

Araştırma Makalesi / Research Article

Kaygı ile Dayanıklılık Arasında: Ebeveynlerin Ergen Psikiyatri Başvurularıyla Başa Çıkma Biçimleri*Between Concern and Resilience: How Parents Cope with Adolescent Psychiatric Admissions*Münevver ERYALÇIN¹DOI : [10.63556/ankad.v10i2.369](https://doi.org/10.63556/ankad.v10i2.369)

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Öz

Bu çalışmada, ergen çocukları psikiyatri kliniğine başvuran ebeveynlerin ebeveynlik tutumları ve başa çıkma stratejileri araştırılmıştır. Nitel araştırma yaklaşımında fenomenolojik yaklaşımın kullanıldığı çalışma grubuna X Üniversitesi Tıp Fakültesi Hastanesi'ne başvuran ebeveynler dahil edilmiştir. Veriler sosyo-demografik anketler ve yarı yapılandırılmış görüşme formları aracılığıyla toplanmıştır. Betimsel analiz Maxqda 2020 kullanılarak gerçekleştirilmiştir. Bulgular ergenle iletişim, aile sınırları ve kuralları, profesyonel tedavi süreci ve başa çıkma stratejileri olmak üzere dört ana tema ve on üç alt tema altında düzenlenmiştir. Sonuçlar, kapsamlı tedavide aile merkezli sosyal hizmet müdahalelerinin önemini vurgulamaktadır.

Anahtar Kelimeler: Psikiyatrik tedavi, ergenlik, ebeveyn tutumu, başa çıkma, sosyal hizmet

Abstract

This study explores the parenting attitudes and coping strategies of parents whose adolescent children have sought care at a psychiatric clinic. Using a phenomenological approach within qualitative research, the study group included parents who presented at Ankara University Faculty of Medicine Cebeci Hospital. Data were collected through socio-demographic questionnaires and semi-structured interview forms. Descriptive analysis was performed using Maxqda 2020. The findings were organized into four main themes—communication with the adolescent, family boundaries and rules, professional treatment process, and coping strategies—covering thirteen sub-themes. The results highlight the importance of family-centered social work interventions in comprehensive treatment.

Keywords: Psychiatric treatment, adolescence, parental attitude, coping, social work

1. INTRODUCTION

The subject of this study is the examination of the parental attitudes and coping styles of adolescents seeking treatment at a psychiatric clinic. Among the reasons for seeking psychiatric consultation during adolescence are various behavioral problems arising from physical changes, anger issues, stress, and anxiety.

The most common disorders that can impact family functioning and cause psychological issues within the family system include autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), conduct disorders, and anxiety disorders (Al-Omari, Al-Motlaq, & Al-Modallal, 2015). When evaluating the psychiatric needs of a young adult transitioning into adulthood, certain family factors must be taken into account. These include parental expectations and support, family functioning or conflict if the young person lives with their parents, available resources, parenting styles, relationship dynamics, and how these dynamics affect the adolescent's confidence and sense of competence (Livesey

¹**Sorumlu Yazar/Corresponding Author**, Araş. Gör. Dr., Ankara Üniversitesi Sağlık Bilimleri Fakültesi, Sosyal Hizmet Bölümü, Ankara, Türkiye. mgoker@ankara.edu.tr

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& Rostain, 2017). The quality of the relationship between a child and their parents is one of the most important factors that predict emotional and social development (Kabasakal & Arslan, 2014). Parental attitudes also directly influence the psychosocial development of adolescents and the psychiatric treatment process.

As noted by McKay and Bannon (2004), family involvement in the psychiatric treatment process generally follows a sequence: recognizing children's mental health issues by their parents, introducing children and their families to mental health resources, and helping children access mental health centers. Emotional and behavioral problems during childhood and adolescence are shaped by family relationships, which are crucial to child development. While parent-child interactions in functional families tend to be supportive, they can become a source of distress in dysfunctional families (Saroca & Sargent, 2022). In family crises or problems, functional families are expected to handle the situation flexibly, whereas dysfunctional families often struggle with problem-solving.

Understanding parental experiences with adolescents seeking psychiatric care is essential for improving family functioning and treatment outcomes. This research provides valuable insights into the limited number of qualitative studies that examine parental emotional, relational, and behavioral coping in adolescent mental health in Türkiye. It is important because it aims to identify parental attitudes and coping strategies, which significantly influence adolescents' psychological views and behaviors and play a crucial role in the treatment process.

2. EXPERIENCES OF PARENTS IN THE FACE OF ADOLESCENT PSYCHIATRIC CHALLENGES: COPING, STRESS, AND FAMILY DYNAMICS

Studies conducted in Turkey show that adolescents who see their parents' attitudes as authoritarian and oppressive tend to have lower levels of autonomy, self-worth, and social adaptation. These adolescents also often display a higher tendency toward mental health issues such as anxiety, depression, aggression, and substance use (Sümer et al., 2010). Caregivers of individuals with psychiatric disorders may experience intense stress, tension, and anxiety when dealing with unpredictable and destructive behaviors, and may struggle to cope with them (Pompeo et al., 2016).

