieve their children's anxiety may have the opposite effect and exacerbate the child's anxiety (Johnco et al., 2022).

Based on the available literature on parental influences on children's anxiety, three parent influences emerged: transmission, accommodations, and emotion regulation. The following discussion of these influences provides a foundation for understanding how parents experience

their children's anxiety and for identifying ways to better support parents in reducing that anxiety.

Transmission

Children are more likely than older populations to experience anxiety when one or more parents have an anxiety disorder, compared to when no family history of anxiety exists (Havinga et al., 2017). This concept, called *transmission*, refers to the process by which parental anxiety is passed to children through environmental or genetic factors (Havinga et al., 2017; Lawrence et al., 2019). However, due to limited research on this concept, the magnitude of the effect of transmission remains unclear (Havinga et al., 2017; Lawrence et al., 2019). Parents who have anxiety themselves are likely to experience greater difficultly managing their children's anxiety (Beato & Rosa, 2024). They may also be more prone to reacting in ways that negatively influence the child, such as engaging in avoidance, suppression, or controlling behaviours (Beato & Rosa, 2024). These negative reactions, which parents are often unaware of, likely lead to increased distress and anxiety for all parties involved (Beato & Rosa, 2024). In fact, one study by Havinga et al. (2017) found that many children born into families where one or more parents had anxiety, developed an anxiety disorder themselves.

Another study conducted by Ginsburg et al. (2015) examined how the anxiety experienced by parents and children influences each other. Their anxiety intervention, called Coping and Promoting Strength, aims to provide cognitive behavioural therapy (CBT) to both parents and children to reduce the negative impact of anxiety on the family (Ginsburg et al., 2015). The results of their study showed that 31% of children in the control group (compared to the intervention group) developed an anxiety disorder within one year. These results suggest that,

without intervention, children are nearly seven times more likely to develop an anxiety disorder due to the influence of anxiety within the family (Ginsburg et al., 2015).

Although research on transmission is still in its early stages, the findings from these studies demonstrate how anxiety can be passed from parents to children. However, the study by Ginsburg et al. (2015) also suggests that when anxiety is treated, its influence and transmission can be significantly reduced. These findings highlight that anxiety can be reduced, and families can experience less distress, when adequate anxiety-focused education, resources, programs, and interventions are accessible.

Accommodations

Another way parents influence their children's anxiety is through *accommodations*. Accommodations, as they relate to anxiety, are defined as modifications or adaptations in behaviour intended to reduce another person's anxiety (Lebowitz & Omer, 2013; Iniesta-Sepúlveda et al., 2021; Kagan et al., 2016; Kagan et al., 2017). For parents, research indicates that their child's anxiety can affect the entire family system (Lebowitz & Omer, 2013). Accommodations within families occur when a child experiences anxiety and a parent (or even a sibling) responds by attempting to immediately alleviate that anxiety (Lebowitz & Omer, 2013). Although accommodations are well-intentioned and aimed at supporting children, they may inadvertently maintain or exacerbate the child's anxiety (Kagan et al., 2017).

There are two types of accommodations. The first type is *participation*, which involves assisting with avoidance behaviours (Lebowitz & Omer, 2013). For example, a parent may repeatedly check that the front door is locked to reassure a child that is concerns about the family's safety. The second type of accommodation is *modification*, which involves changing routines and other aspects of daily life to reduce anxiety (Lebowitz & Omer, 2013). An example

of this would be a parent allowing a child to sleep in their bed when the child feels anxious at night.

Accommodations were initially studied in the context of obsessive-compulsive disorder (OCD), and much of the research on accommodation remains focused in this area (Iniesta-Sepúlveda et al., 2021; Reuman & Abramowitz, 2018; Storch et al., 2015). Accommodations related to anxiety have only recently begun to be examined, so more research is required to fully understand their implications and long-term effects (Iniesta-Sepúlveda et al., 2021). Previous research has focused on accommodations and their association with related constructs such as attachment, negative reinforcement, avoidance, and reassurance.

Accommodations and attachment theory are interrelated as parents' responses to their children's anxiety may reflect ongoing ruptures in attachment between family members (Lebowitz et al., 2013). Parents with insecure or anxious attachment styles, have been found to exhibit a higher fear of rejection from their children and may therefore be more likely to engage in accommodating behaviours (Johnco et al., 2022). Parents who hold negative beliefs about their child's anxiety may further increase their use of accommodations to avoid the effects of that anxiety (Johnco et al., 2022). The combination of attachment style challenges and negative beliefs may lead to increased accommodation, which in turn may contribute to higher anxiety levels in children (Johnco et al., 2022).

Although attachment behaviours and accommodations usually arise from protective and adaptive intentions, their effects may be detrimental to the child's anxiety (Iniesta-Sepúlveda et al., 2021). The use of accommodations may undermine anxiety-focused programs and interventions by negatively reinforcing avoidance behaviours, therefore maintaining the child's anxiety (Storch et al., 2015). Further, accommodations can reinforce dependence on the parent

and enable the child to avoid anxiety-provoking situations (Casline et al., 2018; Lebowitz et al., 2015). Reducing accommodations, and thereby decreasing the reinforcement of dependence and avoidance, has been shown to improve the effectiveness of anxiety-focused programs and interventions (Casline et al., 2018; Lebowitz et al., 2015).

Accommodation use is positively reinforced, as it reduces distress in the immediate moment for both the parent and the child. Indeed, as accommodations reduce the child's anxiety, they may also reduce the parent's anxiety in response to the child's anxiety (Feinberg et al., 2018). Previous studies indicate that 95–97% of parents with a child who experiences anxiety engage in accommodations (Storch et al., 2015). In a sample of 105 parents, Benito et al. (2015) found that over 95% engaged in minimal accommodations or more, with the most frequent accommodations being providing reassurance and facilitating avoidance. Other studies have found similar results, with 95–97% of parents of children with anxiety engaging in accommodations (Lebowitz et al., 2013; Storch et al., 2015). Benito et al. (2015) also found that at least 64% of parents experienced distress when their children experienced anxiety. These findings suggest that reducing accommodation use may be associated with decreases in both party and child anxiety.

Although accommodations may provide short-term relief, their consistent use may maintain anxiety by limiting the child's ability to develop effective anxiety management strategies (Benito et al., 2015; Iniesta-Sepúlveda et al., 2021; Johnco et al., 2022; Lebowitz et al., 2013; Lebowitz et al., 2015; Reuman & Abramowitz, 2018). Research has shown that accommodation use is higher in parents with younger children (e.g., ages 7 to 13), possibly because younger children are more reliant on parents and less independent than older children or adolescents (Johnco et al., 2022; Storch et al., 2015).

Parents may struggle to recognize when they are using accommodations, as these behaviours can be automatic and/or integrated into daily routines when used frequently (Benito et al., 2015; Iniesta-Sepúlveda et al., 2021). Parents struggling to identify accommodation use suggests that reliance on parent-report measures alone, as in many existing studies, may lead to biased or unreliable findings (Benito et al., 2015; Iniesta-Sepúlveda et al., 2021). However, one existing program that focuses on accommodations, SPACE (Supporting Parenting for Anxious Childhood Emotions), provides a list of accommodations to help parents identify behaviours that may have become habitual or routine (Lebowitz & Omer, 2013). This list, as well as asking parents to provide a breakdown of their daily and weekly routines, may help address challenges in recognizing and understanding accommodation use.

Parents are more likely to identify the negative aspects of accommodation use than their children (Benito et al., 2015; Iniesta-Sepúlveda et al., 2021; Lebowitz et al., 2015). Children who have come to rely on accommodations for anxiety reduction may struggle to recognize how they might cope without these habits and routines (Lebowitz et al., 2013). Therefore, they may be less likely than their parents to recognize the potential impact of accommodations on their mental health.

Emotion Regulation

Although Beato and Rosa (2024) studied many different parent responses to anxiety in children and found that accommodations were used the most in distressing situations, there are other important parental influences on children's anxiety. Another one of these influences is *emotion regulation*. Emotion regulation is defined as the processes by which our emotions are intensified and how we bring those emotions back to our baseline (Lebowitz & Omer, 2013). The link between emotion regulation and anxiety shows that people experiencing anxiety are more

likely to avoid situations that may threaten their well-being as they are unable to bring their emotions back to their baseline in those situations (Lebowitz & Omer, 2013).

Parents and children mutually influence each other's emotion regulation processes. Children tend to rely on their parents to help them regulate their emotions, especially when they are young (Lebowitz & Omer, 2013). As children get older, they begin to learn how to better regulate their own emotions and tend to rely on their parents less for help in this aspect of their lives (Lebowitz & Omer, 2013). However, when an environment is dysregulated and experienced by both parents and children, a negative cycle can occur if neither parent nor child knows how to re-regulate their emotions and/or cope with their own anxiety (Lebowitz & Omer, 2013).

There is also a link between parents' use of accommodations and their ability to regulate their emotions (Kerns et al., 2017; Reuman & Abramowitz, 2018). When parents are distressed, especially if that distress is linked to their children's anxiety, they are more likely to use accommodation strategies (Benito et al., 2015). Parents may also struggle to stop their use of accommodations if they have challenges in emotion and impulse regulation (Reuman & Abramowitz, 2018). A hypothesized model by Kerns et al. (2017) shows that parent anxiety can lead to parent emotion regulation challenges, which can lead to accommodations, which can result in higher anxiety in their children. Although this model is hypothesized, and further research is needed to examine additional causes and effects, the authors found that there is a link between accommodations and anxiety, and emotion regulation difficulties and anxiety in both parents and children (Kerns et al., 2017).

Parent Experiences

While the above key components of transmission, accommodations, and emotion regulation describe how parents influence their children anxiety, there is a lack of research on

how parents experience these influences. This is especially the case in research examining parental influences on child anxiety. Evdoka-Burton (2017) suggests that more attention is needed to understanding parents' lived experiences. If we can understand parents' experiences, then we can better tailor anxiety-focused programs and interventions that parents will engage in, creating better outcomes as a result.

There are few qualitative studies that have focused on parents' experiences and barriers to accessing anxiety-focused programs and interventions. In one study, parents emphasized the need for more parent involvement in programs and interventions, more education on mental health, and more parent help and support in general (Woodgate et al., 2023). Parents also stated that they wanted their experience-based knowledge to be recognized in the mental health care of their children (Woodgate et al., 2023). In another study on parent decision-making, parents identified that they want to be involved and informed in their children's anxiety programs and interventions (Mak et al., 2014), but they may not always know where to start.

Incorporating parents into anxiety programs and interventions for their children can help them learn to cope with their negative emotions and beliefs regarding anxiety, and in turn, may help reduce the use of accommodations (Feinberg et al., 2018). Although there is a lack of research on this topic, understanding parents' perceptions and experiences of their children's anxiety is necessary (Beato & Rosa, 2024).

Existing Programs and Interventions

Even though there are many program and intervention options available, rates of anxiety continue to rise. Very few children with anxiety access evidence-based programs and interventions (Creswell et al., 2024). As mentioned previously, the majority of parents are doing the best they can with the resources they have, but they may not know where to begin. Parents

are highly strained and are managing their child's difficulties with little support and little knowledge about what to do (Evdoka-Burton, 2017). Ultimately, parents do not know what they can do to best support their child, so they would highly benefit from further education and access to resources (Evdoka-Burton, 2017; Kagan et al., 2016; Reardon et al., 2017; Woodgate et al., 2023). Although there are plenty of programs and interventions available, it is clear from the continuous rise in anxiety that system-level improvements are needed.

Cognitive behavioural therapy (CBT) is considered the gold standard for anxiety treatment (Schwartz et al., 2016). Many existing anxiety-focused programs such as Cool Little Kids (Bayer et al., 2021), Coping and Promoting Strength (Casline et al., 2018), Dutch Anxiety Prevention, Aussie Optimism Program (Schwartz et al., 2016), FRIENDS, Coping Cat, Coping Koala, Skills for Academic and Social Success, Strongest Families, Timid to Tiger, and Feelings Club, have components of CBT embedded within their frameworks (Schwartz et al., 2019). These programs, however, do not specifically target accommodation use, which could therefore be one factor contributing to why anxiety is still on the rise. CBT includes exposure strategies, facing anxiety and fears, relaxation, and other coping mechanisms to reduce anxiety, which can be incompatible with accommodation use (Lebowitz et al., 2015).

One program called SPACE (Supporting Parenting for Anxious Childhood Emotions), focuses specifically on accommodation use (Lebowitz et al., 2013). Lebowitz et al. (2013) argued that the relapse rate of children participating in CBT interventions is too high, so the SPACE program does not include CBT components in order to increase the effectiveness of the intervention. The SPACE program focuses on reducing accommodations using charting and monitoring, and modifying parent responses (Lebowitz et al., 2013). The program tailors

interventions to individual families, has a high satisfaction rate, and shows a significant improvement in child anxiety outcomes (Lebowitz et al., 2013).

SPACE is also the only known program that is solely parent-focused (Lebowitz et al., 2013). As children struggle to overcome accommodations on their own (Lebowitz & Omer, 2013), the fact that most of the current anxiety-focused programs and interventions are focused solely on children could be contributing to the consistently increasing rates of anxiety. There is also a lack of evidence on parent involvement in programs and interventions, which is discussed in more depth in the following section on barriers to accessing programs and interventions. This lack of evidence could be due to the minimal involvement of parents in programs and interventions, and when they are involved, their behaviour in relation to their child's anxiety is rarely the focus or goal (Lebowitz et al., 2020). Therefore, understanding parents' experiences, and what they could use from programs and interventions, may help build a stronger evidence base of how much parents should be involved in the management of their child's anxiety.

Barriers to Accessing Programs and Interventions

There is minimal research on parent experiences, and limited programs and interventions that involve parents. In order to understand parent experiences and involve them in anxiety programs and interventions, it is necessary to understand what is preventing them from accessing the programs and interventions that currently exist. One systematic review of literature on barriers to access specific to parents, found that wait times and challenges with acquiring a referral were the most commonly reported barriers (Reardon et al., 2017). Costs, logistical barriers (e.g., appointment times), family circumstances, lack of education, stigma, trust in the system, struggling to identify that there is a problem, and previous negative experiences with treatment were also identified as barriers (Reardon et al., 2017).

Other barriers to accessing programs and interventions include parents concerns about the consequences of seeking help, struggling to see treatment as necessary, limited trust in the system, a lack of understanding and education on what is available, and a lack of accessible options and options that fit with their schedules and lives (Evdoka-Burton, 2017). Ultimately, parents want accessible mental health services, improved care, engagement of the child and the parents in the decision-making process, and general education and support (Woodgate et al., 2023). There is limited information and knowledge available to parents on how they can become involved in anxiety-focused programs and interventions (Mak et al., 2014). Involving and informing parents about these processes may enhance parent engagement and increase treatment outcomes for parents and their children (Mak et al., 2014).

Areas for Future Study

This review of the literature focused on examining the state of the evidence on parent experiences of their children's anxiety. Drawing from a variety of databases, the focus was on identifying recent published literature surrounding how parents influence and manage their children's anxiety, the existing anxiety-focused programs and interventions, as well as parents' experiences of their children's anxiety in general.

The literature reviewed demonstrates a lack of information and knowledge on parent experiences with managing their children's anxiety. There is limited qualitative research on parent experiences (Evdoka-Burton, 2017; Reardon et al., 2017), and inconclusive research on how much parent involvement is helpful (Feinberg et al., 2018). Reducing parents' influences (including transmission, accommodations, and emotion regulation challenges) as well as understanding parents' experiences could reduce the impact and prevalence of anxiety in children if more research is conducted.

Anxiety in children is on the rise and can be detrimental to both the child and the family environment. Parents are one of the biggest influences in a young child's life, and how they interact with and experience their children matters. This suggests that if we can learn more about the ways parents influence and experience their school-age children's anxiety, we can learn how to better manage and prevent anxiety for future generations.

Casline et al. (2018) explain that although parent influences are studied extensively, they do not always apply to anxiety in children. Historically, the focus of anxiety-focused programs and interventions in children was on the children themselves, and not on the effects of anxiety on the family (Lebowitz & Omer, 2013). Moreover, given the early age of many children experiencing anxiety, understanding the parent role in management is critical. For this reason, the proposed research aims to broadly examine how parents experience influencing and managing their children's anxiety. The gaps in the current literature identified in this review, highlight the necessity to better understand how parents experience, manage, and influence their children's anxiety. These gaps supported the development of the following research question and sub-questions:

Research Question

What are parents' experiences of influencing and managing their children's anxiety?

Sub-questions

What strategies do parents use to manage their children's anxiety?

What supports and resources do parents find helpful or wish they had access to?

How can the ways that parents influence their children's anxiety be better managed?

Chapter 3: Methodology

With a lack of evidence surrounding parent management and influence on their children's anxiety, this master's thesis used a qualitative and exploratory research design to develop a better understanding of the parent experience. Specifically, this study used thematic analysis (TA) guided by social constructivist theory to gain an initial understanding of key themes related to parent experience. In the following sections, I present an overview of the social constructivist research paradigm. I also describe the study design, how the six phases of TA were applied, ethical considerations, and my approach to rigour and reflexivity.

This methodology chapter outlines the theoretical underpinnings, methodological choices, and research design. The decisions were driven by the following research question: What are parents' experiences of influencing and managing their children's anxiety? As well, as the following sub-questions: What strategies do parents use to manage their children's anxiety? What supports and resources do parents find helpful or wish they had access to? How can the ways that parents influence their children's anxiety be better managed?