Research findings indicate that dysfunctional parental attitudes and ineffective coping strategies significantly predict adolescent behavioral issues. These parents encounter greater challenges in problem-solving, giving their children autonomy and space, and building trust (Barrett et al., 2002; Rey et al., 2000). Understanding family factors that contribute to existing issues in child and adolescent psychiatry is essential not only for understanding the origins of the disorder but also for developing a biopsychosocial understanding. Psychiatric disorders that occur during a critical developmental stage, such as adolescence, inevitably affect family relationships. In contrast, the family system, either consciously or unconsciously, influences the ongoing dysfunctions or the treatment process. In this context, understanding how family relationships impact disorders and treatment requires considering these dynamics in the therapeutic approach.

In social work, the individual perspective and the family systems approach offer a comprehensive framework for examining how family relationships influence mental health issues and treatment outcomes. As Sabatelli and Bartle (1995) note, the systems perspective suggests that families are expected to perform certain functions, including regulating boundaries, protecting the family unit, and managing emotional climate and transitions. The functioning of families as systems is evaluated based on how well these shared tasks and responsibilities are carried out.

Approaches that conceptualize the family as a system often interpret the development of psychopathologies during adolescence as a result of interactions within the family system (Akün, 2013). In this context, each family has its own unique patterns of psychosocial, emotional, cultural, and economic interactions. Additionally, every family has its strengths and resources to manage challenges.

A strength-based approach involves harnessing family members' motivation and promoting their participation in collaboration to support the patient's well-being and positive treatment outcomes (Saroca & Sargent, 2022). The literature review conducted for this study shows that research has mainly focused on how parental attitudes influence adolescents' self-development, socio-emotional growth, psychological attitudes and behaviors, cognitive development, and academic performance (Sümer et al.,

2010). Additionally, studies have explored the relationship between parental attitudes and various dependent variables, such as generalized anxiety disorder, aggression, conduct disorder, major depression, anger expression styles, family structure, obesity, internalizing and externalizing problems, family functioning, and emotional and behavioral issues (Saydam & Dinçöz, 2005; Fidan, 2011; Taşçı et al., 2012; Akün, 2013; Önder et al., 2015; Kızılpınar et al., 2019). One study reviewing 41 studies on the link between emotional and behavioral problems and parental attitudes found that adolescents of parents with permissive attitudes had higher rates of addiction. Conversely, adolescents of parents with authoritarian attitudes showed higher levels of aggressive behavior, emotional-acting avoidance, and depression (Çoban et al., 2021). It was also noted that adolescents raised in democratic family environments exhibited fewer problem behaviors than those with other parental attitudes (Kaplan & Ak, 2018). An experimental-control study involving 30 young people without psychiatric history and 30 who had attempted suicide reported impairments in core family functions such as communication and problem-solving in the families of children who attempted suicide (Fidan et al., 2011). Studies involving caregivers of patients with psychiatric disorders indicate that the most common coping style is problem-solving (Pompeo et al., 2016), along with emotion-focused coping and seeking social support (Eaton et al., 2011). When diagnosing and treating adolescents with psychiatric disorders, it is essential to consider not only bio-psycho-social factors but also parents' attitudes and coping strategies. This study aims to identify the parenting attitudes of parents whose adolescent children have been admitted to and are currently receiving treatment in psychiatric clinics, while also examining how these parents navigate and cope with their children's diagnosed psychiatric conditions during the therapeutic process.

To accomplish this main goal, the following research questions (RQs) were explored:

RQ1. How would you describe your communication with your child (decision-making, boundaries, responsibilities, etc.)?

RQ2. How would you assess your child's adolescence and the psychological distress they are experiencing (diagnosis/symptom process)?

RQ3. How do your parenting styles influence your child?

RQ4. What strategies are you developing to handle this difficult process?

3. METHODS

3.1. Research Model

This study aims to examine parental attitudes and coping styles of parents with adolescent children undergoing psychiatric treatment, as well as the psychological attitudes and behaviors of these adolescents. The research employs a phenomenological design, a qualitative method. According to Baltacı (2019), qualitative research highlights the unique and profound aspects of human-specific characteristics, emphasizing the depth and individuality of the knowledge gained. The phenomenological approach focuses on phenomena we are aware of but do not fully understand in detail (Yıldırım & Şimşek, 2013). Since families face challenges during their children's critical developmental period, the in-depth interview method was selected for this study. A qualitative design was chosen because adolescence and psychiatric treatment are dynamic processes that require understanding how and why family interactions and adolescent behaviors develop, as well as how the family perceives these changes. The phenomenological approach is more appropriate for exploring the relationship between parent and adolescent through their own narratives, rather than through external observation.

3.2. Study Group

The study group consists of parents of adolescents who sought treatment at the Psychiatry Clinic of X University Faculty of Medicine Hospital. The group was selected using criterion sampling, a purposeful sampling method; participants meeting specific criteria were included in the study (Büyüköztürk et al., 2022). The inclusion criteria were as follows: adolescents who had been admitted to a psychiatric clinic for mental or behavioral issues, who had been receiving treatment for up to one year since their initial visit, and whose parents were actively involved as primary caregivers in the treatment process. Participants were included after providing informed consent. In line with ethical research standards, all

participants were informed about the study's objectives, procedures, and confidentiality policies. Written consent was obtained from each participant prior to data collection to ensure voluntary participation. The parent group focused on in the study generally consists of those who have sought expert support for their children with emotional and behavioral problems during adolescence and have actively engaged in managing their child's psychological or behavioral difficulties. Understanding family factors such as coping strategies, boundary-setting, rule patterns, and parenting attitudes is essential to addressing the specific needs of this parent group.

In purposive sampling, the sample size is determined by data saturation, which occurs when no new information is forthcoming, and data begin to repeat during collection (Shenton, 2004). Based on this principle, the study included 25 parents who met the predetermined criterion sampling requirements. The sociodemographic characteristics of the participating parents are shown in Table 1.

Table 1: Socio-Demographic Characteristics of Parents

Parent age mean	42,4 (Min=35, Max=53)	
Parent gender	N	%
Female	17	68,0
Male	8	32,0
Mother's Education Level		
Secondary Education	4	28,0
High School	14	56,0
Undergraduate	4	16,0
Postgraduate	3	12,0
Father's Education Level		
Secondary Education	4	28,0
High School	12	48,0
Undergraduate	5	20,0
Postgraduate	4	16,0
Income Level		
Low	3	12,0
Medium	16	64,0
High	6	24,0
Parental Mental Health Issues		
Mental health issues	6	24,0
No mental health issues	18	72,0
Child's Mental Health Issues		
Aggression/Anger Issues	11	44,0
Anxiety Disorder	6	24,0
Exam Stress	6	24,0
Grief/PTSD	2	8,0
Total	25	100,00

The average age of the parents participating in the study was 42.5 years, with 17 mothers and eight fathers interviewed. The average age of the children was 16.5 years, with the youngest being 13 and the oldest 22. Among the mothers, 14 had a high school diploma, 4 had secondary education, 4 held a bachelor's degree, and 3 had postgraduate degrees. Among the fathers, 12 had a high school diploma, five had a bachelor's degree, four had postgraduate education, and four had a secondary education. Most of the participating parents (64%) reported their income as medium, 6% as high, and 3% as low. While 18 parents (72%) reported no mental health issues, six reported experiencing problems such as obsessive-compulsive disorder, addiction, and depression. Mental health issues that lead adolescents to seek treatment at psychiatric clinics include aggression (anger issues), anxiety, exam stress, and post-traumatic stress disorder.

3.3. Data Collection Instruments

The data collection tools included a socio-demographic information form created to evaluate the parents of adolescents seeking treatment at the Psychiatry Clinic, along with a semi-structured questionnaire developed by the researcher. This questionnaire covered topics such as parent-child communication,

family boundaries and rules, the family's general attitude toward psychological disorders, the influence of parental attitudes on their children, crisis resolution strategies, coping mechanisms, and ways to support their children.

3.4. Implementation

The study received ethical approval from the Author's University Ethics Committee and institutional permission from the Department of Mental Health and Diseases at the Faculty of Medicine of Author's University. Data collection occurred over one month, from May 2022 to June 2022. During this time, in-depth interviews were carried out with voluntary parents of adolescents who were either newly admitted to the psychiatry clinic or undergoing ongoing treatment. Informed consent was obtained from the parents for their participation and for audio recording the interviews. Each interview, lasting about 60 minutes, was conducted in a private room designated for the researcher. In each family, one parent (either mother or father) was interviewed.

3.5. Data Analysis

Descriptive analysis was used in this phenomenological study. In phenomenological research, the aim is to identify themes that reveal experiences and their meanings. The findings are presented with descriptive narration and backed by direct quotations (Yıldırım & Şimşek, 2013). The descriptive analysis method was applied, ensuring that the literature review and data analysis were conducted simultaneously, in line with the qualitative research approach. After transcribing the in-depth interview recordings, the Maxqda 2020 software was used for analysis.

3.6. Ethics Committee Approval

This research adhered to ethical guidelines during the development of the conceptual framework, data collection, analysis, and interpretation. The ANKAD Editorial Board is not responsible for any ethical violations that may occur; all responsibility rests with the authors. I confirm that this work has not been submitted for review to any other academic publication besides ANKAD. All rules outlined in the "Higher Education Institutions Scientific Research and Publication Ethics Directive" have been followed. None of the actions listed in the second section of the directive, "Actions Violating Scientific Research and Publication Ethics," was committed. Ethics approval was obtained from the Ankara University Ethics Committee (Approval No: 471018, dated 05/04/2022)

4. RESULTS

As shown in Table 2, the descriptive analysis of the interviews identified four main themes and 13 sub-themes, covering communication with the adolescent, family boundaries and rules, parental attitudes, and coping strategies during psychiatric treatment.

Table 2: Themes and Sub-Themes from Content Analysis

Communication
Adaptation
Empathic response
Friendship-Based Parenting
Conflict
Family boundaries and rules
Giving responsibility
Flexible approach
Rule/boundary violation
Parental attitude during the professional treatment process
Appealing to professional support
Rejecting mental illness
Complaints About Side Effects from Treatment
Coping strategies
Keeping motivation high
Staying calm
Supportive approach

4.1. Communication

Communication patterns between children receiving psychiatric treatment and their parents can be classified under four subheadings: compliance, empathetic response, peer-like relationships, and conflict.

4.2. Adaptation

Parents describe their communication with their children undergoing treatment in different ways. Some adopt a calm and accommodating style, adjusting to their child's temperament, while others use empathetic communication or a more peer-like approach.

P (18) explains their tendency to comply with their child's wishes to avoid confrontation: *'Our communication is actually regular, but when my child gets angry, I try to accommodate their mood. When we go along with them, everything is fine; however, they do not want to go to school. If we push them, they become stubborn and refuse to go.'*

Similarly, P (4) describes their efforts to stay calm when responding to their child's reactive behaviors during adolescence: *'When our child experiences heightened anxiety, they react negatively to us, become angry, and express frustration. We recognize this as part of adolescence, and we try to keep them as calm as possible.'*

4.3. Empathic Response

Parents say that adolescence and the treatment process make communication with their children more difficult. However, they emphasize that this period is temporary and try to communicate with empathy.