Theoretical Underpinnings and Philosophical Assumptions

Given the focus on anxiety and developing a deep understanding of parent experiences, my research paradigm is situated within social constructivism. Social constructivism is based on the belief that interactions between people and their environment create their understanding of knowledge and their worldview (Taylor, 2018). Social constructivists view human experiences as existing within multiple, socially connected realities (Creswell & Poth, 2024). They rely on subjective and co-created meanings within participant experiences (Creswell & Poth, 2024). In the context of this master's thesis, social constructivism is a crucial choice given that I believe parents' understanding of their children's anxiety stems from their interactions with other people

and their environments. This study also aligns with the philosophical assumptions underpinning social constructivism, specifically related to what is considered truth and how knowledge is created. These philosophical assumptions include ontology, epistemology, methodology, and axiology (Creswell & Poth, 2024). These assumptions helped to establish the foundation for the research paradigm of choice, social constructivism.

Ontology

Ontology is the stance that describes what is known about the nature of reality (Elshafie, 2013). Reality in social constructivism is viewed as being socially and culturally constructed rather than existing independently of interactions (Amineh & Asl, 2015). This means that the world as we know it does not exist until we have co-created it via our social interactions. By grounding my research in social constructivism, I viewed parent experiences as being co-created by their previous social interactions, including interactions with their children who experience anxiety.

As well, in the ontology of social constructivism, it is emphasized that humans exist in multiple, socially connected realities (Creswell & Poth, 2024). In the context of my research, this means that parents' experiences can exist in multiple realities. As acknowledged previously, parents can experience their own anxiety, separate from their children's anxiety. They also experience their children's anxiety in diverse ways, including social, relational, and cultural contexts. By viewing parents' experiences as existing in these various, socially connected realities, I gained a better, more holistic understanding of how parents manage and influence their children's anxiety.

Epistemology

Epistemology is the theory of knowledge and requires a description of how knowledge is created (Elshafie, 2013). According to social constructivism, knowledge is socially and culturally co-constructed (Amineh & Asl, 2015; Creswell & Poth, 2024). For example, the concept of stigma in mental health contexts is a socially and culturally constructed term. For parents, stigma could be a factor in why they struggle to seek support for their children who experience anxiety (Reardon et al., 2017). Meaning making, the process of actively interacting with other people in various social and cultural contexts to create meaning of a situation, is another key component of knowledge creation (Amineh & Asl, 2015; Creswell & Poth, 2024). In this study, meaning making was co-created between myself (the researcher), and the participant, to produce themes within the participant experiences.

Axiology

Axiology is the way that various researcher values and ethics impact the research (Creswell & Poth, 2024). Clear research values and beliefs are an important part of achieving rigour in TA (Braun & Clarke, 2022). By highlighting and explicitly stating my values, I enhanced my reflexivity and therefore simplified the replication process for future researchers (Braun & Clarke, 2022). My key values include understanding and educating on mental health, reducing the prevalence of mental health challenges and associated stigma, and better understanding human experiences. These values guided my interest in anxiety research and my goal of understanding more about how parents influence and manage their children's anxiety.

In specific relation to this study, I believe that most parents are doing the best they can with the resources that they have. Most parents care for their children extensively and are just trying to help relieve their children's anxiety. However, parents may struggle to be well-equipped with the skills and resources they need based on the lack of understanding of their experiences

(Badali, 2024). I describe these beliefs as assumptions in my conceptual framework (see Appendix J) which exemplifies a visual representation of how I view the connections of parents' experiences based on the knowledge and gaps from existing literature. The framework helped to guide the creation of my interview questions as it was the foundation of existing research connecting to my goal for the current study.

I also acknowledge how my own experience of anxiety and with my parents' approach to it could have impacted the results of this study. I have personally experienced anxiety for a long time, and this helped me to be more aware of the signs of anxiety and the experiences of parents. As well, I am not a parent myself, which means that I may have missed more nuances in the parent accounts than someone with more similar experiences. I also believe that by not being a parent, I had more of an open mind and less bias when the parents in my study described their experiences. Understanding this, I was also aware of the experiences that my own parents had with my anxiety, and how they affected me in connection with this study. Like many parents, I believe that my parents did the best they could with the information they had access to. My acknowledgement of these potential biases and strengths within this study related to my chosen methodology, as described in the subsection below.

Methodology

Methodology is the process of research and describes how a study is conducted (Creswell & Poth, 2024). Thematic analysis (TA), the chosen method for this study, is a way of discovering, interpreting, and reporting themes (or patterns) in the data (Braun & Clarke, 2006). TA is considered a method and not a methodology as it can be combined with other qualitative research approaches, which makes it more flexible than other methodologies (Braun & Clarke, 2022). Nonetheless, to achieve methodological integrity in TA, it must be well-situated within a

philosophical underpinning (Braun & Clarke, 2022). Social constructivism fit well with an inductive approach to TA for this study. It allowed for a more interpretive process of data collection and analysis as opposed to starting the research with a preconceived theory (Creswell & Poth, 2024). In this case, the data, not a preconceived theory (a deductive approach), drove the findings (Braun & Clarke, 2012). Thematic analysis and induction are constructionist and experiential (versus essentialist and critical) in their orientations as well, due to the opportunity to discover and interpret the interconnected realities of human experience (Braun & Clarke, 2022). By using an inductive, constructionist, and experiential approach to TA in this study, I allowed the co-creation of meaning and subjectivity of parents' experiences to guide the themes that were developed and determine the findings.

Procedures

The procedural steps of this study involved a) recruiting parents of children with anxiety; b) conducting semi-structured interviews with the participating parents; and c) analyzing interview data to identify themes and supporting evidence regarding parents' experiences of influencing and managing their child's/children's anxiety. Each of these steps is outlined in the remainder of this section.

Participants and Inclusion Criteria

Parents of school-age children with anxiety were the participants in this study. A homogenous sample is emphasized in TA to enhance the richness of the data collected (Braun & Clarke, 2022); therefore, participants were selected based on meeting specific inclusion criteria. Braun and Clarke (2022) stated that specific inclusion criteria allow for a narrower dataset, while broad criteria require more participants. The specific inclusion criteria for participation in this study included English-speaking parents of school-age children (age 6–12) who live in a city in

Canada, and who were able to provide informed consent. Parents are defined in this study as any adult who identifies as the primary parent or carer of a child (Klein et al., 2023).

School-age children (6–12) were chosen for a few reasons. Children are unlikely to be diagnosed with an anxiety disorder under 6-years-old as they are still in the early stages of their development (Reid-Westoby & Janus, 2022), but most anxiety disorders become prominent before the age of 12 (Beesdo et al., 2009). For this study, I chose to focus on one stage of development. As a new stage of development (adolescence) begins at age 13, and as anxiety can manifest itself differently ways in various stages (Beesdo et al., 2009), the study focused on school-age children, ages 6–12. Neither the parents nor the children were required to be formally diagnosed with an anxiety disorder to participate in the study. However, parents did need to emphasize their need for support for their children's anxiety by being either on the waitlist or actively involved in accessing treatment specific to their children's experiences of anxiety.

Sampling and Sample Size

Opportunity and purposive sampling were used in this study. Opportunity sampling allows for sampling specific people within certain organizations that fit with the inclusion criteria (Ando et al., 2014). I recruited participants from various private practices (e.g., Koru Family Psychology) and out-of-school-care centres (e.g., Little Steps Childcare), which is described further in the following section. As I had a small sample, I limited my research to cities due to potential differences between urban and rural locations.

Purposive sampling was also used and is one of the most common sampling strategies (Ando et al., 2014; Braun & Clarke, 2022; Guest et al., 2006). Purposive sampling allowed me to select participants who met the criteria of the study and have had rich and detailed experiences that they are willing and open to sharing (Braun & Clarke, 2022). As participants were recruited

from agencies that specify anxiety as a main criterion for treatment and if participants were actively seeking or involved in anxiety treatment, then their experiences were likely to meet the criteria of this proposed study. As well, by using opportunity and purposive sampling I could ensure rich interviews and substantial theme generation.

Thematic analysis does not specify how many people a study requires as it is up to the interpretation of the researcher based on their study's goals and capacity (Braun & Clarke, 2022). The goal was to capture key themes amongst parents' experiences to gain an understanding of how they manage and influence their children's anxiety. Fugard and Potts (2015) recommend that for small projects, 6–10 participants should be sufficient to generate themes. Notably, Braun and Clarke (2019) argued that saturation in TA is unnecessary, so therefore, my focus in this study was on gathering depth in participant experiences. My approach was also not exhaustive, as that would be near impossible with parents widely varied lived experiences.

Recruitment

After receiving ethics approval in March 2025, I reached out to Psychology clinics that stated they worked with children, parents, and anxiety. I sent out my recruitment poster to a total of 21 physical locations including: six psychology clinics in Calgary, eight in Edmonton, and four out-of-school care centres (OOSCs) in Calgary and three in Edmonton (see Appendix H: Where Was My Recruitment Poster Posted, for a full breakdown of the clinics and OOSCs). I also posted my recruitment poster to local Facebook groups including Counselling Therapists of Alberta, Prairie Professionals, and Psychologists in Private Practice Community—Alberta. The clinics and OOSCs then put up my recruitment poster in their offices and shared areas, and some clinics and OOSCs also sent the poster and study information to their staff and individual clients. The revised recruitment poster included a QR code that potential participants could scan which

led directly to a pre-written email indicating their interest in the study (see Appendix E for the recruitment poster).

Once participants contacted me via email, I thanked them for their interest in the study and asked them brief questions to ensure they met the inclusion criteria to participate in the study. If participants met the inclusion criteria, they were sent the Invitation to Participate and Letter of Information documents (see Appendix B and C). Participants were also told that they would not need to sign the documents, as verbal consent would be requested prior to beginning the interview. If participants read over the two documents and agreed to participate, an interview would be scheduled. Once an interview was scheduled, participants were sent the Informed Consent Form and again notified that they did not need to sign anything as their consent would be recorded prior to starting the interview.

At the beginning of the interview, I asked participants if they met the inclusion criteria again and asked if they agreed to be audio and video recorded. I then went over the Informed Consent Form and received verbal and visual confirmation to begin the interview. Altogether, seven parents participated in this study. Of these participants, one was male and six were female. Two participants were Black, and five were Caucasian. The parents' average age was 42.5 years old. All parents were married and had an average of 2.5 children (between one and four children).

I experienced some challenges with my recruitment, including connecting with families over the summer break, and the September 2025 teacher strike when many parents were busy and out of their usual school routine. These challenges meant that I sought ethics revisions and expanded my contact to out-of-school care centres. Though recruitment took longer than

originally expected due to these challenges, I had successfully interviewed seven participants by the end of September.

Data Collection

To obtain in-depth accounts from parents, I personally conducted one-on-one semi-structured interviews. These interviews ranged between 41 minutes and 1 hour 38 minutes, with most interviews averaging approximately one hour in length. The length of the interview depended on how much the participant shared and their response to each question. I recorded the interviews for transcription and data analysis purposes.

I conducted semi-structured interviews to ensure that I collected the necessary data for my research question as well as to gain in-depth knowledge about the participants' experiences. I used probes and prompts throughout the interview to keep participants on track with the research topic and provided guidance and further clarification when they were unsure or having difficulty answering a question. The interview process was adaptable and fluid, resembling a real-life conversation so that meaning could be co-constructed.

Semi-Structured Interview Outline

The semi-structured interview began with an introduction to the study, as well as basic demographic information. I also emphasized that all parent experiences are different, and that the interview makes no judgment of that. Participants were also provided with the opportunity to ask questions and address any concerns they had prior to beginning the interview. This provided the opportunity for participants to warm-up to the interview and helped me to build rapport with them.

The questions then progressed slowly to allow participants to become more comfortable with the interview process. I structured the interview to include broad and open-ended questions

that invited parents to share their experiences in a way that made the most sense and meaning for them. I also included further clarification of questions, and probes/prompts (as indicated in bold) in the Interview Guide (see Appendix F) to assist participants where needed. Although some participants required further clarification and prompts to guide the discussion of their experiences, no participants required any topic redirection as all discussed experiences were related to each question and my research questions.

Jowsey and colleagues (2021) suggested designing open-ended interview questions based on the research question and those that bring participants' experiences to life using their own words. I created my semi-structured interview guide based on my research questions, and interview guide references and guidelines within my research, including Bearman (2019), Beato and Rosa (2024), Buzanko (2016), Klein et al. (2023), Oerther (2020), Schachar and Crosbie (2018), and Woodgate et al. (2023). The guide was created with three underlying purposes: to learn more about parent's experience of their children's anxiety, to discover parents influences on their children's anxiety, and to discover what supports parents need to enhance anxiety understanding and education. The influence questions were designed to target, but were not limited to, the three influences discussed in the previous chapter. These include transmission, accommodation, and emotion regulation.

I trialled the interview guide with the first participant and found that few changes were required. I shared my concerns and thoughts for revisions with my supervisors and from there, I adapted those changes for subsequent interviews based on the participants' experiences and feedback. The interview guide did not change substantially; however, some questions were reworded to minimize confusion that was apparent in the first trial interview. The interview ended with a closing question asking participants if they wished to discuss anything extra that

was not covered during the interview. The entire semi-structured interview was reviewed and approved by my supervisors prior to scheduling the interviews.

Interview Procedures

Parents who met the inclusion criteria and were interested in participating in my study completed one 60–90-minute semi-structured interview. Each interview was conducted via Microsoft Teams, where video was recorded, and audio transcription was automatically captured. Prior to the interview, participants were sent the Informed Consent Form (see Appendix D). To limit email communication with the participant, the Informed Consent Form, voluntary nature of participation, and limits of confidentiality were also reviewed verbally on Microsoft Teams prior to beginning the interview. Participant consent was explained and recorded. All participants were provided with a $20 gift card to a family-friendly vendor of their choice (options were Amazon, Tim Hortons, Indigo, Starbucks, and Walmart) as a token of appreciation for their participation. Also, due to the nature of the study, participants were provided with a Mental Health Resource List (see Appendix G). The $20 gift card and Mental Health Resource List were emailed to the participant within 1–2 business days following the interview.

Interview Transcription

The interviews were automatically transcribed by Microsoft Teams and uploaded to my personal password-protected Athabasca University OneDrive account. To ensure accuracy, the transcriptions were extensively reviewed and all sounds (e.g., pauses, laughter) were added in where relevant. The transcripts were then anonymized by replacing names of the participants, their children, and spouses with pseudonyms. Each transcript was reviewed a second time, against the original video/audio interview to ensure all data was accurately captured and

anonymized. A master list of all participant data is kept in my personal password-protected Athabasca University OneDrive account. All other data from the interviews was anonymized.

Data Analysis

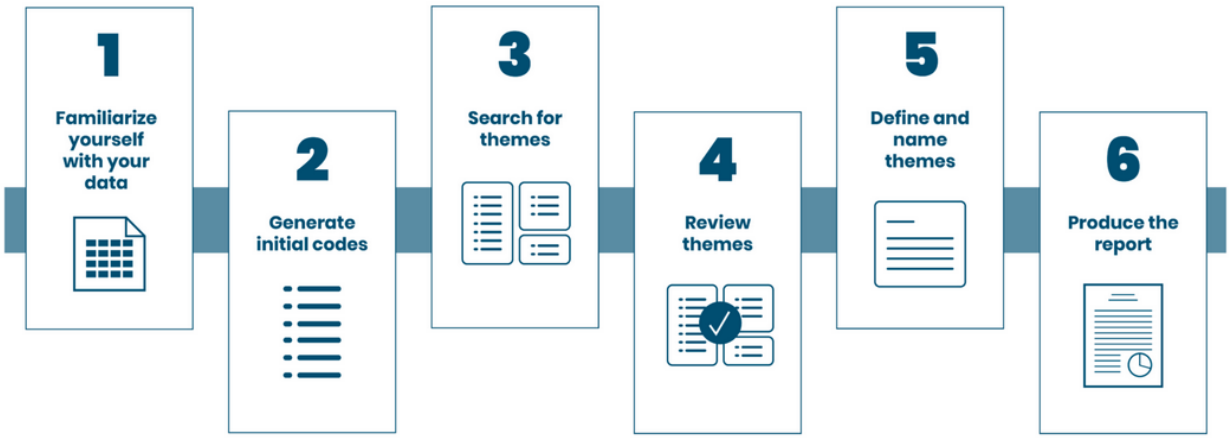
In this study on how parents experience their children's anxiety, TA served as the backbone for ensuring reflexivity, capturing participant perspectives, and analyzing semi-structured interviews. The reflexivity and flexibility aspects of TA and social constructivism contributed to an in-depth understanding of the unique and subjective experiences of how parents influence and manage their children's anxiety.

I used a layered approach to my data analysis, starting with coding at the semantic (surface) level, then evolving into the latent (subtextual) level in the creation and modification of my themes. My semantic level approach was still interpretive as it involved co-constructing meaning with the participants and coding based on that meaning (Braun & Clarke, 2006). A semantic level approach is considered easier to use and understand for beginner TA researchers (Jowsey et al., 2021), however, with the guidance of my supervisors, I used an interpretive approach during data analysis. As a beginner TA researcher, I wanted to ensure that I captured participants' unique experiences but also explored as much depth within those experiences as possible.