Participant P (12) highlights their value of empathy by recognizing adolescence as a tough but temporary stage: *"Adolescence is extremely challenging... I keep reminding myself that this phase will pass, which helps me stay calm, and I try to empathize with my child throughout this process."*

Similarly, P (9) emphasizes the emotional ups and downs of adolescents and their efforts to maintain empathetic communication: *'At times, we struggle to understand them. The younger generation experiences emotions more intensely, going through ups and downs. We try to empathize with them as much as possible.'*

4.4. Friendship-Based Parenting

Some parents foster strong, open communication with their children, emphasizing a close, friendship-like relationship where children feel comfortable sharing everything. Participant P (13) describes their friendship-like bond with their child and their commitment to engaging in shared social activities: *'D and I are like friends. We watch movies together, listen to music, chat, and go out. As a family, we prioritize participating in social activities.'*

Similarly, P (10) describes their relationship with their child more like a friendship than a traditional parent-child bond: *"We can talk about everything. They consider me their closest friend. We have a strong relationship. If there is something they cannot initially share with me, they discuss it with their psychologist. After a few weeks, they also shared it with me."*

Participant (24) recognizes fulfilling both parental and friendship roles, highlighting a balanced approach: *'Sometimes I am a father, and sometimes I am a friend. We have the kind of father-daughter relationship that should be.'*

4.5. Conflict

When sharing their experiences of adolescence, parents identified conflict as one of the most common patterns. Parents frequently reported conflicts caused by their children's disobedience, disrespectful behavior, and stubbornness.

P (1) describes the communication struggles caused by their child's anger and stubbornness: *"After middle school, my child and I started having opposing views. We can hardly have a proper conversation anymore; they get angry easily. They do not want to understand what I say and have an extremely stubborn attitude."*

Similarly, P (22) describes the challenges they face because of their child's strong-willed and confrontational behavior: "They are extremely stubborn. When we argue, they throw things at me. Even when I try to talk, the moment I say 'no,' a fight inevitably starts."

P (18) expresses frustration over their child's defiance and reflects on how their conflicts have reversed their parent-child roles: *"They do not listen to anything I say. They are so stubborn that their rules always prevail. It feels like they are the parent, and we are the children."*

Similarly, P (12) emphasizes that conflicts happen because parents have difficulty connecting with their adolescent children's emotional states: *"Adults cannot attune to a child's mood... I try to communicate, but I cannot get on the same wavelength as my child, and that is why our communication is not very good."*

4.6. Family Boundaries and Rules

Parents have diverse attitudes toward boundaries and rules within the family during psychiatric treatment. The patterns related to family boundaries and rules are divided into three sub-themes: assigning responsibility, a flexible approach, and rule or boundary violations.

4.7. Giving Responsibility

Most parents set clear boundaries for their children, expect them to follow these rules, and often assign responsibilities to foster accountability and independence. P (7) explains how they encourage their child to take on responsibilities to boost their trust and self-confidence: *"I make an effort to give them responsibilities because I want to instill a sense of trust. Even if they fail at a task, I make sure to say, 'Well done, at least you tried.'"*

Some parents focus on setting rules about departure and return times, as well as acceptable places their children can visit. As long as these rules are followed, they often give their children autonomy in making decisions. P (5) emphasizes their child's respect for boundaries and responsibility: *"We have clear boundaries in place when it comes to permission. We allow our child to visit approved locations. Since our daughter knows where she should not go, we leave the responsibility to her."*

4.8. Flexible Approach

Some parents take a more relaxed approach to boundaries, giving their children more freedom and focusing on collaborative decision-making within the family.

P (2) highlights the active participation of children in family decision-making, stressing that their opinions are prioritized and valued: *"We make decisions together. In fact, our children take precedence... The other day, we were discussing where to go on vacation. While we had one preference, the children wanted to go somewhere else. Ultimately, we decided to follow their choice."*

Likewise, P (7) points out that their children are free to make their own decisions, as long as their choices are within the parents' awareness. They also emphasize the family's shared approach to decision-making: *"They have freedom, as long as we are informed. They make their own decisions. Whenever we need to decide at home, the four of us discuss it together and reach a consensus."*

4.9. Rule/Boundary Violations

Adolescence is marked by a desire for independence and the development of an individual identity, often leading to oppositional behavior and defiance of authority and established rules. In some families, adolescents do not follow set rules and boundaries; instead, they act according to their own preferences.

P (15) describes their adolescent child as someone who ignores rules and follows their own will, expressing difficulty in guiding their behavior: *"They do not comply with the rules. They do not listen... They do as they please and act according to their own judgment. We are unsure how to handle this situation."*

Similarly, P (10) recognizes the existence of established rules but struggles to enforce boundaries, as their child consistently finds ways to bypass them: *"We discuss these rules together, but somehow, they always manage to persuade me to agree with what they want... Ultimately, they do as they please. I keep telling them not to go to the shopping mall every week, yet they always find an excuse and go anyway."*

4.10. Parental Attitudes in the Psychiatric Treatment Process

When examining parental views on professional treatment and support, three sub-themes emerged concerning parental attitudes: seeking professional help, denying mental illness, and complaints about treatment side effects.

4.11. Seeking Professional Support

Some parents actively support their children in obtaining treatment for psychological disorders, show a willingness to seek professional help, and view medication as an effective intervention.

P (4), who has also received psychiatric support, emphasizes that their child chose to seek professional treatment on their own: 'We thought it would be beneficial for them to see a professional because I experienced the benefits of professional treatment. We did not force them to attend therapy; we left the decision to them, and they chose to come.'

Similarly, P (9) views psychiatric treatment as both an educational process and the most logical solution: "The reason I am here is to find the best and most reasonable way forward. I recognize that support is essential and that it cannot be managed without it."

4.12. Denial of Mental Illness

Some parents find it hard to accept their child's psychological condition and their involvement in professional treatment. P (5), who has a history of mental health issues, admits struggling to accept their son's mental health challenges. They describe their tendency to suppress emotions and put on a strong front: "I was in treatment for seven years. I could not accept that my son had a psychological disorder. I could not come to terms with it... I always try to appear strong in front of my child because I have no right to upset him."

Similarly, P (17) shares how their child's need for psychiatric support has deeply affected them emotionally: '*In reality, I should have sought treatment as well. I tried to cope with major turning points like divorce and loss by talking to people around me. Seeing my child affected by these experiences and needing treatment has shaken me to my core.*'

4.13. Complaints About Side Effects from Treatment

During treatment, some parents express concerns about medication side effects, saying these effects negatively affect their children's social lives.

P (13) acknowledges that pharmacological treatment has helped their child focus academically, but is unhappy with how it has reduced their child's desire to socialize: "I do not think the medication is beneficial. It makes my son too calm and subdued. It only helps with studying. However, he is very young, and he needs to socialize like his peers."

Similarly, P (19) explains how medication has made their child more introverted, decreasing both academic interest and social engagement: "D's first medication was Prozac. After starting Prozac, he became indifferent, withdrawn, stopped studying, and refused to go outside."

4.14. Coping Strategies

When examining parental attitudes and coping strategies during their adolescent children's treatment process, three main behavioral patterns emerged: maintaining motivation, staying calm, and adopting a supportive approach.

4.15. Keeping motivation high

Parents emphasize that when they stay highly motivated, adopt a positive attitude, and focus on solutions, their children tend to mirror their demeanor and feel more comfortable. P (14) believes that showing strength in front of their child helps the child's psychological well-being: "I always appear strong in front of my child. Seeing me like this helps them feel psychologically relieved."

Similarly, P (23) highlights how their emotional well-being positively influences their communication with their child: "If I am feeling good and positive, then my child also feels good. My attitudes influence

everything about them. When you are in a good state, you communicate more effectively with your child.”

P (18), who accompanies their child to psychiatric visits, states that their motivation directly influences their child's motivation: “We come to the clinic willingly and together. We keep our motivation high so that theirs remains high too. We try to stay solution-focused.”

4.16. Staying Calm

Some parents focus on creating a calm home environment during their child's treatment, trying to reduce tension and conflict as much as possible. P (25), who struggles with their child's intense aggression, describes their efforts to stay calm and understanding, even in highly stressful situations.

If they were in traffic, they would get out of the car and start a fight—I see that potential in them. That is why we are here. At one point, they became angry and smashed plates at home, but I did not say anything. I see myself as very understanding throughout this process. The other day, they took my car and got into an accident—I did not get mad at all.

Similarly, P (6), the parent of a child diagnosed with anxiety disorder, explains their efforts to remain calm to help manage their child's anxiety: "...We try to stay as calm as possible to prevent escalation. They have an anxiety disorder, so we do our best to speak to them calmly."

4.17. Supportive Approach

Parents express that they aim to make their children feel supported, helping them cope with both the psychological disorder and the challenges of treatment. P (1) shares how they approach their child with unconditional acceptance and understanding during treatment: "I keep telling them, 'I am not judging you; I understand you. ' " Together, we can do better—I know that. We do not need anyone else. I am always here for you."

Similarly, P (20) highlights that their expressions of support have positively impacted their child's well-being: “I reassure myself... I support them, especially during their toughest moments. My son always tells me, ‘It is all thanks to you, your support, your presence.’ They feel my support. That is how we will overcome this struggle.”

5. DISCUSSION

This study investigates parental attitudes and coping strategies among parents of adolescents who have sought psychiatric care. The discussion focuses on key questions: How do parents communicate with their children? What are the family's internal boundaries and rules? How do parents approach professional treatment and support? How do they manage difficult situations?

Family relationships, communication patterns, and coping mechanisms greatly affect the overall mental health of adolescents with psychiatric issues. Identifying both protective and risk factors within the family is essential for supporting adolescents' treatment and their bio-psycho-social well-being.

Masulani-Mwale et al. (2018) found that families of children with psychiatric disorders often face low socioeconomic status, a high caregiving burden, and a lack of psychological support, all of which are connected to increased psychological distress among parents. Within the family system, an adolescent's mental health issues can negatively affect the parental system in a bio-psycho-social context.

Gopalan et al. (2010) highlight that framing parental well-being within the family systems perspective can help parents understand how their mental health impacts their children. The findings of this study show that parents recognize how their trauma, psychological distress, and parenting styles influence their child's mental health.