TA follows six phases identified by Braun and Clarke (2006) as: (1) familiarize yourself with the data, (2) generate initial codes, (3) search for themes, (4) review those themes, (5) define and name the themes, and (6) produce the report. A visual representation of these six phases is presented in Figure 1.

Figure 1

Phases of Thematic Analysis: adapted from Eubanks Fleming (2023)



Notably, the phases are iterative, which allowed me to move back and forth between each phase as needed (Braun & Clarke, 2006). Although Figure 1 depicts the phases as a line, they are more like an interconnected circle where moving between phases is expected.

There were over 100 codes and six themes identified within my dataset. The process of TA was overwhelming, but by continuing to revisit my research question throughout the process, it allowed for flexibility while consistently maintaining my focus on the research topic (Campbell et al., 2021). At the end of the six-phase process, I reconnected with participants to ensure that I adequately interpreted and portrayed their experiences and descriptions.

Phase 1: Familiarize Yourself with Your Data

The initial phase of TA, familiarize yourself with the data, emphasizes deep diving into the data and becoming intimately familiar with it (Braun & Clarke, 2006). I began this phase by reviewing the auto-generated transcript from each video interview on Microsoft Teams. To ensure accuracy, after the initial transcription was completed, I reviewed the transcript to the

original interview. Through both reviews (comparing the interview to the transcript), I paused and replayed the recording to ensure the text, as well as tones (e.g., pauses, laughter) were transcribed adequately.

During the original interview, I took note of some of my thoughts on the document with my interview questions. Immediately following each interview, I recorded my thoughts and feelings in my research journal. Although the notetaking and transcript-reviewing process was lengthy, it was necessary to ensure an in-depth account of the participant experiences and my thoughts during and following each interview.

Each transcript is stored on my personal, password-protected Athabasca University OneDrive account. My initial thoughts and codes were recorded on this version and then transferred over to NVivo 14© for further coding purposes and ease of organization. NVivo 14© also allowed for simultaneous notetaking using their "Memos", which I used while going through the coding process for each transcript.

Phase 2: Generate Initial Codes

Phase two, generate initial codes: codes are short summaries or interpretations of what the data is saying (Braun & Clarke, 2006). This phase was conducted in multiple rounds. For the first round of coding, I read each interview line by line and noted initial codes that were relevant to parent experiences and my research questions. By coding line by line in NVivo 14© and taking detailed notes during the process, I ensured that all data was given adequate attention.

This initial round of coding involved solely descriptive codes. This meant that many codes were verbatim text from the participant interviews, and others were short summaries of the line. I posted a sticky note with my research questions that was always visible to ensure the codes were related. However, I made sure to keep an open mind during this round of coding, understanding

that all information participants provided during the interviews was regarding their experiences and therefore could be relevant. This first round of coding generated between 93 and 359 codes per transcript, for over 1500 total codes.

Next, I began the second round of coding by combining all similar codes and refining each of the codes to provide more depth. This round included thinking more deeply about each code, and rewording codes to ensure an accurate fit. I also removed the occasional code that did not fit with my research question or was off topic. With this round of coding, I drastically reduced the number of codes from 1569 to 427 total, with an average of 61 codes per transcript.

Phase 3: Search for Themes

Phase three, search for themes: review the codes from the previous phase and determine their commonalities and relationships (Braun & Clarke, 2006). This phase also encompassed the third round of coding. This involved combining all codes into one NVivo 14© file, merging similar codes or codes that were identical, and going more in-depth with each code to find deeper meaning. Also, due to challenges experienced with NVivo 14©, I extensively reviewed each transcript associated with the codes that had unclear context to ensure the context was accurately captured.

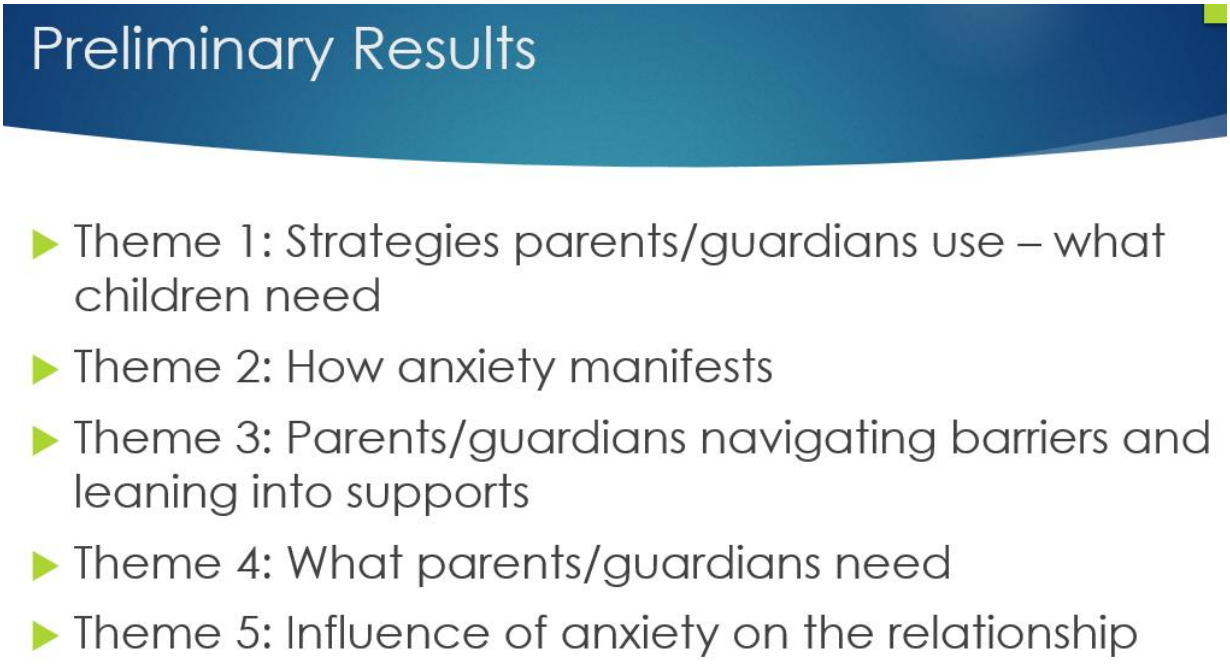
Relevant quotes that stood out were also captured at this stage and put into a separate memo file in NVivo 14©. These quotes were directly related to showcasing parent experiences and my research questions. Initial themes were also created at this point based on the patterns that I had observed thus far. All codes from the third round of coding were categorized in a Microsoft Excel© file and sorted into each of the themes. Braun and Clarke (2006) recommend creating a “miscellaneous” theme at this point to capture any codes that do not fit well with other themes.

At this stage in the TA, there was more collaboration with my supervisors. I created initial themes based on the patterns I observed in the data and then reviewed these themes with my supervisors. My supervisors then helped me dive deeper into the interpretations of what participants were saying, rather than just identifying descriptive patterns. From these meetings, I developed more concrete, interpretive themes based on parent experiences.

The initial themes created in this stage of analysis were descriptive. The themes arose from patterns within the codes and observable data that directly related to what parents relayed to me about their experiences. The five initial themes and subthemes are presented in Figure 2. At this stage, I focused on the semantic level of the data, as opposed to the latent level. Also, at this point in the analysis, there was no sequential order to the themes and many still required further refinements. Although most codes fit under one theme well, the codes also required some additional refinement.

Figure 2

Initial Themes Slide Presented at the Graduate Student Research Conference (November 2025)



Phase 4: Review Themes

Phase four, review themes: determine if the codes and themes created so far fit together with each other and the research question (Braun & Clarke, 2006). To refine the themes and codes, I reviewed each transcript in-depth to ensure that the line-by-line codes from the last three rounds of coding matched up. During this fourth round of coding, I refined the codes in greater depth and moved into the interpretations of what the parents were saying. After reviewing each transcript and the matching codes to ensure everything adequately and accurately aligned, I practiced moving from descriptive analysis to interpretive analysis. I downloaded my list of refined codes from NVivo 14© and practiced interpreting for each code.

This practice of moving from descriptive (semantic) to interpretive (latent) analysis provided me with more depth into the underlying feelings and experiences of the parents I interviewed. By practicing with the codes first, I was then able to easily move from descriptive to interpretive analysis within each theme as well. I started this part of phase four by printing off all the refined codes and grouping them together manually. Visualizing and moving the codes around in this way helped me better see the commonalities, how everything was interrelated, and how everything connected back to my research question about parent experiences.

After I organized and grouped the codes together, I realized the patterns I observed mirrored the original themes I had created in phase three. The difference was that I had begun to take a more interpretive approach to the theme creation, so the themes had become more defined. I took note of the patterns that I observed in a document and explored the meaning behind each of the themes.

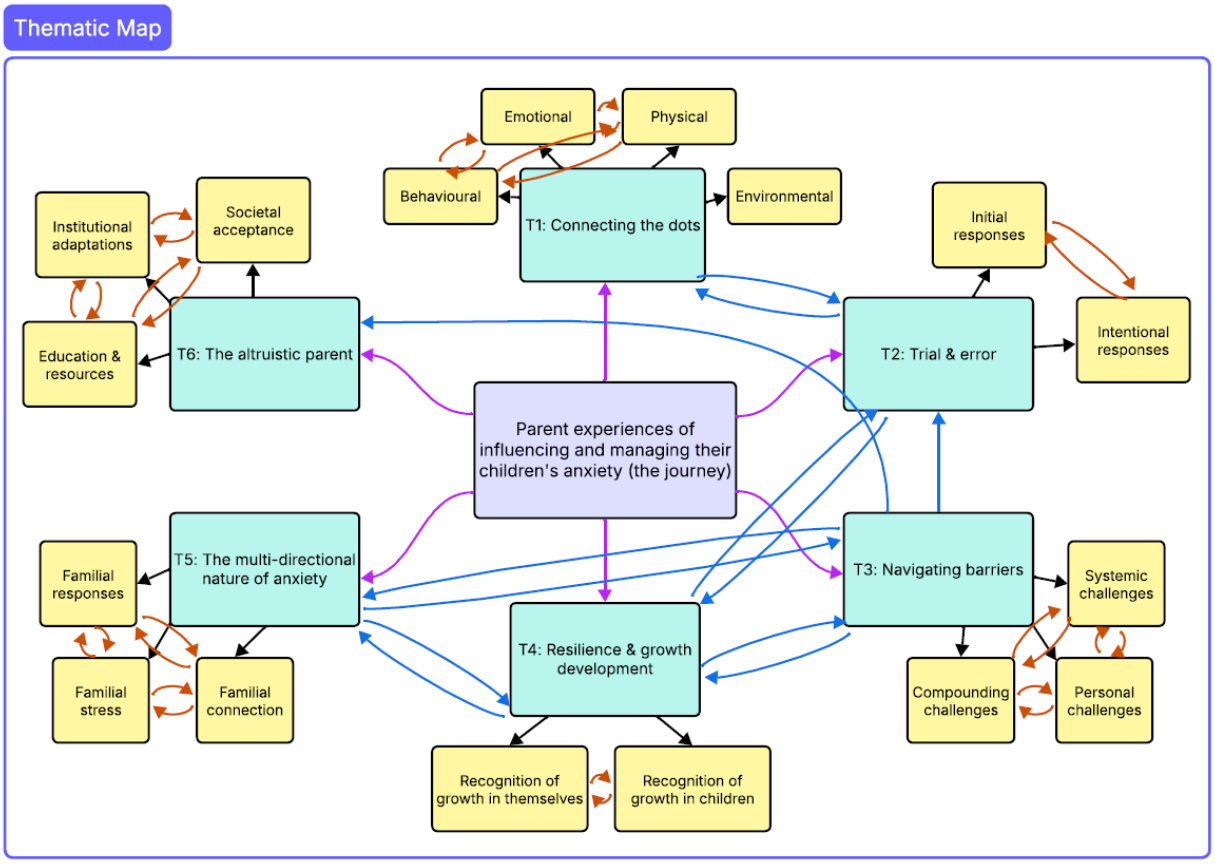
Phase 5: Define and Name the Themes

Phase five, define and name themes: check if the themes can be briefly and easily summarized and ask why these themes matter (Braun & Clarke, 2006). This phase of my data analysis involved further refining the themes by continuing to ask myself how they are interconnected and how they could be interpreted. I wrote two paragraphs for each theme. One where I described what each theme captured (the description and overarching goal), and another where I asked, “so what?” to find the interpretation of the theme.

There were still points in this process that were unclear and confusing, so I consulted my supervisors, and we collaborated on the names and definitions of the themes, as well as further defined each of the subthemes. This helped clarify how the themes were interconnected, and how they connected back to my research question and parent experiences. From this collaboration and clarification, I created a visual representation of my themes in a Thematic Map presented in Figure 3.

Figure 3

Thematic Map



Through this visual representation of my themes, it became easier to clearly explain how everything was interconnected. Also, at this phase in my data analysis, I recorded voice notes explaining the connections between each of the themes, further defining each of them, and re-identifying the "so what?" At this point I dove deeper into each of the subthemes and explained how they were related to the overarching theme, as well as other themes and subthemes.

This phase of data analysis helped me feel more at ease and less overwhelmed with the amount of data with which I was working. I began to feel more comfortable with the analysis and the themes that I had created and defined and was therefore better able to explain the story behind the analysis. Given the scope of this research, I concluded the data analysis at this stage

in consultation with my supervisors. I recognized that although further analysis could lead to additional insights, I could adequately explain the journey parents took and how everything connected back to my research question.

Phase 6: Produce the Report

Phase six, produce the report: create a clear and convincing story surrounding the themes that connect them together in a logical manner (Braun & Clarke, 2006). This phase involved the creation of this thesis, and especially the creation of the next chapter. The next chapter provides a narrative of what parent experiences of influencing and managing their children's anxiety involve. The chapter includes the themes that were developed from the previous phases and includes supporting evidence from the interviews.

Rigour and Reflexivity

I have emphasized thus far the importance of reflexivity throughout the entire research process; this is a key component of TA. By emphasizing awareness and transparency of researcher values, philosophical underpinnings, biases, and assumptions via reflexivity throughout and in the final report, I enhanced the rigour of my research (Braun & Clarke, 2022; Peel, 2020; Trainor & Bundon, 2021).

Keeping a reflexive journal was emphasized in my research on conducting qualitative research and is also highlighted extensively in TA. Braun and Clarke (2022) discussed that although complete reflexivity is not possible, including as much reflexivity as possible within the final report is critical to TA. Trainor and Bundon (2021) also that suggested writing journal entries regarding thoughts, emotions, and judgments right after interviews is important so that the information is still fresh in the mind. I kept a reflexive journal throughout this process, which has helped me discover my positionality and biases, and how my research is affected. For

example, I discovered that although I am not a parent, my goal of discovering the in-depth details of parent experiences allowed me to be more open and expand my curiosity.

As TA involves analyzing and understanding human experiences and thick, rich descriptions, using verbatim participant quotes and extracts throughout the final report enhances rigour (Campbell et al., 2021; Peel, 2020; Trainor & Bundon, 2021). TA allows for highlighting in-depth participant experiences and providing examples for the themes, which I discuss in the following section. However, providing these extracts with little or no analysis to support them, detracts from the rigour, especially if the participant accounts are paraphrased (Braun & Clarke, 2012). To enhance the rigour in this regard, I used verbatim quotes from the participant interviews (without any identifying information) and used member checking to ensure the accounts are accurate.

Trustworthiness criteria replaces the concepts of validity and reliability that are commonly used in quantitative research. Identified as a component of enhancing rigour in TA, trustworthiness can increase the insightfulness and trust of the research findings (Jowsey et al., 2021; Nowell et al., 2017). Lincoln and Guba (1985) refined trustworthiness and introduced the concepts of credibility, transferability, dependability, and confirmability to replace the internal validity, external validity/generalizability, reliability, and objectivity terms from quantitative research, respectively. In TA, these four concepts are enhanced by using reflexivity, leaving an audit trail, providing thick descriptions, member checking, and prolonged engagement with the data (Nowell et al., 2017). Investigator triangulation, or the process of having multiple researchers check the analyses, can enhance rigour but is not necessary in TA if the data is legitimate and thoroughly checked by the researcher to ensure accuracy and fit (Kogen, 2024). Using TA, I was accountable in my reflexivity throughout this study by being flexible to

emerging aspects from participant experiences, as well as acknowledging my own biases, opinions, and values. As Trainor and Bundon (2021) emphasized, reflexivity is crucial to all aspects of a solid research project.

Ethical Considerations

I passed the TCPS course and obtained ethics board approval from Athabasca University in March 2025 (see ethics approval certificate in Appendix A). Participants who met the inclusion criteria and read over the Invitation to Participate Form, Letter of Information, Informed Consent Form, were scheduled for an interview (see Appendix B–D for these forms). To minimize email communication, I read over the Informed Consent Form and asked participants if they still agreed to participate in the study, and to be video and audio recorded. No concerns with consent were raised from any of the participants, and all participants agreed to being interviewed and audio- and video-recorded.

As TA does not have specific ethical considerations to follow, I followed the general qualitative guidelines (Braun & Clarke, 2022). The three core principles of ethics in human research from TCPS (2022) were considered: respect for persons, concern for welfare, and justice. Participants were informed that they could withdraw their consent at any point up to two weeks after the interview as all interview data would be transcribed and anonymized at that point. They were also informed that their data would be securely locked, stored, and anonymized in the final report. To anonymize participant data, I removed all identifying information once the interviews were thoroughly and accurately transcribed. No participants stopped the interview partway through, and no participants withdrew their consent during or after the interview, so all data was used.