As highlighted by Kim (2013), parental psychopathology and negative parenting strategies can adversely affect children's psychosocial development through interaction and modeling, potentially leading to mental health disorders.

In this study, the communication theme between adolescents and their parents revealed four sub-themes: adaptation, empathic response, establishing peer-like relationships, and conflict. A similar study by Mukhtar et al. (2023) found that mothers' communication patterns with their children were characterized

by openness, empathy, support, and a positive attitude. Attunement and empathic response attitudes indicate that parents are considering their children's evolving psychological needs and providing emotional support without compromising the adolescent's process of individualization.

However, showing a friendly parenting style has been linked to a greater risk of losing authority (Baumrind, 1991). Being solely friendly as a parent can hinder healthy boundary setting. Therefore, it is important to adopt a parenting approach that offers clear guidance.

Family boundaries and rules can be a difficult experience for both adolescents with mental health issues and their parents. The main parental behaviors related to family boundaries and rules include assigning responsibility, adopting a flexible approach, and crossing boundaries or violating rules. These patterns indicate that some parents use democratic methods, while others show anxious-avoidant or overprotective tendencies. Diamond and Josephine (2005) highlight that childhood anxiety disorders are linked to family factors, especially overcontrolling, overprotective, or anxious-avoidant parenting.

Similarly, Hafetz and Miller (2010) found that parents often try to persuade adolescents to behave a certain way and frequently offer advice, even when they are unsure how to respond. Their study highlights that adolescents find this approach frustrating. Additionally, Saydam and Gençöz (2005) showed that ineffective family problem-solving contributes to destructive behaviors in adolescents, and difficulties with behavioral control within the family are strongly linked to adolescent aggression and social problems. When considering our research on families' experiences with boundaries and rules, along with similar findings, it is possible to discuss unhealthy boundary management characterized by control-focused and uncertain behaviors. Once again, the conflicts adolescents face with their parents reveal breakdowns in the parenting role; parents lack authority and struggle to set boundaries.

Regarding parental attitudes in the professional treatment and support process, three sub-themes emerged: seeking professional support, denial of mental illness, and complaints about side effects. A study by Honey, Alchin, and Hancock (2014), involving 32 parents, found that strategies used by parents concerning their child's mental illness included seeking appropriate treatment services, encouraging positive actions, supporting positive thoughts and emotions, and facilitating daily life adjustments. Similarly, a study by Harden (2005) with 25 parents revealed that parents often felt unable to fulfill their parental roles due to their child's psychiatric condition, which led them to seek psychiatric services as a solution for their child's issues.

Additionally, the social and emotional burdens linked to the treatment process for both adolescents and parents—such as emotional distress and caregiving duties—can serve as obstacles to accepting mental illness and seeking professional help. Some parents of adolescents in treatment and on medication report stress over their child's extreme withdrawal, social isolation, and asocial behaviors. These parents often feel unsure about how to handle negative attitudes that arise during the treatment.

A mixed-methods study by Moses (2011) found that parents face significant uncertainty about recognizing mental health disorders in their children. Similarly, Miklowitz et al. (2020) highlight that parents rarely receive guidance on how to: understand their child's mental illness, cope with its challenges, weigh the pros and cons of treatment, manage behaviors at home, and set realistic expectations.

Significant research indicates that family-based interventions, including psychoeducation, communication training, and problem-solving skills, are linked to improvements in mood disorders, obsessive-compulsive disorder, and symptoms associated with psychosis risk among adolescents (Miklowitz et al., 2020). These interventions also help optimize treatment outcomes, reduce relapse rates, and improve overall family well-being (Saroca & Sargent, 2022). The current study found that parents use coping strategies, such as staying motivated, remaining calm, and providing support, during treatment for their adolescent children. A positive parental approach can increase children's adherence to treatment and support a smoother recovery. Generally, emotional support is connected to better mental health outcomes for both adolescents and adults dealing with psychological challenges. The family's emotional support serves as a crucial resource for adolescents to cope with and recover from mental health issues (Naughton et al., 2018). In a supportive approach, parents' unconditional acceptance and emotional validation help develop the child's emotional regulation skills and foster psychological

flexibility. This emphasizes how vital parents' ability is—not only to solve problems but also to show emotional presence.

6. CONCLUSION AND RECOMMENDATIONS

When treating adolescents with psychiatric issues from a bio-psycho-social perspective, their relationships and communication with parents become essential contextual factors. From an individual-in-environment approach, clinical problems should be seen not only as personal issues but through a systemic lens that considers the entire family. Some families in the study adopt a more flexible, open, and supportive style of communicating with their young people and setting boundaries during treatment. Others tend to use more control-based, avoidant, or conflictual communication styles with their adolescents. Parents often avoid conflict by being accommodating, friendly, calm, and relaxed, but they may be unsure about which approach to take in this process. As a result, they often feel uncertain about how to manage it effectively. Parents seek professional psychiatric support as they deal with challenging experiences related to adolescence and mental health. Some worried parents are concerned about medication side effects and may struggle to cope with situations that could reduce motivation for treatment. This underscores the importance of psychoeducation in improving communication between mental health professionals and parents.

To empower adolescent patients and their families, ensure active parental involvement in treatment, provide information about the positive and negative psychosocial outcomes of treatment, and strengthen parental advocacy skills, a multi-level intervention plan (micro, mezzo, and macro) should be created. Social workers, as active members of interdisciplinary teams, play a crucial role in designing and implementing these interventions. Considering the limited time of clinical consultations and the need for parental support throughout the treatment process, it is important to plan psychoeducational sessions and group interventions facilitated by social workers specializing in mental health.

Providing didactic information alone is not enough to ensure parental engagement as a vital part of the treatment process. Psychoeducation programs assist families in finding answers to their concerns, overcoming challenges, and developing effective communication strategies in a structured, supportive environment. Family-based social work interventions support comprehensive psychiatric treatment by addressing the adolescent's psychosocial and family challenges in their environment. For families to actively participate in treatment, they need to gain knowledge and develop skills to understand adolescents' emotional struggles better, improve communication, and manage conflicts within the family. These skills are crucial for resolving disagreements and helping adolescents navigate the psychological challenges of this developmental stage. Future studies focusing on the following strategies will enhance intervention success: follow-up research should be planned to evaluate not only the short-term effects of psychoeducational and social service interventions but also their long-term (2-5 years) impact on family dynamics and adolescent mental health. Additionally, the impact of incorporating structured peer support networks, where families facing similar challenges share experiences, into the treatment process can be examined.

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Araştırma Makalesi / Research Article

Kaygı ile Dayanıklılık Arasında: Ebeveynlerin Ergen Psikiyatri Başvurularıyla Başa Çıkma Biçimleri

Between Concern and Resilience: How Parents Cope with Adolescent Psychiatric Admissions

Münevver ERYALÇIN



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GENİŞLETİLMİŞ ÖZET

1. Giriş

Bu çalışma, psikiyatri kliniğine başvuran ergenlerin ebeveynlerinin tutumlarını ve başa çıkma stratejilerini incelemeyi amaçlamaktadır. Ergenlik döneminde fiziksel ve hormonal değişikliklerle birlikte ortaya çıkan davranışsal sorunlar, öfke kontrolü, stres ve anksiyete psikiyatri kliniklerine başvuru nedenleri arasındadır. Otizm spektrum bozukluğu (OSB), dikkat eksikliği ve hiperaktivite bozukluğu (DEHB), davranış bozuklukları ve anksiyete gibi aile işlevselliğini etkileyen psikiyatrik sorunlar aile sistemi üzerinde psikolojik bir yük oluşturabilir (Al-Omari, Al-Motlaq ve Al-Modallal, 2015). Ebeveyn desteği, beklentiler, aile dinamikleri ve bu dinamiklerin ergenlerin öz algıları üzerindeki etkisi, ergenlerin psikiyatrik ihtiyaçlarının değerlendirilmesinde dikkate alınması gereken önemli faktörlerdir (Livesey ve Rostain, 2017). McKay ve Bannon'a (2004) göre, ergenlerin tedavi süreçlerine ebeveyn katılımı, çocukların ruh sağlığı sorunlarının erken fark edilmesini sağlar ve tedavi sürecine olumlu katkıda bulunur. İşlevsel ailelerde ebeveyn-çocuk etkileşimleri destekleyici iken, işlevsiz ailelerde çatışmalar yaygındır ve problem çözme becerileri yetersizdir (Saroca ve Sargent, 2022). Türkiye'de yapılan çalışmalar, baskıcı ve otoriter ebeveyn tutumlarının gençlerde düşük özerklik ve özsaygı ile ilişkili olduğunu ve psikopatolojik belirtileri artırdığını göstermektedir (Sümer vd., 2010).

2. Yöntem

Bu çalışma, nitel araştırma yöntemlerinden biri olan fenomenoloji desenini benimsemiştir. Fenomenoloji deseni, bilinen ancak ayrıntılı olarak anlaşılmayan olguları derinlemesine incelemeyi amaçlamaktadır (Yıldırım ve Şimşek, 2013). Araştırmanın çalışma grubunu Ankara Üniversitesi Tıp Fakültesi Cebeci Hastanesi Psikiyatri Kliniği'ne başvuran ergenlerin ebeveynleri oluşturmaktadır. Çalışmaya katılan 25 ebeveyn, ölçüt örnekleme yöntemi kullanılarak belirli ölçütleri karşılayan katılımcılar arasından seçilmiştir. Veriler sosyo-demografik bilgi formu ve yarı yapılandırılmış görüşme formu kullanılarak toplanmıştır. Derinlemesine görüşmeler sonucunda elde edilen veriler Maxqda 2020 programı ile analiz edilmiştir.

3. Bulgular

Çalışmanın bulgularında iletişim, aile sınırları ve kuralları, profesyonel tedavi sürecinde ebeveyn tutumları ve başa çıkma yöntemleri olmak üzere dört ana tema ortaya çıkmıştır. Bu temalar altında 13 alt tema belirlenmiştir. Ebeveynlerin ergenlerle iletişim kurarken uyum sağlama, empatik tepki verme, arkadaşlık kurma ve çatışma gibi farklı tutumları gözlenmiştir. Uyum sağlama temasında ebeveynler çocuklarının öfke ve gerginliklerine uyum sağlayarak onlara yaklaşıma çalışmaktadır. Empatik tepki verme temasında ise ebeveynler ergenlik sürecinin zorlu doğasına odaklanarak çocuklarını anlamaya çalışmaktadır. Bazı ebeveynler çocuklarıyla arkadaşlık kurmayı tercih ederken, bazıları iletişimde yaşanan çatışmaları dile getirmiştir. Çatışmalar çoğunlukla ergenlerin saygısız veya inatçı tutumlarından kaynaklanmaktadır. Ebeveynlerin aile içinde koyduğu sınırlar ve kurallar, sorumluluk verme, esnek