Nowell et al. (2017) and Jowsey et al. (2021) suggested that member checking is an important part of enhancing rigour in TA. I conducted member checking (Grossoehme, 2014) by asking participants to review the general themes and to confirm that I had adequately captured their accounts before the report was published. Prior to beginning the interview, during the consent process, I asked participants if they would like to participate in the member checking process to which all participants agreed.

Many ethical dilemmas can be mitigated by using reflexivity and sensitivity throughout the research process, especially in interviews (Peter, 2018). Peel (2020) suggested consciously considering the participants and consistently returning to your research question and the goal of improving participant outcomes. Following these guidelines, I checked in with the participants before the interview began by asking if they had any questions or needed assistance in understanding any of the documents. I also checked in with the participants before they consented to the interview to ensure they understood the risks and benefits. No participants expressed any concerns regarding the ethics of the study. During the interview, I checked in with participants throughout to make sure they understood each of the questions. I consistently reminded myself of my research questions and goal of the study, by writing them at the top of my Interview Guide (see Appendix F). The participants rarely went off topic, and I only had to guide them back to the goal of the interview a few times. I also checked in with participants at the end of the interview to see if they had any further questions or concerns. Finally, participants were sent a Mental Health Resource List (see Appendix G) 1–2 business days after the interview. No participants shared any concerns following the interviews.

I understood that as my topic is sensitive and I was therefore prepared to handle any issues that could arise in terms of participant discomfort. I emphasized the importance of participant

consent and made sure to build rapport and trust with participants (Creswell & Poth, 2024) prior to and during the interview process. As well, I created a full Resource List for participants if they required further support after the interview. Although some participants became emotional when discussing their experiences and needed to pause from talking, no participant expressed distress or discomfort that required escalation involving my supervisors or a mental health professional. I had the Resource List on hand if needed, but all participants were content to wait 1–2 business days before receiving their gift card and Resource List. I mitigated many potential ethical concerns by using semi-structured interviews. These interviews provided participants with the freedom to discuss what is comfortable to them, while still adhering to my research topic and questions.

Summary

There is a current lack of understanding regarding parents' experiences of managing and influencing their children's anxiety. I addressed this gap by answering my research question: What are parents' experiences of influencing and managing their children's anxiety? This master's thesis used a social constructivist research paradigm and thematic analysis as the method to better understand parents' experiences. Social constructivism allowed for a deeper understanding and co-construction of meaning from subjective participant experiences and fit well with my choice of a layered approach to thematic analysis.

This chapter discussed the research design, thematic analysis process, and my approaches to rigour and reflexivity. The research design involved conducting semi-structured interviews with parents who were actively seeking treatment for their children's anxiety. Semi-structured interviews fit well with thematic analysis and social constructivism as they allowed for a flexible and open-ended approach to understanding parents' unique experiences. The six phases of

thematic analysis were also discussed in-depth to ensure understanding of my methodological process. To address rigour and reflexivity, I focused on transparency in the research process. The steps included keeping a research journal for reflexivity purposes, adhering to ethical guidelines, conducting member checking, and providing thick descriptions which all enhanced the rigour of the research.

Chapter 4: Results

The purpose of this study was to explore parents' experiences of influencing and managing their child's/children's anxiety. Specifically, I sought to answer the following research question in the participant interviews: What are parents' experiences of influencing and managing their children's anxiety? As well as the sub-questions: What strategies do parents use to manage their children's anxiety? What supports and resources do parents find helpful or wish they had access to? How can the ways that parents influence their children's anxiety be better managed?

This chapter presents the key findings that I obtained from in-depth interviews with seven parents. I begin with a brief overview of the parents who participated in the study. Following this, I discuss the six themes developed from my analysis of the interview data. The themes include:

1. Connecting the dots—parents' evolving understanding of how anxiety shows up
2. Trial-and-error—parents' experimentation of anxiety management
3. Navigating barriers—causing stress before providing support
4. Resilience and growth development—parents' journey of their own recognition
5. The multidirectional nature of anxiety—how parents and children's regulation habits affect each other and the family
6. The altruistic parent—parents desire to spare others from the suffering they have experienced

Overview of the Parents

All parents who participated in this study were married and shared their parenting responsibilities. That said, all the participants identified themselves as the primary caregiver in the family. Each parent shared their personal stories and experiences with their child/children

who struggled with anxiety in varying ways. Although some parents appeared initially hesitant with sharing personal information, which I interpreted as nervousness, they became more comfortable over time and responded to all questions that I asked.

Seven parents participated in this study altogether. The parents and I collaborated in choosing pseudonyms to protect their privacy. There were six women: Fredericka, Olivia, Glynis, Anne, Emma, and Sophie, and one man: Theo. Each of these parents met the core inclusion criteria:

They had a child (or children) who experienced anxiety,

Their child/children who experienced anxiety were 6-12 years old,

They were either actively looking for or were currently involved in treatment for their child/children's anxiety,

They were English-speaking, and

They lived in a city in Canada.

Every parent shared a unique story, though they all discussed the shared phenomenon of managing and influencing their child's/children's anxiety. Listening to their personal stories was a source of rich information that helped me develop a deeper understanding of their experiences and led to the development of six main themes. I acknowledge that although all parents are represented in each theme, some parents' experiences differed from others in the subthemes. These differences are due to parents experiencing their children's anxiety in varying ways through their individual lenses. I also approached these results with social constructivism, viewing parent experiences as influenced by their environments, and their realities were socially constructed. My goal was to ensure that the experiences shared by all seven parents were adequately and accurately accounted for both as individuals and as a collective.

Parents' Experiences

The following provides a description of each of the six themes I developed that reflect parents' experiences of their child's/children's anxiety. Within each theme was two to four subthemes that spoke to these broader experiences. In the following section, I present each theme alongside the range of parents' experiences understanding. I also provide verbatim quotations and examples from the interviews to highlight each theme. The quotations used were approved by the respective parent in the process of member checking. Each theme was created based on how meaning was co-constructed during the interviews, and with the view that parents' experiences are influenced by their social interactions and environments. As introduced in the previous chapter, I created a thematic map as a visual representation of the themes, presented in Figure 3.

Theme 1: Connecting the Dots—Parents' Evolving Understanding of How Anxiety Shows Up

Theme one, connecting the dots, captures how parents interpret their children's presentations of anxiety. In the first major interview question, I asked participants to describe their children's anxiety. The answers to this question resulted in the representation of anxiety as behavioural, emotional, physical, and environmental. Every parent had a distinct experience of how their children's anxiety presented, so although all parents are represented in the theme as a whole, not all parents are represented in all subthemes.

The parents explained that they did not initially recognize how their children's anxiety presented until patterns recurred or their understanding deepened. They shared their tendency to focus on the presentations and not the underlying cause of anxiety. In fact, Sophie stated, "I guess early on I would have liked to have known that…it presents in different ways."

Behavioural Presentations. Six parents in the current study experienced their child's anxiety presenting as behavioural symptoms. Their child's anxiety presented itself behaviourally in many ways including the child being grumpy, upset, rude, quiet/isolating, and/or clingy. Olivia described her child's behavioural presentations as "he could like get very quiet during breakfast; he's like super quiet."

The parents relayed how they began to recognize their child's anxiety was behavioural, and how their surroundings affected their views of anxiety. Emma shared:

> I know her anxiety goes up because she can be really nice the day at home, or she can come home and she can just be like, 'you're not allowed to play that toy that way, you're not allowed to do this, get off.' And like, she just goes really overboard trying to control the situation.

Additionally, Fredericka explained:

> And so we were sort of treating it as, we were treating behaviors right, like, not really anxiety like, you know, this is not the way you behave in school when you get really upset and have temper tantrums and run out of the room, and you know, rather than working on anxiety and stuff.

Emotional Presentations. Six parents in the current study also experienced their child's anxiety as emotional presentations. These presentations were split into two categories, feelings and thoughts. Some examples of children's presentations of anxiety as feelings included panic, shame, sadness, and overwhelm. Theo described his child's emotional presentations "she acts…emotional. Whenever I get to uh going to school…she could be all good all weekend, but it is getting to Mondays…she starts being too emotional."

The participants mentioned initially struggling to recognize these emotional presentations as anxiety, as Fredericka illustrated “you wouldn’t really know that it was anxiety.” The challenges that the parents were experiencing when it came to managing their children’s concerns were also apparent. For example, Sophie’s feelings of distress at managing her child’s emotions “he’s working himself up because he doesn’t know. He…just doesn’t know what the outcome’s gonna be.”

Parents also experienced emotional presentations as thoughts such as worry, all-or-nothing thinking, and suicidality. Although all these presentations were concerning, suicidal thoughts stood out. Anne felt concerned for her child when she expressed suicidal thoughts “but her anxiety also got her to the point where in school she said she wanted to die.” Anne explained that her child’s expression of suicidality was the reason for seeking support, that she was glad the school connected with her about her child, and that these thoughts did not escalate any further.

Other parents experienced their child’s anxiety as if it was taking over their child’s cognitive processes. Fredericka shared “so then on Thursday in the game…her anxiety came up, told her these things like, she doesn’t belong on the team, she’s not good enough, right?” The parents experienced these emotional presentations as challenging to recognize, influenced by their surroundings, and concerning, as they did not always understand where they were coming from. Emma noted “that was the biggest concern for me is that shame spiral all the time.”

Physical Presentations. The parents experienced anxiety presenting itself physically in a multitude of ways, including their children having trouble sleeping, physical discomfort, and dizziness. Theo explained feeling concerned about his child’s sleep “it started last year when she started avoiding sleep.” Other parents noted their child’s experience of anxiety as physical discomfort. Olivia shared:

> so I noticed that most of the times in the mornings especially, when we're, you know, preparing them for school, he begins to hold his tummy like he's feeling pain…At first, I thought it was just maybe—just normal…tummy pain.

One parent, Sophie, noted that her child's anxiety "presents as dizziness", and was particularly strong. Sophie continued:

> It was where he would sometimes be standing, or get up, and he would kind of tilt to the side, he never did fall over, but it would get to the point where he would be so dizzy—and he could still walk, but it was it was a little, a little bit difficult. That wasn't all that often, but he was always feeling dizzy.

Sophie explained that she did not know that anxiety could present as dizziness, which took a while to understand and come to terms with "I have come to accept that 95% it is anxiety only." Her understanding of anxiety seemed to be socially constructed in part by the medical system.

Environmental Impacts. I defined environmental impacts as anything in the environment that could trigger anxiety. Four parents in the current study described varying environmental impacts affecting their children's anxiety including, getting needles, loud noises, and crowded places. Fredericka explained, "One of the places where their anxiety presents…is in needle phobia." Anne noted that her child struggled a lot with crowded places,

> she really liked the ride stuff, but it was definitely when it was getting crowded, you could see her definitely getting closer to us and holding on to us and she…made sure she stuck with us pretty closely.

Other parents noted that loud noises set off their child's anxiety. For Sophie, it was fire drills that set her child's anxiety off, "He knows it's gonna be happening, it's gonna trigger…the loud sound is gonna scare him, which then causes him to be anxious."

Theme 2: Trial-and-Error—Parents' Experimentation of Anxiety Management

Theme two, trial-and-error, focused on parents' experimentation with anxiety management and captures the experimental approach that parents used to help their children cope with their anxiety in a more effective manner. This theme relates to the previous theme as parents resorted to trial-and-error because they struggled to understand how their children's anxiety presented and did not know what to do to help them. Parents' responses to their children were initial at first then evolved to become intentional. Initial responses were those that parents used out of exasperation and with minimal knowledge on how to help their children. The parents reflected that they felt regretful and guilty for utilizing these responses, but that they did not know what else to do in the moment. Intentional responses were those used once parents built up some anxiety education (whether those strategies and skills were taught to them, discovered by the child or parent, influenced by their connections, or found through the parent's research).

Initial Anxiety Management Strategies and Skills. All parents used varying initial anxiety management strategies and/or skills to try to help their child in the moment. Examples of these strategies included avoiding anxiety, enabling or giving in to their child, isolation or internalization of anxiety, being hard on their child, projecting negative emotions onto their child, and/or reassuring their child. Although some of these strategies and skills were helpful at first as an immediate response to their child's anxiety, five parents recognized that these types of initial strategies and skills could be detrimental in the long term. The remaining two parents had not yet come to the same recognition.

The parents did not know how to help their child and felt lost and frustrated in their initial attempts. Glynis explained, “What can we do?…by this age, [you think] they’ll get better. And then they weren’t.” The parents provided their rationales for using such strategies and skills in the moment. For instance, Emma shared “I just couldn’t handle, you know, like these meltdowns…would go on for hours and hours.”

In particular, the challenge of maintaining their composure and not engaging in initial strategies and skills when their child was acting out, became apparent. Fredericka remarked: “I get like frustrated and upset, but I’m trying not to.” Parents explained that they did not mean to engage in initial strategies but did not know what else to do. I asked the parents who were able to recognize these less helpful initial responses, how they learned how to not engage in these initial measures. In response, for example, Sophie explained:

> I guess I just learned it for myself…the enabling part…It’s not helpful. I just know that that is the case and just from my own experiences, is just continuing on not having somebody enable you, is…more beneficial to the individual versus somebody that you think you can become um dependent on. Or something you become dependent on.

Intentional Anxiety Management Strategies and Skills. Once the parents became more knowledgeable about their children’s anxiety, they began to move away from initial strategies and towards more intentional anxiety management strategies and skills. The parents observed some of these newfound intentional strategies, such as distractions, bribing, and establishing a strict routine, as being only effective in the short term. However, the parents still found these strategies to be better than their initial responses. Six parents utilized distraction strategies such as Theo’s “reciting rhymes”, and Fredericka’s “category like colours, colour that starts with the letter A, colour that starts with letter B.”

The parents experienced the remainder of the intentional anxiety management strategies and skills as being effective in both the short and long term. They discovered these strategies and skills through many social realms including therapy, “with the therapist, we tried to set like some goals” (Glynis), through the school teacher, “the teacher, you know, um, um, tried to like pick up, you know, the whole breathing exercises and positive affirmation” (Olivia), and through other family members, “So my husband started years ago with doing box breathing, breathing with him” (Sophie).

The parents discovered other intentional strategies and skills through their own trial-and-error, such as Sophie’s verbalizing her anxiety “To say it out loud”, Olivia’s repeating positive affirmations “I make them say ‘I can do this’, ‘…I am worth everything’, ‘…I can do this’”, or Anne’s physical comfort and compression, “the weighted blanket definitely helped her. And my oldest, it was just a sense of security.”

Three parents also involved their children in designing anxiety management strategies and skills that would work for them. Emma explained, “her and her sister came up with a solution where…to get through her evening routine or her morning routine, she videotapes herself on her on her tablet like she’s doing a YouTube video.” These intentional strategies allowed the parents to better manage their children’s anxiety amid the many barriers they encountered.

Theme 3: Navigating Barriers—Causing Stress Before Providing Support

Theme three, navigating barriers, captures how much the parents in the current study have struggled in their experiences of their children’s anxiety. The parents had to overcome many barriers that affected the support they provided to their child. This theme is related to the previous theme of trial-and-error in that the parents initially struggled to find effective anxiety management strategies and skills because of some of the barriers they faced. However, by

overcoming these barriers, parents were better able to find and utilize intentional strategies and skills. Parents felt stressed and overlooked from three main barriers: systemic/societal challenges, personal challenges, and compounding challenges.

Systemic/Societal Challenges. The first subtheme, systemic/societal challenges, include challenges outside the parents' control, such as a lack of support and anxiety education, and professionals who struggled to help them manage their child's anxiety. All participants encountered these systemic and societal barriers in numerous ways. Anne expressed "having to find the resources, and not knowing where to look", regarding their challenges with finding support their child. Two parents also mentioned that they struggled to find a therapist that could help them. Glynis emphasized "and even trying to find it, like trying to find a therapist was quite difficult" Fredericka made a similar comment "was actually really hard, to sort of find a therapist."

In response to the systemic/societal challenges, the parents felt that they took on roles they were not meant to take on. As a result, they became more stressed and frustrated than they might have otherwise felt and advocated for their children in ways they should not necessarily have had to. Such roles included: acting as therapists attempting to implement intentional strategies and acting as advocates for their children within systems that they barely understood. One participant advocated for their child to receive help in a medical system they struggled to understand. Sophie explained "advocating for my son, not letting them say, 'oh, it's nothing. Or he's he's just pretending.'…Not allowing any of the healthcare professionals to just say 'you know what? It's it's just him. It's just something he's doing.'." The parents explained the challenge of overcoming barriers within the systems and social constructions that seemed to fight against them. Emma frustratedly stated:

> And I fought and fought and fought and pushed for it. Because every step of the way people kept telling me um 'they're fine'. You know, when you go and tell a doctor my child is having meltdowns too, they're like, well, every kid, every toddler melts down, like to be able to explain it…

Other systemic/societal challenges included the parent's acknowledgement of barriers such as expenses, and care providers lack of understanding that anxiety could start so young.