yaklaşım ve kural ihlali alt temalarıyla incelenmiştir. Sorumluluk verme temasında, ebeveynler çocuklarına sorumluluk vererek güven duygusunu pekiştirmeye çalışırlar; esnek yaklaşım temasında, sınırlar konusunda daha liberal ve esnektirler. Kural ihlali temasında, ergenler belirli kurallara uymama ve istediklerini yapma eğilimindedirler. Bu tema, profesyonel destek arama, ruhsal hastalığı inkâr etme ve tedavinin yan etkilerinden şikâyet etme alt temalarıyla ele alınmıştır. Bazı ebeveynler çocuklarının tedavisinde profesyonel destek almakta ve ilaç tedavisini yararlı bulmaktadır. Ancak bazı ebeveynler çocuklarının ruhsal hastalığını kabullenmekte zorluk çekmektedir. Ayrıca, ilaç tedavisinin sosyal yaşam üzerindeki olumsuz etkilerinden rahatsız olduklarını belirtmişlerdir. Ebeveynlerin başa çıkma yöntemleri üç alt tema altında incelenmiştir: motivasyonu yüksek tutma, sakin kalma ve destekleyici yaklaşım. Ebeveynler, ebeveynler olumlu bir ruh hâlinde ve çözüm odaklı olduklarında çocuklarının daha rahat olduklarını belirtmişlerdir. Bazı ebeveynler tedavi sürecinde sakin kalmaya çalışmakta ve destekleyici tutumlarla çocuklarına yanlarında olduklarını hissettirmeye çalışmaktadırlar. Bu araştırma, ergenlik çağındaki çocukların psikiyatrik sorunlarıyla mücadelede aile ilişkilerinin ve ebeveyn tutumlarının önemini vurgulamaktadır. Çatışmacı veya destekleyici iletişim kalıpları, aile sınırları ve profesyonel tedavi yaklaşımları çocukların ruhsal durumlarını doğrudan etkilemektedir. Aile kurallarının esnekliği ve ebeveynlerin destekleyici tutumları, ergenlerin tedavi süreci üzerinde olumlu bir etki yaratırken, otoriter ve katı ebeveyn tutumları ergenlerin ruhsal durumlarını olumsuz yönde etkileyebilmektedir (Mukhtar vd., 2023). Araştırmalar, ebeveynlerin ruhsal bozuklukların tedavi sürecinde bilgi ve rehberliğe ihtiyaç duyduğunu göstermektedir. Ebeveynler çocuklarının tedavi süreçlerine katıldıklarında kendilerini daha yetkin hissederler ve sürecin olumlu yönleri hakkında bilgilendirilirler. Ebeveynlerin çocuklarının psikiyatrik bozukluklarını kabul etmeleri ve tedavi sürecine katılımları, tedavi sürecini optimize edebilir ve iyileşme oranlarını artırabilir (Miklowitz vd., 2020; Saroca ve Sargent, 2022). Ergenlerin psikiyatrik tedavi sürecinde ebeveynlerin tutumları büyük önem taşımaktadır. Aile sistemi, ergenlerin ruhsal iyilik hâllerini destekleyen veya olumsuz etkileyen bir faktör olarak ortaya çıkmaktadır. Ebeveynlerin destekleyici tutumları çocuklarının tedaviye uyumunu artırırken, çatışmacı veya kayıtsız tutumlar süreci olumsuz etkileyebilmektedir. Sosyal hizmet uzmanları, ergen hastaları ve ailelerini güçlendirmek, ebeveynleri çocuklarının tedavisine aktif olarak dahil etmek, tedavinin olumlu ve olumsuz psikososyal sonuçları hakkında bilgi edinmelerini sağlamak ve savunuculuk becerileri geliştirmek için aile ile mikro-mezzo-makro düzeyde bir çalışma planı geliştirmek üzere disiplinlerarası ekibe aktif olarak katılırlar. Bu bağlamda, ruh sağlığı alanında çalışan sosyal hizmet uzmanları aileleri güçlendirmeyi ve ebeveynlerin farkındalığını artırmayı amaçlayan psikoeğitim ve grup çalışmaları düzenlemelidir. Ebeveynlere sağlanan eğitim ve grup çalışmaları sayesinde ebeveynler doğru iletişim ve başa çıkma stratejilerini uygulama fırsatı bulabilirler. Bu tür aile temelli sosyal hizmet müdahaleleri, ergenlerin tedavi sürecine aktif katılımını artırır ve aile içindeki çatışmaların çözümünde önemli rol oynar. Klinik sosyal hizmet uzmanları, tedavi sürecinde ailelere destek sağlayarak ergenlerin tedavi süreçlerine bütünsel bir katkı sağlayabilirler. Bu tür programlar, ailelerin tedavi sürecine katılımını ve tedavi sonuçlarının iyileştirilmesini destekler. Bu çalışma, ergenlerin psikiyatrik tedavi süreçlerinde ebeveynlerin rolünü ve tedavi sürecine etkilerini inceleyerek aile temelli müdahalelerin önemini ortaya koymaktadır. Aile içi iletişimin, sınırların ve tedaviye katılımın ergenlerin ruh sağlığı üzerindeki etkisini anlamak, tedavi süreçlerinin etkinliğini artırmak için değerlidir.