Personal Challenges. The personal challenges subtheme captures how parents struggled to manage their own mental health and other difficult emotions such as burnout, guilt, and regret. All participants experienced these personal challenges in varying ways, but with similar underlying stressors. Olivia shared some regret about waiting to go to therapy with her child:

> I feel like if I had attempted, you know, the whole counselling thing, at the time I noticed this whole thing, maybe by now everyone would good. Like we would be all right. I won't be even thinking about this whole thing…

The parents experienced stress with trying to do their best with managing their children's anxiety, which in turn, became detrimental to their own mental health. Glynis struggled to know what to do and how to manage her own emotions when it came to her child's constant meltdowns "is this daycare day gonna be the one when she has another meltdown? Who knows?…What will I have to do?" Emma had similar feelings with her child's meltdowns "I was worried…that when I was doing [managing] the meltdown, like I was worried like that it was just never gonna end."

Theo also shared struggling to manage his own emotions amongst the stress and turmoil "I breakdown, but I try to…show her strength." Fredericka shared a similar challenge "Oh [shudders], oh, I really hate it. It like makes me [pauses and looks up and crinkles lips], like it makes me anxious. I like, like, I feel like my like my teeth gritting together." The balancing act

of emotions seemed to be a particularly common challenge for the parents, amongst the influences of their social surroundings. Glynis expressed "so definitely try to hold that in, even though I may be screaming on the inside."

Compounding Challenges. Compounding challenges captures elements that the parents found to make managing their child's anxiety even more complex. Specifically, three participants found that elements such as neurodiversity (e.g., ADHD, autism), routine management, and medication compounded the complexity of their children's anxiety. The remaining parents did not mention concerns with compounding challenges.

Emma discussed the challenges of learning to manage their child's neurodiversity on top of their anxiety "then we got her diagnosed with ADHD and that made a lot of sense. Once she went on the ADHD meds, though, we started noticing more of the anxiety" Emma also stated how challenging it was to figure out how neurodiversity and anxiety are interrelated, and the complexity of managing both at the same time "it's still hard, right, to suss out. What is the anxiety? What is the ADHD? And what is the autism, right? …because there is a little bit of a difference on how you handle that."

Anne reiterated this challenge, including that her lack of understanding of neurodiversity, and the complexity in their child's routines added extra hurdles "while I would like it to be more routine, unfortunately, I think with the ADHD brains that's not possible. And I'm learning as a non-ADHD person how to deal with the ADHD. So it's definitely a lot." Managing routines with anxiety was a challenge for three parents, but especially for Glynis, who experienced her child's routine as long and complicated "we try to stick to it pretty strictly so that it doesn't become two hours."

Though navigating barriers of systemic/societal, personal, and compounding nature was challenging, the parents were also able to recognize how they and their children grew and developed resilience throughout the process.

Theme 4: Resilience and Growth Development—Parents' Journey of Their Own Recognition

Theme four, resilience and growth development, captures how parents were able to develop resilience and growth through their experiences and social constructions thus far. The parents provided reflections on their experiences in relation to the previous three themes. They reflected upon learning to better understand their child, the anxiety management strategies and skills that worked, and at how they were able to overcome challenges barriers. Although parents experienced numerous challenges, they were also able to recognize the positive aspects of developing resilience and growth within their children and themselves.

Recognition of Growth in Their Children. All participants recognized some level of growth within their children while reflecting on their experiences, as well as shared a sense of hope for a less anxiety-ridden future for their children. The parents reflected on their observations of changes in their children when they began to learn more about how to manage and support them. For instance, Fredericka observed that her child, although originally against roleplaying as a strategy to combat her anxiety, went along with Fredericka's suggestion for the first time:

> we role played and she actually went along with that…so I felt like that was a success because it seemed like she actually wanted to work on things rather than just telling me that I didn't know what I was doing, and that I was being annoying…

Fredericka went on to explain how much this change in attitude from her child was so drastic that it surprised her, and they both felt connected for the first time in a while.

Five parents mentioned that they noticed differences in their children after a few sessions of therapy, such as Olivia:

> it started helping. He started loosening up and, and although on some days he, he gets back into his shell. But…on some days he, he really is like a very happy person. And that's, that's really showed like a lot of improvement compared to the past years.

Although one participant mentioned struggling with therapy in general, and one was actively searching for therapy, five parents found respite and support within the therapeutic environment. Two participants specifically, remarked how they were proud of their children for opening up and beginning to overcome their anxiety. Anne remarked "I was really proud that she, you know, expressed what she needed cause that's a big thing with her, she doesn't always express what she needs." Emma discovered a similar change when communicating with her child "and sat down and talked about her feelings, and I thought that was a really positive situation." These parents, among the others, found that talking to their children, seeking therapy, and utilizing intentional strategies with their children helped them to learn to better manage their anxiety.

Recognition of Growth in Themselves. Along similar lines of recognizing the growth within their children, the parents shared their newfound hope for a better future for their children. They also noticed growth within their own mental health care habits, and within how they reacted and interacted with their children's anxiety. Olivia reflected on her growth when managing her own mental health:

> I felt like there's nothing else that could actually break me because that was like a very, very trying period for me. It was really, really tough that period. But then when I was able

> to like come out of that, I, I was, I was OK. I, I that's how I could handle any other thing that came my way.

Olivia found that she could get through a challenging period in her life by learning what she could manage. Sophie also shared how she recognized the growth within herself when it came to managing her own mental health challenges. She recognized how her own challenges were affecting herself and her family and understood what needed to change for that affect to be minimized. Sophie stated:

> There's situational anxiety that…for me, I haven't had, had the opportunity…to process things in the past, I'm understanding a lot more now of processing things so that it doesn't carry on into the future.

In a similar comment, Anne recognized how her own mental health and past challenges affected how she was influencing her child's anxiety:

> And depending if it goes for an extended period of time and they start getting upset, it definitely is a bit triggering for me. And I'm like, OK, I need to get us out of here or I need to fix this somehow because now I'm starting to be triggered…because I want to protect my kids, obviously…So then I'm not going to be able to function for them. So it's definitely been…working with my neurologist…

Other participants recognized how their change from using initial strategies to intentional strategies positively affected their parenting habits. For example, Fredericka shared a positive experience of managing her children's anxiety, and the positive outcome that resulted "this is like one of where I feel like I did like a parenting win…and then she went to bed and it was fine. So I was like, really proud, I was like, that was like textbook, great parenting." Fredericka recognized that the way she handled the situation where her child was experiencing anxiety was positive,

and that she could learn from the experience. Similarly, Glynis found that setting boundaries and staying firm with the expectations of her children lessened the impact of her child's anxiety. The parents recognized the development of growth and resilience within themselves and their children, and how this affected how they managed and influenced their children's anxiety within the family unit.

Theme 5: The Multi-Directional Nature of Anxiety—How Parents and Children's Regulation Habits Affect Each Other and the Family

Theme five, the multi-directional nature of anxiety, captures that anxiety does not exist in isolation. Specifically, the parents in this study discovered that anxiety affects the whole family in a nuanced and socially interconnected way. Every parent had a unique experience of how family dynamics and anxiety interconnect, so although all parents are represented in the theme as a whole, not all parents are represented in every subtheme. Parents experienced this theme as connected to the previous two themes. They learned that barriers were more easily managed as a connected family unit and recognize their growth and resilience in all they have gone through together. The parents began to learn how to better manage their own anxiety and challenges in combination with their children's, as well as with other combined family dynamics. Anne expressed this succinctly "what's going to work for one kid is probably not going to work for my other kid." This theme includes familial stress, familial responses, and familial connection.

Familial Stress. Five parents in this study experienced stressors within the family system. Two parents, Olivia and Theo, did not mention any stress between other family members in their interviews. Glynis explained the familial stress stating:

> But a lot of it does fall onto me…And so I tend to be the person who tries to make life easy for everybody, sometimes to my own detriment, and so I would take on a lot of it as well, just to kind of like make things easier for others, which again has its own struggles with it.

Three parents shared that even though the other (non-primary) parent attempted to be involved in the caretaking of their children, they had their own stress and challenges to manage, which came in the way of that caretaking. The parents explained that because of this, much of the care of their children was felt as their responsibility.

Two parents also mentioned experiencing the other parents' challenges as affecting the family unit and dynamics. Anne explained how her self-care involves socially interacting with her partner, but she found it challenging with his multiple jobs "try to get out with my husband a little bit more. It's really hard um cause he does actually work two jobs." Emma expressed concerns about her and her partner's undiagnosed neurodiversity, and how that was affecting their family "And then to have my husband at the same time…I was undiagnosed, and he was undiagnosed and it was just a clusterf**k."

Familial Responses. Four parents in this study recognized the impact anxiety had on their family, and thus, that anxiety needed to be managed as a family unit. As Fredericka explained "because right, like anxiety's a family problem." Three participants, Olivia, Theo, and Emma, did not mention experiencing anxiety as relational, or any family relationship-related responses. Anne described that at the end of the night, when her children are winding down, they tended to get into fights. When this happened, Anne said if her and her partner were both in the room, sitting with each of the children, that their fighting usually stopped:

> they share a room. They are not cooperative with um going to sleep on their own because they will just go after each other. Um especially my oldest…when she's overtired,

attacking her sister is her favorite hobby. Um and it's just like she thinks it's play and she's obviously getting her dopamine from it, so we definitely break it up by sitting with them.

The parents explained that managing anxiety and other family challenges as a family unit instead of individually, allowed for further support and better anxiety management as well. Sophie noticed this with the relationship between her child with anxiety and another one of her children "He doesn't…berate him. I would never allow that. He doesn't shame him. So it's it's been good so far." As Fredericka stated "and it's like how we respond as a family."

Familial Connection. All participants acknowledged the importance of socially connecting as a family. In fact, six participants recognized family as the most important part of their lives. Oliva stated "I still keep my, my keeping my family as my top priority because to me, family comes first, yes. Even if I have a job." Sophie also mentioned family connection as extremely important throughout her interview "And family is very important. That we're a unit and we support one another no matter what so." These parents found that the support and connection between family members allowed for anxiety to be more effectively managed. For instance, when Emma managed her child's anxiety in a positive manner, she felt more connected with her child "So I think it felt good because I think we felt more connected."

Even engaging in activities together as a family, helped the parents to manage their children's anxiety. Anne emphasized "we usually do a lot of family things together." Three participants found engaging in extended family connection to be helpful as well. Theo who described the change in his daughter's anxiety after spending time with family "I noticed she got more happier during the weekend, you know, especially trying…to be with her grandpa…she gets very happy." Glynis discussed feeling grateful for the support of her family and extended family as well "I think we're pretty lucky with those type of supports."

Theme 6: The Altruistic Parent—Parents Desire to Spare Others from the Suffering They Have Experienced

Theme six, the altruistic parent, captures that the parents do not want others to go through what they have experienced. The parents developed altruism from what they experienced with managing their children's anxiety and navigating the varying barriers discussed in theme three. Altruism, as experienced by the parents in the current study, is the desire to spare other parents from the suffering and complex learning processes that they have endured. Their altruism is derived from the frustration they experienced, and how hard they had to advocate for their children, as well as take on roles they were never meant to.

Olivia explained her altruism "I'm like eager to share what I've been going through and also…give out my own opinions that could probably help other parents who are going through similar things." The parents sought to share their experiences to help other parents learn that they are not alone and to support each other in better managing their children's anxiety. This theme includes the subthemes: anxiety education and resources, institutional adaptations, and societal acceptance.

Anxiety Education and Resources. The parents in this study all struggled to receive adequate education and support in managing their children's anxiety. They expressed feeling isolated in their struggle to find adequate information about managing their child's anxiety. Olivia remarked on how she had to figure things out on her own "I don't think…I was really enlightened on how we could help. So I just did my thing my own way." Anne desperately wanted more information "And what to even do to support them. And where to find good information, solid information."

Theo, who among the other parents, found education and resources on anxiety to be limited, explained "the information is kind of like limited." Fredericka felt similarly, adding that her children's teachers were struggling to understand anxiety as well "my understanding of anxiety at the time was extremely limited. Um and I think her teachers probably was too."

Six participants reflected wishing they had earlier access to information on anxiety. Sophie animatedly shared:

> Education, that understanding would have probably made a massive difference. If I'd known that back then and maybe gotten him into play therapy, um at a young age, you know? So I think that's probably the main thing here is…trying to be very aware, and watch for those signs that so that you can do what you can to nip it in the bud as early on, so that you don't have a teenager who's struggling terribly.

Sophie explained that her struggle to find adequate education resulted in her child's anxiety worsening. Glynis felt similarly "So earlier support would have been nicer being like, hey, there is a chance that this five-year-old has anxiety, here's what we can do."

Emma was the only participant to discuss the dangers of current socially constructed parenting trends, "I'm seeing little kids who shouldn't have it. You know? Developing it due to this, this whatever the hell parenting trends going on right now." She emphasized that the gentle parenting trend is making children's anxiety worse as parents are not letting their children navigate potential anxiety-inducing scenarios and are therefore avoiding anxiety. Emma continued, illuminating the challenges of talking to other parents about the dangers of gentle parenting:

> I want to help parents…I'd like to tell them, but…you'll get your head ripped off because they'll just there'll be these other parents, like 'that's just awful. You can't do that. You

know, like you're not listening to your child's needs'. And…you can't [tell those parents]. They're not [the child's] needs…

Institutional Adaptations. All parents in the current study discussed their challenges and concerns with not receiving adequate support from institutions such as counselling agencies, and the school system. Fredericka, for example, explained that she wished to be more involved in the therapy process "I wish I was in the room more with them…rather than they're mostly there by themselves, and I just kind of come in for like, the last five minutes or like the first five minutes, kind of thing." Three other parents expressed that they wished the school system could have done more to help them and their child. For example, Glynis shared "but [the teachers] never really asked me, like, 'what can we do to help? What can we be here to support?'." Anne also discussed the lack of training and funding in the school system as a contributor "I basically had to force them to bring in an OT…to observe them…So they do limited with what their budgets can do. They do do some, but it's, it's not been a lot."

Three parents explained that this limited support was not the fault of those institutions specifically. They clarified that it was due to the lack of funding provided to the institution, as well as the lack of anxiety (and mental health in general) education for the staff. Emma eloquently expressed this sentiment "that's not the fault of school, it's the fault of the province and not providing funding and all that kind of stuff, right?"

Four participants noticed what the schools are doing to help their children with the minimal funding and resources they had access to. Olivia discovered that her child's teacher incorporated breathing exercises and positive affirmations for all the children into their daily schedule:

[the teacher] tried to like pick up, you know, the whole breathing exercises and positive affirmation, and made it a thing in the class every morning before they started, started

> learning…Just something for other students because we, we can't really tell if there are other people in the class who are also, you know, going through the same.

Emma also noticed that the principal at her child's school had set up a sensory room to help the children learn how to better manage their emotions:

> it's set up with very specific sensory, so you can do tactile sensory, you can do sound sensory, you can do visual sensory…And I said to the principal…I couldn't even believe it. The first week she went from coming into the car screaming every day at me to happily walking into the vehicle, like just 10 minutes twice a day…

Both participants remarked on how, although rare, tiny changes in these institutions made a significantly positive impact on their children's anxiety.

Societal Acceptance. Six parents in this study shared how they wished anxiety was more normalized and less stigmatized. Fredericka explained "really normalize it…lots of people have anxiety…lots of people have it, and then you like learn how to treat it, and move on with your day." Emma reiterated this acceptance of anxiety "I think the biggest thing is…like just accepting that this is, you know, like you can't get rid of anxiety. You can't run from it; you're going to feel it. There's going to be times where everybody feels anxiety." The male participant, Theo, shared a sentiment directed to fathers:

> Well, I'll say to, you know, the fathers out there. That this is real. Our children, our kids, are going through a lot and we should try to be sensitive on their part. Just try to notice when the child is going through some, some mental breakdown and stuff like that…

Three parents also shared the effects of what happens when anxiety is more societally accepted, like Anne:

> It was really great when I met parents…whose daughters did also have anxiety. And they were able to point me to some resources that helped. And to be able to talk to somebody else be like, 'oh, OK, you also have had this like, thank God, somebody else who understands…

Similarly, Glynis shared that managing mental health is a normal part of her family, "you go for a doctor checkup, you go to a therapist."

Summary

The purpose of this study was to investigate parents' experiences of influencing and managing their children's anxiety. This chapter illustrated the rich narratives parents shared in relation to this study's research question and sub questions. I developed the themes shared in this chapter through a flexible thematic analysis process using social constructivism as the basis. Throughout this chapter, I used the participants' words to tell their story, working diligently to uphold their voices in the reflections of how their experiences were constructed. By focusing on parents' firsthand accounts of their experiences, I have offered additional understandings of those experiences that were not previously addressed in the literature.

The parents discussed the challenges of understanding anxiety and the way it presents, the trial and error of anxiety management strategies, and the strain of navigating barriers. They also learned to recognize growth within themselves and their children, and how anxiety is experienced and influenced within the family system. From these experiences, the parents identified important points that have the potential to directly inform current and future anxiety programs and treatments, which are discussed in more depth in the next chapter.

Chapter 5: Discussion

The purpose of this qualitative study was to explore parents' experiences of how they managed and influenced their children's anxiety. Seven parents participated in semi-structured interviews. I analyzed the data from those interviews using to Braun & Clarke's (2006) thematic analysis (TA) and identified six themes and 17 subthemes.

The purpose of this chapter is to provide an interpretation of these findings and to create a map of the data and its relation to the existing literature. I begin this chapter with an analysis of the previous research in combination with the major themes of the study. The chapter continues with a description of the implications and limitations and how the results of the study can be practically applied. The chapter ends with an overview of the considerations for future research on this topic.

My individual experiences, and the knowledge I gained as a graduate student inspired this research. It is my hope that this study leads to a better understanding of parent experiences surrounding their children's anxiety. I believe that the results of this study will help guide and improve current programs and interventions and create better-suited anxiety-focused programs and interventions in the future.

Overview of The Current Study and Major Themes

Guided by the research question: What are parents' experiences of influencing and managing their children's anxiety? The sub-questions: What strategies do parents use to manage their children's anxiety? What supports and resources do parents find helpful or wish they had access to? How can the ways that parents influence their children's anxiety be better managed? As well as from my semi-structured interviews with seven parents, I developed six major themes:

1. Connecting the dots—parents' evolving understanding of how anxiety shows up
2. Trial-and-error—parents' experimentation of anxiety management
3. Navigating barriers—causing stress before providing support
4. Resilience and growth development—parents' journey of their own recognition
5. The multidirectional nature of anxiety—how parents and children's regulation habits affect each other and the family
6. The altruistic parent—parents desire to spare others from the suffering they have experienced

The goal of this section is to provide a breakdown of the connections between the literature and these major themes.

The results from this study are consistent with much of the existing literature on how parents influence their children's anxiety (e.g., Beato & Rosa, 2024; Kagan et al., 2016; Kagan et al., 2017), parents' experiences in general (e.g., Mak et al., 2014; Woodgate et al., 2023), as well as barriers to accessing programs and interventions (e.g., Evdoka-Burton, 2017; Reardon et al., 2017). The following sections outline how key findings from the literature review (Chapter 2) align with the six major themes. The connection between the research and the results of this study are discussed in two key sections: balancing act of anxiety management and influences, and barriers to treatment access. Additionally, the results from this study focus on managing and experiencing anxiety as relational and socially constructed, and recommendations on system-wide improvements, which are limited in the existing research.

The Balancing Act of Anxiety Management and Influences

The literature review chapter of this thesis (Chapter 2) split the parent influences observed in the research into three components: transmission, accommodation, and emotion regulation. Each of these components was also present in the interviews with the seven parents.

Transmission. Transmission is defined as how parental anxiety is passed down to their children, whether that be through environmental or biological factors (Havinga et al., 2017). Although the research on the effects of transmission is still in the beginning stages (Havinga et al., 2017; Lawrence et al., 2019), transmission was present in the current study, though not in explicit terms. The parents experienced relational (familial) stress and engaged in initial anxiety management strategies in response to their children's anxiety. Six parents struggled with their own anxiety and mental health challenges and found that they sometimes unintentionally projected these challenges onto their children.

Avoiding, suppressing, and/or controlling behaviours from parents can negatively influence their children (Beato & Rosa, 2024). Consistent with the findings from Beato and Rosa (2024), five parents in this study experienced regret and/or guilt from their initial responses to their children's anxiety. They also observed how these responses tended to increase their children's anxiety. On a positive note, however, the parents in the current study demonstrated growth in recognizing their negative influences and learning from their challenges. This growth and intentionality mirrors Ginsburg et al. (2015) in the suggestion that if anxiety is treated effectively, the transmission from parent to child can be significantly reduced. In fact, the parents shared that their growth and resilience building elicited more relational connection and helped them to engage in more intentional anxiety management strategies and skills.

Accommodations. Accommodations are how parents modify or adapt their behaviours to attempt to immediately relieve their children's anxiety (Lebowitz & Omer, 2013; Iniesta-Sepúlveda et al., 2021; Kagan et al., 2016). In the current study, accommodations are directly related to the initial anxiety management strategies and skills that parents used prior to learning more about their child's anxiety. Although accommodations are well-intentioned, they can be detrimental to the child's anxiety as they focus on immediate rather than long-term relief (Kagan et al., 2017). Accommodations can also reinforce dependency between parent and child and lead the child to avoid their anxiety (Casline et al., 2018; Lebowitz et al., 2015). Ultimately, accommodations maintain the child's anxiety, as they do not allow the child to practice helpful, or in the case of this study, intentional, anxiety management strategies and skills (Benito et al., 2015; Iniesta-Sepúlveda et al., 2021; Johnco et al., 2022; Lebowitz et al., 2013; Lebowitz et al., 2015; Reuman & Abramowitz, 2018). The parents in this study found that initial strategies (e.g., enabling behaviours, avoiding anxiety) were usually less effective than intentional strategies (e.g., goal setting, exposure), especially in the longer term.

The distress that the parents felt when their children experienced anxiety, also relates to previous research. Benito et al. (2015) found that over 60% of parents experienced distress when their children experienced anxiety, which ultimately led them to engage in accommodating behaviours. Additionally, parents of children between the ages of 7 to 13 were more likely to use accommodations as they are more reliant on their parents at this early age, but also developmentally able to comprehend basic concepts (Johnco et al., 2022; Storch et al., 2015). All parents in the current study had children aged 6-12 years old. Moreover, all parents expressed some form of distress within their experiences and engaged in accommodating behaviours as a result.

Although it is evident in related studies that parents can become stuck in their accommodation use (Benito et al., 2015; Iniesta-Sepúlveda et al., 2021), parents in the current study were able to recognize the effects of their accommodation use and transition to more effective ways of helping their children. In fact, the literature shows that a reduction in accommodation use can enhance the effectiveness of anxiety-focused programs and interventions (Casline et al., 2018; Lebowitz et al., 2015). Only one parent in this study attended an anxiety-focused program. That parent found the program to be effective and expressed that it helped them to gain a better understanding of their child's anxiety and to lean into more intentional anxiety management strategies and skills. The other parents, although they did not attend any programs or interventions, found that a reduction in their accommodation use helped them to better recognize growth within themselves and their children. These results show that although the parents were eventually able to reduce their accommodation use and recognize growth, this change may have progressed quicker and easier if they had access to and became involved in anxiety-focused programs and/or interventions.

Emotion Regulation. Emotion regulation is how parents bring their intensified emotions back to their baseline (Lebowitz & Omer, 2013). When parents struggle to regulate their emotions and/or are unable to cope with their anxiety, it can cause a negative cycle between a dysregulated environment and dysregulated parents and children (Lebowitz & Omer, 2013). Similarly, parents in the current study identified that struggling to understand their children's anxiety, combined with their own dysregulated emotions and mental health concerns, made managing their child's anxiety even more of a challenge. This combination caused enhanced stress and anxiety for the entire family. Beato & Rosa (2024) found that anxiety in the family can cause significant strain on parents. Similarly, the parents in this study expressed feeling stressed,

burned out, and struggling with their own anxiety. To manage their children's anxiety, the parents desperately experimented with various strategies and skills to try to help their children. Parents will do almost anything to help their children (Badali, 2024). Although not all the anxiety management approaches were intentional; with many strategies representing an initial reaction to anxiety and the adage that 'desperate times call for desperate measures', the parents explained that they were trying to do the best they could with what they knew at the time. The immediate attempts to manage their children's anxiety tended to cause further distress in parents (Beato & Rosa, 2024; Mak et al., 2014) and could even worsen their children's anxiety (Johnco et al., 2022). This is consistent with the results from this study, where parents' attempts at anxiety management strategies were more responsive at first, which, in many cases, contributed to additional stress for the parents and their children.

A hypothesized model by Kerns et al. (2017) shows that parent anxiety can lead to parent emotion regulation challenges which can lead to accommodations, which results in higher anxiety in their children. Ultimately, the interconnection between emotional regulation, anxiety, and accommodation use within the model was present in this study. In the case of accommodations and emotion regulation, personal challenges are the most evident regarding the model of increased emotion dysregulation leading to more accommodation use leading to more anxiety (Kerns et al., 2017). In this study, the parents struggled with understanding their child's anxiety, which led to accommodating behaviours. These behaviours were then compounded by the various barriers parents encountered. The barriers, outlined in the section below, had a substantial effect on parents' ability to manage their children's anxiety.

Barriers to Treatment Access

The parents in the current study experienced many barriers that stood in the way of helping them better manage their children's anxiety. They experienced these barriers on top of learning how to manage their children's anxiety and struggling to identify and understand how their own influences were affecting their children. Many of these barriers were systemic/societal barriers such as not receiving treatment until their child reached a certain age, therapists not understanding the parents' concerns, and experiencing various blocks within the medical and school systems.

A systematic review of the current research on barriers to treatment access found that the highest barriers that parents experienced were wait times and issues with getting a referral to treatment (Reardon et al., 2017). These two major barriers were also reported by the parents in this study. Two parents shared that they were repeatedly turned away from therapy and other resources because their child was too young and could still grow out of it, or that there was not enough evidence that their child was experiencing anxiety. In addition, three parents discussed having to advocate for their children within systems (e.g., medical, school) that lacked mental health understanding and funding and had the tendency to turn them away.

Other barriers previously reported in the literature were: cost, logistics of accessing therapy (e.g., appointment times), challenges of anxiety identification and seeing treatment as necessary, family circumstances, stigma and concerns about the consequences of accessing supports, and lack of education on anxiety management (Evdoka-Burton, 2017; Reardon et al., 2017). In this study, none of the parents identified cost and logistics of accessing therapy were barriers for them. However, four parents acknowledged their access to good benefits and flexible work schedules as a privilege. They also discussed that these barriers should still be addressed as their experiences were not universal.

Challenges of Anxiety Identification and Seeing Treatment as Necessary. The challenges of anxiety identification and seeing treatment as necessary barrier is related to the first theme of this study: connecting the dots. Previous research found that anxiety is challenging to identify in children (Badali, 2024; Evdoka-Burton, 2017; Lebowitz & Omer, 2013). Similarly, the parents in the current study struggled to understand their children's anxiety, especially when it first began to present. They shared that they responded to the presentation (e.g., a behaviour), and not the cause (anxiety), which resulted in a delay in seeking treatment and effective supports. The parents were also more inclined to initially seek help for that presentation instead of anxiety, which lead to further stress and anxiety within the family system.

Family Circumstances. The family circumstances barrier refers to when certain stressors and management issues within the family system, interfere with treatment access (Reardon et al., 2017). Anxiety not only impacts the parent and children, but it also impacts others within the family dynamic (Beato & Rosa, 2024; Benito et al., 2015; Lebowitz & Omer, 2013). If anxiety is left unaddressed, it can affect the entire family system (Lebowitz & Omer, 2013). Many parents in this study experienced this relational effect. They struggled with managing the mental health concerns among the other members of the family unit, which made managing their children's anxiety even more complex. The parents reported on how partners and siblings were affected by their children's anxiety, and how other family members mental health concerns affected those dynamics as well. They noticed and reported on relational effects represented in subthemes of familial stress and familial responses. Four parents shared that they viewed, and subsequently treated, anxiety as a family issue. These parents also stated that current anxiety-focused treatments and programs concentrate almost entirely on the child, sometimes on the parent, but almost never on the interactions and management of anxiety within the family.

Stigma and Concerns About the Consequences of Accessing Supports. Also identified by many parents was the barrier: stigma, and concerns about the consequences of accessing supports. One study by Mak et al. (2014), found that parents are viewed as protectors. Although they will do anything to help and protect their children, stigma can stand in the way of parents accessing adequate treatments and supports (Mak et al., 2014). This protective parental figure was apparent in the parents' experiences of avoiding their children's anxiety or initially minimizing their experiences to reduce societal stigma. One parent shared that they initially turned down treatment for their child's anxiety due to concerns about stigma for both their child and themselves among their peers. Other parents struggled with accessing therapy and supports for themselves due to their fear of stigma. The parents felt that by reducing stigma and increasing societal acceptance of anxiety, information and education could improve, and anxiety could become easier for them to manage.

Lack of Anxiety Education. A barrier repeatedly found throughout the existing literature was a lack of education on anxiety. This barrier suggests that if education and resources on anxiety increased, families could experience less distress and could more easily manage their children's anxiety (Evdoka-Burton, 2017; Ginsburg et al., 2015; Kagan et al., 2016; Mak et al., 2014; Reardon et al., 2017; Woodgate et al., 2023). Similarly, the parents in the current study expressed a lack of anxiety education in their own experiences, as well within their child's schools, the medical system, and even in therapy. They shared that having access to more information on anxiety might have helped them better influence and manage their children's anxiety.

The parents experienced the barriers discussed above as affecting their ability to access effective treatments, education, and supports for their children. They already found anxiety to be

a challenge to recognize and manage and experienced more stress from encountering these barriers. In addition, through their experiences of navigating these barriers and their desire to prevent other parents from experiencing the same challenges, they shared several recommendations for systemic change, which are outlined in the section below.

Parent Experiences and Recommendations

The above sections described how the influences of transmission, accommodation, and emotion regulation, as well as the barriers, are present in both previous research and the current study. This section links the recommendations shared by parents in the current study to the recommendations from previous studies to create a well-rounded picture of what parents' need from anxiety-focused programs and interventions, and future research. The recommendations from this study are based on the research paradigm of social constructivism (discussed in Chapter 3). Social constructivism was used here to understand that parents' experiences were influenced by their environments and social interactions. I also used social constructivism as a basis for the co-creation of meaning, as I took the in-depth accounts from the parents, and I now present them as collective recommendations.

Prior to this study, there were few qualitative studies conducted on parent experiences that shared actionable recommendations. The results of these studies, such as those by Mak et al. (2014) and Woodgate et al. (2023), have shown that parents desire to have their experience-based knowledge included in their children's anxiety treatment and programs. Parents also wanted more education and supports for anxiety in general (Mak et al., 2014; Woodgate et al., 2023). As suggested by other researchers, if education and resources increase, and parents become more involved in their children's anxiety treatment, then stress and family difficulties could decrease (Beato & Rosa, 2024; Feinberg et al., 2018; Lebowitz & Omer, 2013). In the current study,

parents shared similar experiences and made similar recommendations. They explained that receiving more support and being more involved in their child's anxiety treatment and progress, would have helped them to better understand their child's experiences. The parents added that their lack of knowledge on how to manage and support their children with anxiety was detrimental to their families and added further stress. They recommended more support and education on how to recognize and manage childhood anxiety, especially early on in their children's lives.

Most of the existing anxiety-focused programs and interventions concentrate their attention on children (Lebowitz et al., 2020). One program, called SPACE (Lebowitz et al., 2013), focuses on parents, and not just children. The SPACE program was developed at the Yale Child Study Center Program for Anxiety Disorders and stands for Supportive Parenting for Anxious Childhood Emotions (Lebowitz et al., 2013). The program focuses on helping parents to manage and navigate their own behaviours (e.g., accommodation use) that are affecting their children's anxiety (Lebowitz et al., 2013). Although SPACE has had success in reducing accommodation use and increasing parent understanding and education (Lebowitz et al., 2013), the parents in the current study never mentioned the program. Only one parent discussed previously attending a program to help with parenting and their child's well-being, but the program focused on general parenting and was not anxiety focused. In fact, three other parents expressed having no previous experience with their own therapy or anxiety-focused treatments and interventions at all. These results show that although some parent-tailored anxiety programs and interventions exist, the parents still do not have access to applicable resources and education to become involved in them. If anxiety-focused programs and interventions, as well as therapy in general, focused on

better supporting parents in anxiety management of both themselves, and their children, we could potentially see significant improvements in the way anxiety is managed and influenced.

The parents in the current study also shared recommendations for increased mental health education, resources, and funding for schools and daycares. Every parent shared one of two sentiments: that the school could be doing more to support their children's anxiety, or that the parent did not know what else the school could do to support their children. Some suggestions for more school and daycare support included more teacher and daycare worker education on mental health, offering support for struggling parents, and teaching exposure over avoidance. The parents were also empathetic to the school's lack of adequate attention to, and resources for anxiety, attributing this to funding issues and a general lack of mental health education. Although some school-based anxiety programs and interventions exist (e.g., Friends, Coping Koala (Schwartz et al., 2019)), none of the parents reported having heard of or accessed them. The parents recommended that increasing access to, and funding for, school-based programs and interventions, as well as teacher and daycare worker education on anxiety and mental health in general, could improve their experiences with managing and influencing their children's anxiety.

The above recommendations from parents' experiences, were shaped from the many challenges and barriers they faced in managing their children's anxiety. The parents advocated that from their experiences of stress and frustration in the current system, no other parents should have to go through what they went through. They shared recommendations based on what would have helped them if they had had access to the information they now know. These recommendations can be taken into consideration for increasing education and resources, and for developing improved anxiety-focused programs and interventions.

Strengths

Throughout this study, I engaged in reflexivity using my research journal. Within this journal, I documented all decisions made, including those within meetings with my supervisors. I also documented my reflections immediately after each interview, noting any biases, questions, and thoughts that arose and could potentially impact the research process. All questions and concerns were addressed with my supervisors.

As another reflexive process, I conducted member checking by sending my six themes and the relevant quotes to each participant. I also asked each participant to choose their own pseudonyms. I gave the participants two weeks to respond to the email and told them that if I did not hear a reply from them, I would choose their pseudonyms and acknowledge that the themes and their quotes were approved. Five participants responded and approved the themes and quotes. Three of these participants chose their pseudonyms, the remaining two approved me to choose their pseudonyms for them. By engaging in these reflexive processes of journalling and member checking, I acknowledged and minimized my own influences and biases on the results, while still employing an interpretive lens.

The results of this study and the above recommendations are consistent with the conceptual framework that I created prior to interviewing participants (see Appendix J). The conceptual framework was created based on what I found within the literature review and informed how I developed the interview guide. However, I still employed an inductive approach to thematic analysis by creating my six themes based on patterns within parents' experiences. I also interpreted parents' experiences using social constructivism.

In the conceptual framework, I show my belief that by reducing parental influences and increasing understanding of parents' experiences, the prevalence of anxiety could decrease. The results of this study show that parents are managing their children's anxiety amongst many

barriers, and that more support and education is needed. The results can be used as a basis for understanding parents experiences, and how to help them to better manage and influence their children's anxiety.

Limitations

Although this current study provides in-depth qualitative data on parents' experiences of their children's anxiety, some important limitations exist. One limitation, the lack of generalizability, results from using an exploratory qualitative research approach and having a small sample size. Although generalizability is not necessary in qualitative research, and especially in thematic analysis (Peel, 2020), it is an important limitation to discuss. As my sample size was seven participants, the information gathered may not apply to other parents who were not involved in this research. This study included only the primary parent of one or more child/children with anxiety who were located in either Calgary or Edmonton, Alberta, which could limit generalizability as well. The focus of this study was on parents who were either actively seeking, or currently involved in treatment for their children's anxiety, so the findings may therefore not apply to children who may not have developed anxiety yet (a more preventive approach). The findings may also not apply to children whose parents may not view their children's anxiety as a concern, or who are dismissive of the experience of anxiety.

Also, as the participants of this study were all married, primary parents, and lived in urban settings (Calgary and Edmonton, Alberta), the results might not apply to parents who do not fit within these demographics. Parents who live in rural settings, are newcomers to Canada, or are Indigenous may not find these results applicable. As well, only one participant was male, so the results may not apply to other male parents.

As I was the primary researcher and created the themes with the assistance of my supervisors and with a theoretical paradigm of social constructivism, the themes could be subjected to selection bias and therefore might not be generalizable. I created the themes based on the patterns I observed within and between the participant interviews, as well as by co-creating meaning with the participants. I viewed and interpreted parents' experiences as collectively created and influenced by their surroundings and interactions. This means that other researchers may not come to the same results and themes as they may arrive with different biases, theoretical frameworks, and experiences.

Another limitation is that the study examines parents' self-reported experiences only. Response bias can be an issue with using self-report data only, as participants might respond in a socially desirable way as opposed to telling the whole truth of their experiences (Popovic & Huebner, 2023). Popovic and Huebner (2023) suggest ensuring anonymity and wording questions in a way that minimizes their impact on the participant (e.g., using open-ended, non-judgemental questions such as "Tell me more about your feelings surrounding that experience" instead of using questions with undertones of judgement "Why did you feel like that?"). I utilized this approach when I created the interview guide (see Appendix F). I also perceived the parents detailed accounts of their experiences as genuine, with no evidence of response biases.

Similarly, as I only studied parents' experiences, children's experiences might not have been adequately accounted for. The children might have had different experiences of their anxiety than what their parents shared. However, due to the limited research surrounding parents' experiences, and the relational and interconnectedness of anxiety, parents' experiences are a necessary component to add to the existing research.

As I took an inductive approach to thematic analysis, I did not guide this research with a predetermined theory. TA is a flexible method, and the researcher must understand their own philosophical underpinnings, biases, and assumptions throughout the research process to conduct a competent thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2012; Braun & Clarke, 2019; Braun & Clarke, 2022; Campbell et al., 2021; Jowsey et al., 2021; Kogen, 2024; Nowell et al., 2017; Trainor & Bundon, 2021). Although this approach allowed flexibility, which is a critical component of my study in relation to thematic analysis and gaining in-depth parent experiences, it could also be viewed as a limitation. The challenge with taking an inductive approach is that the themes and data that arise from the research may not completely align with the specific research question and topic (Nowell et al., 2017). However, by using prompts and probes within the interview questions, I ensured that most responses were directly related to the research questions.

A lack of reflexivity, little to no emphasis on participant accounts and extracts, using interview questions as themes, and mismatches between the data collected, the research question, and the underpinnings can all cause errors within TA (Braun & Clarke, 2006; Braun & Clarke, 2012). Attending to those components throughout the study process was an important part of my process and helped to mitigate the limitations and biases throughout this research. By utilizing reflexivity and member checking, I minimized the limitations discussed in this section and enhanced the ability of my research to be replicated.

Knowledge Mobilization—Dissemination

My goal for this study is to share the findings with practitioners, clinics, and other parents that have children with anxiety. To achieve this goal, I have dissemination strategies planned, including publishing the process and findings and present this research at relevant conferences. I

also plan to share the completed research and findings with the parents who participated in this study. This will allow the parents to see how their experiences relate to other parents, potentially providing them with a greater understanding that their experiences are normal and relatable to parents in similar situations. The ultimate aim of this approach is to increase general understanding of parents' experiences and enhance resources and programs to support parents and their children.

Future Research Considerations

More qualitative research on parent experiences of influencing and managing their children's anxiety is needed (Evdoka-Burton, 2017; Reardon et al., 2017) such as longitudinal case studies of parents, and interviews with both parents and children. Future qualitative research on parents could also focus more on fathers, siblings, and other involved family members, as well as single parents and multi-generational households. Furthermore, as this study took an exploratory approach to the topic, future studies could benefit from exploring the topic in more in-depth ways.

This study also took a broad approach to anxiety in general, and future studies could explore the relationship between anxiety and ADHD and/or neurodiversity. The results of this study found that the parents who identified their child as being neurodiverse, struggled more with managing their children's anxiety. However, as the focus was not on comorbid anxiety and neurodiversity, this topic was only briefly explored.

The parents in the current study demonstrated considerable recognition of growth and familial connection from facing the barriers that impacted them. The literature mainly discusses negative influences and gaps in research and often neglects the positive influences parents have

on their children and families. Future research could explore the positive influences and impacts of growth and connection within families where children are struggling with anxiety.

Finally, future research could also benefit from exploring other aspects of how parents and children affect each other in terms of anxiety. Qualitative researchers could explore how the children and parents interact with each other in challenging situations by utilizing observations. They could also interview other family members (e.g., another parent, a sibling, or another person who lives with the child/children) to explore the relational impact of anxiety.

Chapter 6: Conclusion

There is a lack of understanding regarding parents' experiences of managing and influencing their children's anxiety. This study addressed this gap by posing the research question: What are parents' experiences of influencing and managing their children's anxiety? As well as the following sub questions: What strategies do parents use to manage their children's anxiety? What supports and resources do parents find helpful or wish they had access to? How can the ways that parents influence their children's anxiety be better managed?

Using thematic analysis, I conducted qualitative interviews with seven parents on their experiences with influencing and managing their children's anxiety. I developed six themes that described the journey parents went on from struggling to identify their child's anxiety to engaging in altruism and sharing recommendations so other parents do not have to experience the same barriers.

This research on parents' experiences of influencing and managing their children's anxiety is crucial for understanding how to better support children with anxiety. It is necessary to expand understanding and education, as well as explore preventative resources to reduce the impact of anxiety on children and families (Feinberg et al., 2018). This study adds to a necessary scientific field of study on parental/guardian experiences of their children's anxiety by offering important recommendations to inform future research, education, and anxiety-focused programs and interventions. It also aims to enhance understanding of anxiety to inform practitioners, parents, and others who are involved in the lives of children with anxiety. This study provides a unique perspective on the altruism and growth that is present in a family's journey of navigating, overcoming, and experiencing anxiety.

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Appendix A: Ethical Approval

Athabasca University

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 25924

Principal Investigator:
Ms. Kailey Dudek, Graduate Student
Faculty of Health Disciplines\Master of Counselling

Supervisor/Project Team:
Dr. Caroline Buzanko (Co-Supervisor)
Dr. Georgia Dewart (Co-Supervisor)

Project Title:
The Parent/Guardian Experience of School-Age Children with Anxiety: A Western Canadian Perspective

Effective Date: March 24, 2025 **Expiry Date:** March 23, 2026

Restrictions:

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding. Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid ***for a period of one year***. A request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date: March 24, 2025**

Venise Bryan, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca Telephone: 780.213.2033

Appendix B: Invitation to Participate

INVITATION TO PARTICIPATE
THE PARENT/GUARDIAN EXPERIENCE OF SCHOOL-AGE CHILDREN WITH ANXIETY:
A WESTERN CANADIAN PERSPECTIVE

Principal Investigator (Researcher):
Kailey Dudek, BA
kdudek1@learn.athabascau.ca
Athabasca University

Supervisors:
Dr. Caroline Buzanko, PhD, R.Psych
carolinebuzanko@athabascau.ca
Athabasca University

Dr. Georgia Dewart, PhD, RN
gdewart@athabascau.ca
Athabasca University

My name is Kailey Dudek, and I am a Master of Counselling student at Athabasca University. As a component of my degree, I am conducting a research project focused on parents/guardians' experiences of their children's anxiety. I will be exploring parents/guardians' emotional impact and how they manage in their caregiving role. I am conducting this project under the supervision of Dr. Caroline Buzanko and Dr. Georgia Dewart.

The purpose of this research project is to better understand how parents/guardians experience and manage their children's anxiety. While much of the existing research on childhood anxiety focuses on children's experiences, this study seeks to explore the perspectives of parents/guardians, which remain underrepresented in the current research. This project aims to expand the research on this topic by exploring the parent/guardian side of things and hearing their experiences with their children who are experiencing anxiety. The hope is that this research could inform further research on this topic and ultimately advance anxiety intervention development and education.

I invite you to participate in this project because you are a parent/guardian of a child, aged 6-12, who experiences anxiety. You are also actively seeking or are currently involved in treatment for your child's anxiety.

Your participation in this project would involve a one-time, individual online VIDEO interview using the Microsoft Teams platform. The VIDEO interview will be scheduled for 60-90 minutes, depending on the length and depth of your responses to the various questions (YOU CAN CHOOSE ONLY AUDIO FOR THE INTERVIEW IF YOU ARE UNCOMFORTABLE WITH BEING ON VIDEO). I will record the interviews for transcription and data analysis purposes. The interview would be arranged for a time and date that is convenient to your schedule.

With your permission, anonymized quotations will be used in the final report. Before the report on this research is published, you are welcome, but not required, to review your quotations and comment on their adequacy and accuracy. These quotations will not include any identifying information.

All information you provide during the study will be anonymized after the interview by removing all your identifying information. Interview recordings will be deleted two weeks after they are transcribed. Transcript data will be stored securely using password protection and multi-factor

authentication in Athabasca University's OneDrive until data collection is complete. The de-identified data will then be stored and archived on a secure, password-protected external hard drive, and deleted after five years. Only the principal investigator, Kailey Dudek, and supervisors, Dr. Caroline Buzanko and Dr. Georgia Dewart, will have access to the data.

Participation is completely voluntary, and you can withdraw from the study until your data is anonymized. If you choose to withdraw after you have completed the interview, your data can be removed from the project at your request, up to two weeks after the interview date. You can withdraw by contacting the principal investigator, Kailey Dudek, at kdudek1@learn.athabascau.ca. You will receive a confirmation email of the withdrawal of your data from the research after it is successfully deleted. ALL OF YOUR DATA FILES WILL BE DELETED, AND THEN PERMANENTLY DELETED USING A SOFTWARE TOOL, SUCH AS ERASER, TO MAKE SURE YOUR DATA FILES CANNOT BE RECOVERED. Once your interview has been transcribed and anonymized it is not possible to withdraw this data.

The research will have no direct benefit to your role as a parent/guardian for a child with anxiety, however you may help support others in the future as this research seeks to close the gap in the current research on parent/guardian experiences by increasing awareness and education. This research aims to enhance therapies and programs and educate mental health professionals on how they can best support you as a parent/guardian of a child who experiences anxiety.

While there are no anticipated risks, discussing your experiences as a parent/guardian may bring up difficult emotions. If you experience distress, you are encouraged to pause or withdraw from the study at any time. A list of mental health resources will be provided to you at the end of the interview. A $20 gift card for a family-appropriate retailer of your choice (e.g., Chapters, Starbucks) will be provided to you upon completion of the interview as a reward for your participation.

Thank you for considering this invitation. If you have any questions or would like more information, please contact me (the principal investigator) by e-mail, kdudek1@learn.athabascau.ca. You can also contact my supervisors, Dr. Caroline Buzanko at carolinebuzanko@athabascau.ca, or Dr. Georgia Dewart at gdewart@athabascau.ca.

Thank you.

Kailey Dudek

This project has been reviewed by the Athabasca University Research Ethics Board [REB File #25924]. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

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Appendix C: Letter of Information

LETTER OF INFORMATION

THE PARENT/GUARDIAN EXPERIENCE OF SCHOOL-AGE CHILDREN WITH ANXIETY: A WESTERN CANADIAN PERSPECTIVE

Principal Investigator (Researcher):
Kailey Dudek
kdudek1@learn.athabascau.ca

Supervisors:
Dr. Caroline Buzanko
carolinebuzanko@athabascau.ca

Dr. Georgia Dewart
gdewart@athabascau.ca

You are invited to take part in a research project titled 'The Parent/Guardian Experience of Schol-Age Children with Anxiety: A Western Canadian Perspective'.

This form is part of the process of informed consent. The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project.

In order to decide whether you wish to participate in this research project, you should:

- Understand enough about its risks and benefits
- Understand what it requires of you to be able to make an informed decision

This is the informed consent process. Take time to read this carefully as it is important that you understand the information given to you. Please contact the principal investigator, Kailey Dudek, if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction
My name is Kailey Dudek, and I am a Master of Counselling student at Athabasca University. As a component of my degree, I am conducting a research project focused on parents/guardians' experiences of their children's anxiety. I will be exploring parents/guardians' emotional impact and how they manage in their caregiving role. I am conducting this project under the supervision of Dr. Caroline Buzanko and Dr. Georgia Dewart.

Why are you being asked to take part in this research project?
You are being invited to participate in this project because you are a parent/guardian of a child, aged 6-12, who experiences anxiety. You are also actively seeking or are currently involved in treatment for your child's anxiety.

What is the purpose of this research project?
The aim of this research is to better understand how parents/guardians experience and manage their children's anxiety. While much of the existing research on childhood anxiety focuses on children's experiences, this study seeks to explore the perspectives of parents/guardians, which

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remain underrepresented in the current research. This research aims to expand the research on this topic by exploring the parent/guardian side of things and hearing their experiences with their children who are experiencing anxiety. The hope is that this research could inform further research on this topic and ultimately advance anxiety intervention development and education.

What will you be asked to do?
Your participation in this project would involve:

- A one-time, individual online video interview using the Microsoft Teams platform
  - The video interview will be scheduled for 60-90 minutes, depending on the length and depth of your responses to the various questions (you can choose only audio for the interview if you are uncomfortable with being on video)
  - I will record the interviews for transcription and data analysis purposes
  - The interview would be arranged for a time and date that is convenient to your schedule.

With your permission, anonymized quotations will be used in the final report. Before the report on this research is published, you are welcome, but not required, to review your quotations and comment on their adequacy and accuracy. These quotations will not include any identifying information.

What are the risks and benefits?
The research will have no direct benefit to your role as a parent/guardian for a child with anxiety, however you may help support others in the future as this research seeks to close the gap in the current research on parent/guardian experiences by increasing awareness and education. This research aims to enhance therapies and programs and educate therapists and other mental health providers on how they can best support you as a parent/guardian of a child who experiences anxiety.

While there are no anticipated risks, discussing your experiences as a parent/guardian may bring up difficult emotions. If you experience distress as a result of your participation under this study please contact:

- Kailey Dudek at kdudek1@learn.athabascau.ca,
- Your primary therapist (if you have one), or
- The 24-hour Distress Centre at 780-482-4357 for Edmonton, 403-266-4357 for Calgary, and 403-327-7905 for Southwestern Alberta including Lethbridge.

You will also be provided with a resource list at the end of the interview that includes further resources. As compensation for your participation in this research, a $20 gift card for a family-appropriate retailer of your choice (e.g., Chapters, Starbucks) will be provided to you upon completion of the interview.

Do you have to take part in this project?
As stated earlier in this letter, participation is completely voluntary. You can withdraw from the study until your data is anonymized. If you choose to withdraw after you have completed the interview, your data can be removed from the project at your request, up to two weeks after the interview date. You can withdraw by contacting the principal investigator, Kailey Dudek, at kdudek1@learn.athabascau.ca. You will receive a confirmation email of the withdrawal of your

data from the research after it is successfully deleted. Once your interview has been transcribed and anonymized it is not possible to withdraw this data.

How will your privacy and confidentiality be protected?
The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure.

Your privacy and confidentiality will always be maintained during this study. All participants will be anonymized. Hard data, such as video recordings, will be kept secured and all transcripts will be encrypted with password protection.

How will my anonymity be protected?
Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance.

Data codes will be used instead of participant names. There will be no personal identifiers such as personal descriptions or demographic information included in this study. Direct quotes will be included in the study with your explicit permission and without any identifying information. Every reasonable effort will be made to ensure your anonymity; you will not be identified in publications without your explicit permission.

How will the data collected be stored?
The audio and video interview recordings will be stored on Athabasca University's OneDrive which is secured using password protection and multi-factor authentication. Multi-factor authentication is a method of granting access to an online platform using a few different ways of authentication. After transcription, the interview recordings will be deleted.

All transcribed and anonymized interviews will be stored on OneDrive until data collection is complete. Data will then be stored and archived on a password-protected external hard drive. All files will be properly destroyed by archiving and then permanently deleting the data using a software tool such as Eraser five years after completion of the Master of Counselling thesis.

Data codes will be used in lieu of participants' names to protect the privacy of participants. There will be no personal identifiers such as personal descriptions or demographic information included in this study.

The principal investigator, Kailey Dudek, and supervisors, Dr. Caroline Buzanko and Dr. Georgia Dewart, will be the only people with access to the data. The final anonymized report will be available to Athabasca University.

Privacy protection
The data collected in this research project may be used in anonymized form by members of the research team in future research studies that explore the same topic. Such projects will still undergo ethics review by our Research Ethics Board. Any secondary use of anonymized data by the research team will be treated with the same degree of confidentiality and anonymity as in the original research project.

This study will use Microsoft Teams to collect data, which is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers).

Further, while the researcher(s) will not collect or use IP address or other information which could link your participation to your computer or electronic devices without informing you, there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team.

If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone. Please contact Kailey Dudek at kdudek1@learn.athabascau.ca for further information.

Please note that it is the expectation that participants agree not to make any unauthorized recordings of the content of a meeting / data collection session.

Who will receive the results of the research project?
There is no anticipated future secondary use of the data. Publication of findings from the final thesis in at least two peer-reviewed professional journals will be pursued. The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room Upon request, participants will be sent an electronic version of the final thesis.

Direct quotations will be used, with your explicit permission, in the final thesis. You will be welcome to review the quotes and how they are interpreted to ensure their accuracy and adequacy prior to the publishing of the thesis. No personal identifying information, audio or video recordings will be used.

Who can you contact for more information or to indicate your interest in participating in the research project?
Thank you for considering this invitation. If you have any questions or would like more information, please contact me, Kailey Dudek (the principal investigator) by e-mail at kdudek1@learn.athabascau.ca, or my supervisors, Caroline Buzanko at carolinebuzanko@athabascau.ca, or Dr. Georgia Dewart at gdewart@athabascau.ca. If you are ready to participate in this project, please complete and sign the attached Consent Form and return it via email to kdudek1@learn.athabascau.ca by June 1st, 2025.

Thank you.

Kailey Dudek

This project has been reviewed by the Athabasca University Research Ethics Board [REB File # 25924]. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

Athabasca University

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Appendix D: Informed Consent Form

INFORMED CONSENT FORM

Informed Consent:

Your verbal consent confirms:

- You have read what this research project is about and understood the risks and benefits. Possible risks include emotional discomfort when discussing personal experiences. If distress occurs, you will be provided with mental health resources. Possible benefits include contributing to a greater understanding of parent/guardian experiences in supporting children who experience anxiety, which may inform the development of future interventions.
- You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records.
- You agree to participate in this research project.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be destroyed.
- You understand that your data will be de-identified, so will not contain any identifying information.
- You understand that this de-identified data will be secured with lock and key for five-years post completion. After five years, the data will be permanently deleted.
- You understand that this de-identified data will be accessible to only the principal investigator (Kailey Dudek) and supervisors (Dr. Caroline Buzanko and Dr. Georgia Dewart).
- You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the project at your request, up to ***two weeks after the interview date.*** You can withdraw by contacting the principal investigator, Kailey Dudek, at kdudek1@learn.athabascau.ca. ***Once your interview has been transcribed and anonymized it is not possible to withdraw this data.***

	YES	NO
I agree to be audio-recorded	○	○
I agree to be video-recorded	○	○
I agree to the use of direct quotations (these quotations will not have any identifying information)	○	○
I am willing to be contacted following the interview to verify that my experiences are accurately reflected in the final report (optional)	○	○

Please retain a copy of this consent information for your records.

Athabasca University

Appendix E: Recruitment Poster

Are you a parent/guardian of a child with anxiety (age 6-12)?

We want to hear about your experience!

What to Expect:
One-time 60-90 min. interview

Get a $20 gift card for participating!

Help us learn how to best support and reduce child anxiety by participating in this study

Scan to email for more info:

Or email:
kdudek1@learn.athabascau.ca

Your participation is voluntary. The risks of participation in this study are expected to be minimal but could include distress from discussing your child(ren)'s anxiety and how you manage and experience it.

Kailey Dudek (Master of Counselling student): kdudek1@learn.athabascau.ca
This study is supervised by:
Dr. Caroline Buzanko: carolinebuzanko@athabascau.ca
Dr. Georgia Dewart: gdewart@athabascau.ca

Athabasca University

This study is approved by the Athabasca University Research Ethics Board [REB File #25924].

Appendix F: Interview Guide

Semi-Structured Interview Guide

Research Questions:

-What are parents/guardians' experiences of influencing and managing their children's anxiety?

-What strategies do parents/guardians use to manage their children's anxiety?

-What supports and resources do parents/guardians find helpful or wish they had access to?

-How can the ways that parents/guardians influence their children's anxiety be better managed?

[Go over informed consent prior to interview beginning and ensure participant verbally agrees before continuing]. I do have a piece of paper here with my interview questions, and I will be taking notes as we go. So, if you see me looking down and scribbling, that's why. Everything you say in this interview is confidential, and all your identifying information, including your name and other personal information from this interview will be anonymized and not mentioned in the final report. However, there are some limits to confidentiality, which include if you or anyone in relation to this interview are found to be in immediate danger, and if the records of this study are required in a court case.

1. Thank you for agreeing to participate in this study. This study aims to understand parents/guardians experiences, which I believe is important to helping to reduce the prevalence of anxiety. I am very interested in hearing your story about your experience of your child's anxiety. Although there are no anticipated risks to this study, you may experience emotional distress when discussing your experiences. If you do experience distress and would like to pause or stop the interview, please let me know. I also understand that everyone has a different way of parenting, and this interview does not make any judgment of this, so please be as honest as possible during the interview. Before we get started, do you have any questions or concerns you want to address?

2. Demographic questions:
   A. What is your first name?
   B. How old are you?
   C. What is your gender?
   D. What is your marital status?
   E. How many children do you have?
   F. How old is(are) your child(children)?
   G. Which clinic did you see the poster at?

3. Let's start by having you tell me something about your interest in participating in this study.

Should be here around 15 minutes in

4. Describe your child's anxiety (e.g., constant worrying, restlessness, easily tired out, increased aches and pains, trouble sleeping).
   Follow-up: Is this different from how it used to be?

5. When your child is experiencing anxiety, what do you experience?
   Prompts: How do you feel? Does the anxiety bring up anything for you?

Redirect if needed e.g., I'm also curious to learn about… next Q

Topics to cover: routines, supports, actions/behaviours, what helps/what doesn't help

6. Was there a specific incident that brought you to seek treatment for your child's anxiety? Tell me about this experience.
   Prompts: How did you respond to your child? If other family members were around, how did they respond? What did you do in the moment?
   A. What were your priorities in the experience? Have these changed?
   B. How was the situation resolved, or was it resolved?
   C. Did you learn anything new from this situation?
   D. If there is no specific incident, what was a recent experience you had with your child's anxiety?

Should be here around 30 minutes in

7. Tell me about a recent experience with your child that ended positively.
   Prompts: What were your thoughts and feelings in the moment? Anything you learned from that experience?

8. Tell me about your daily routine with your child.
   Prompts: What is your routine before/after school? Is there a bedtime routine? What family activities help your child feel comfortable and/or calm?

Should be here around 45 minutes in

9. What are some things that you say or do when your child is experiencing anxiety?
   Prompts: What helps? What does not help?

10. What skills do you think are important for your child to develop to manage their anxiety?
    Prompts: What strategies have helped your child build confidence or independence? What do you wish you would do? In an ideal world…

11. What do you wish you had known earlier about supporting a child who struggles with anxiety?

12. Has your child's school provided any resources/supports for their anxiety?

Follow-up: If so, what are they and have they been helpful/not helpful? If not, is there anything you wish the school would provide?

Should be here around 1 hour in

13. Do you have any previous experiences with therapy (or anxiety treatment/programs)?
Follow-up: A. If yes, what did you like and dislike about them?
B. Have you faced any challenges with accessing these resources?
C. If no, is there anything preventing you from reaching out? If yes, tell me more.
If dead answer: do you wish something were available?
You seemed to have struggled with answering this questions, is there a reason for this?
Redirect if needed e.g., I'm also curious to learn about… next Q

14. What kinds of supports do you have in your life?
Prompts: Do you have any supportive family members, friends, and/or a therapist?

15. What do you do to take care of yourself (e.g., self-care activities)?
Prompts: What strategies do you use to manage your own stress while supporting your child?

Should be here around 1 hour and 20 minutes in, with time to ask further questions

16. Is there anything else you would like to add before we wrap-up?

17. What gift card would you like? (Tim Hortons, Starbucks, Indigo, Walmart, Amazon)

Thank you again for taking the time to participate in this study. All your identifying information, including your name and other personal information from this interview will be anonymized and not mentioned in the final report. Please feel free to share your experience of this study and my email with anyone you know who might be interested in participating. Sharing is completely optional and will not affect your participation or confidentiality in the study.

If you are experiencing any distress after this interview, and would like to talk to someone further, there are some resources you can contact. The Mental Health Helpline (1-877-303-2642), and the Distress Line (Edmonton: 780-482-4357, Calgary: 403-266-4357, Southwestern Alberta including Lethbridge: 403-327-7905) are both available 24/7 for distress support. A full resource list, along with your $20 gift card, will be emailed to you within 1–2 business days after this interview.

Appendix G: Mental Health Resource List

Resource List

Alberta-Wide

- Mental Health Help Line: 1 (877) 303-2642, 24/7
- 988: 24/7 suicide helpline
- First Nations and Inuit Hope for Wellness Help Line: 1 (855) 242-3310
- 211: for finding community and social services in your area
- Kids Help Phone: 1 (800) 668-6868, although tailored towards children, anyone can contact

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Edmonton

- Distress Line (Edmonton and area): (780) 482-4357
- Access Mental Health: (780) 424-2424, 24/7 calling, 8am-10pm walk-in

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Calgary

- Distress Centre (Calgary and area): (403) 266-4357
- Eastside Family Centre: (403) 299-9696, free walk-in counselling Calgary
- Urgent Mental Health/South Calgary Health Centre: (403) 943-9374, 12-7pm

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Lethbridge

- Distress Line of Southwestern Alberta: (403) 327-7905
- Family Centre Downtown: (403) 320-4232, free counselling for individuals under 30
- Family Connector: (403) 320-4232 ext. 204

Appendix H: Where Was My Recruitment Poster Posted

Clinic/Out of School Care Centre Name	Website	Phone	Email Address	Poster Up? (2025 dates)
Calgary				
Koru Psychology	https://korupsychology.ca/	587-205-9291	info@korupsychology.ca and CC Caroline	*Poster up Apr 8, new poster up July 2*
Moroz Child Psychology Group	https://morozchildpsychology.com/	403-541-1199	info@morozchildpsychology.com	*Poster up May 9, new poster up July 2*
Monarch Psychology	https://monarchpsychology.com	403-454-4988	connect@monarchpsychology.com	*Poster up May 17, new poster up July 3*
Calgary Counselling Centre	https://calgarycounselling.com	403-265-4980	contactus@calgarycounselling.com	*Poster sent to all psychologists May 20, emailed new poster (no response)*
Snyder Psychology	https://snyderpsychology.com	403-397-6671	info@snyderpsychology.com	*Poster up May 20, new poster up July 11*
Therapy Collective	https://www.therapycollective.ca	403-907-9784	N/A form on website	*Poster up May 22, new poster up July 8*
Trellis Society	https://www.growwithtrellis.ca/for-children/clubs	multiple	info@growwithtrellis.ca	*Poster may be up July 22*
Kids and Company	https://kidsandcompany.com	587-437-2568	oosc@kidsandcompany.com	*Poster may be up July 22*
Little Steps Childcare	https://littlestepschildcare.ca/summer/	403-605-6354	littlestepsbac@telus.net	*Poster up July 25*
Davar Child Care Society	https://www.davarchildcare.org	403-250-5211	jillian.delaney@davarchildcare.org	*Poster up Aug 18*
Edmonton				
Green Door Clinic	https://www.greendooryeg.ca/	587-989-5292	intake@greendooryeg.ca	*Poser up Apr 15, emailed new poster July 7 (no response)*
Nova Psychology	https://novapsychology.ca	780-453-9816	info@novapsychology.ca	*Poster up Apr 29, new poster up July 8*
Brophy Psychology	N/A - contacted through a friend	N/A	N/A	*Emailed my contact new poster*
Bent Arrow	N/A - contacted through a friend	N/A	N/A	*Emailed my contact new poster*
Norwood Family Centre	N/A - contacted through a friend	N/A	N/A	*Emailed my contact new poster*
ARCH Psychological (Calgary & Edmonton)	https://archpsychological.com	780-428-9223	arch@archpsychological.com	*Poster up May 5, new poster up & posted it to FB July 7*
Edgar Psychological	https://www.edgarpsychological.com/	587-570-4896	N/A form on website	*Poster up May 20, new poster up July 7*
J Gordon Psychology Group	https://jgordonpsychology.com	780-938-4473	admin@jgordonpsychology.com	*Poster up May 23, mailed new poster July 8*
Bambini	https://bambinigroup.com	780-540-9333	info@bambinigroup.com	*Poster may be up July 21*
R & S Out of School Care	https://randsosc.ca	587-920-7456	roxanneplischke@gmail.com	*Poster may be up July 22*
Glengarry Child Care Society	https://www.glengarrychildcare.com	780-478-4691	brad.west@glengarrychildcare.com	*Poster up Aug 22*

Appendix I: Search Strategy

Search Engine	Search Terms	# of Results	# of Articles Screened	# of Articles Used
Google Scholar	(("anxiety prevention" OR "anxiety management" OR "CBT" OR "cognitive behaviour* therapy" OR "cognitive therapy" OR "socioemotional function*" OR "social emotional") AND ("parent education" OR "parent/guardian support" OR "parent skills" OR "professional development" OR "adult learning") AND ("skills" OR "strategies" OR "practices") AND ("supportive communication" OR "mental health support" OR "psychological well-being") AND ("program effectiveness" OR "training outcomes"))	5,630	3	0
Google Scholar	Parental anxiety	18,700	10	2
Discover search on EBSCOhost	(("anxiety prevention" OR "anxiety management") AND ("parent education" OR "parent/guardian support" OR "parent skills" OR "adult learning") AND ("skills" OR "strategies" OR "practices") NOT (“disease”) NOT (“autism” OR “disability”) NOT (“COVID-19” OR “COVID” OR “pandemic”))	180	7	0
Google	“What do parents need in a program to help manage their anxiety and improve their relationships with their children?”	42,300,000	2	0
Google Scholar	“What do parents need in a program to help manage their anxiety and improve their relationships with their children?”	18,000	6	1
Discover search on EBSCOhost (Subject terms search only)	((parents or parents/guardians or mother or father or parent) AND (accommodations) AND (anxiety or anxious or stress) AND (children or adolescents or youth or child or teenager) NOT (disability or disabilities or disabled or autism) NOT (covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19) NOT (medical or medicine))	75	15	0
Discover search on	((parents or parents/guardians or mother or father or parent) AND (accommodations)	20	4	2

EBSCOhost (Subject terms search only)	AND (anxiety or anxious or stress) AND (children or adolescents or youth or child or teenager) NOT (disability or disabilities or disabled or autism) NOT (covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19) NOT (medical or medicine) AND (qualitative or qualitative research or qualitative study or qualitative methods or interview or focus group))			
Discover search on EBSCOhost	((parents or parents/guardians or mother or father or parent) AND (anxiety or anxious or stress) AND (children or adolescents or youth or child or teenager) NOT (disability or disabilities or disabled or autism) NOT (covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19) NOT (medical or medicine) AND (qualitative or qualitative research or qualitative study or qualitative methods or interview or focus group))	36	4	0
APA PsychInfo (Abstract search only)	((parents or parents/guardians or mother or father or parent) AND (accommodations or modifications or adaptations) AND (anxiety or anxious or stress) AND (children or adolescents or youth or child or teenager) NOT (disability or disabilities or disabled or autism) NOT (covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19) NOT (medical or medicine))	678	0	0
Google	"parent experiences of child anxiety"	232,000,000	8	2
Discover search on EBSCOhost (Subject terms search only)	((parents or parents/guardians or mother or father or parent) AND (anxi*) AND (children or adolescents or youth or child or teenager) AND (experiences or perceptions or attitudes or views))—Canada only	29	No new articles	N/A
PsycInfo, ERIC, CINAHL	((parents or parents/guardians or mother or father or parent) AND (elementary school or primary school or grade school) AND (anxiety or stress or fear or worry) NOT (medical or medicine))—Canada only	34	1	0
PsycInfo, ERIC, CINAHL	((parents or parents/guardians or mother or father or parent) AND (elementary school children or elementary students) AND	17	1	0

	(anxiety or stress or fear or worry) NOT (medical or medicine))—Canada only			
All databases on EBSCOhost (Subject terms search only)	((parents or parents/guardians or mother or father or parent) AND (children or adolescents or youth or child or teenager) AND (anx*) NOT (covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19) NOT (disability or disabilities or disabled or autism))—Canada only	82	7	2
PsycInfo, ERIC, CINAHL (Subject terms search only)	((parents or parents/guardians or mother or father or parent) AND (anxi*) AND (qualitative research or qualitative study or qualitative methods or interview))—USA and Canada only	388	12	0
Hand searched articles	Hand searched articles	N/A	34	9
Articles from previous projects	Articles from previous projects	N/A	11	2
Total			125	20

Appendix J: Conceptual Framework

Figure 4