Partnering with Parents in Child and Adolescent Counseling

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We have no known conflict of interest to disclose.

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Abstract

Literature highlights the importance of counselors partnering with parents in child and adolescent counseling, yet there is a gap in understanding the practical and most effective steps for partnering with parents. Many counselors report feeling a lack of competency and uncertainty about working with parents. In attempting to partner with parents, counselors often face barriers of time, availability, and willingness from parents. Counselors are encouraged to build a positive working alliance with parents, address any resistance with compassion, and collaboratively engage with parents throughout the therapeutic process. Additionally, sharing psychoeducation and parenting skills can be beneficial in partnering with parents. Finally, mental health counselors should consider not only the child's developmental stage when working with the parents but also the stage of parenting for the parents. We propose recommendations for working with parents based on the developmental stage of the child as well as the stage of parenting.

Keywords: Child counseling, adolescent counseling, parents

Partnering with Parents in Child and Adolescent Counseling

Child and adolescent mental health is a significant segment of the mental health field. From 2018-2019, 13.2% of children ages 3-17 in the United States had a mental health diagnosis (Health Resources and Services Administration, 2020). Similarly, data on U.S. adolescents ages 12-17 shows that diagnoses of mental health disorders increased by 35% between 2016 and 2023 (Health Resources and Services Administration, 2024). The Centers for Disease Control (2023) reports that the percentage of children and adolescents in the United States receiving mental health counseling increased from 10.0% in 2019 to 13.8% in 2022. Furthermore, each year, one in five adolescents seek mental health care, a statistic that remained steady from 2005 to 2018 (Mojtabai & Olfson, 2020).

These staggering statistics highlight the importance of child and adolescent mental health counselors, as data indicates that it can be difficult for minors to get needed mental health counseling (Health Resources and Services Administration, 2024). While counselors often work individually with children and teens, it is critical to recognize that children's environments, parents, family systems, and culture can play significant roles in their mental health (Neece et al., 2012). Therefore, counselors can benefit from engaging the family system of their client and partnering with a child's parent(s).

Meta-analyses show that counseling for minors when parents are engaged is more effective than counseling when parents are not engaged (Jeon & Myers, 2023). Jeon and Myers also note that while there is evidence that parental engagement is needed in child and adolescent mental health counseling, a gap in the research exists on what the most effective ways are to engage parents. This article aims to highlight the importance of partnering with parents in child and adolescent counseling, provide practical strategies for partnering with parents, and discuss

how partnering with parents looks different for varying developmental stages. Though a majority of the literature on this topic is focused on parents of children, we propose that the foundational principles can also apply to working with parents of children in older developmental stages. Throughout this article, we will use the term *parent* to refer to all primary caregivers of children and teens, understanding that some caregivers of children may be foster parents, older siblings, or grandparents, for example.

Importance of Partnering with Parents

There is not an abundance of literature about working with parents in child and adolescent counseling, but research does suggest that partnering with parents increases the likelihood of positive outcomes in therapy with children (Post et al., 2012). When parents have realistic expectations of counseling and are well-informed about the therapeutic process, they are more likely to keep appointments and follow through with recommendations from mental health counselors (Cates et al., 2006; Shumand & Shapiro, 2002, as cited in Cates et al., 2006). Additionally, partnering with parents can decrease the likelihood of premature ending of counseling services for the child (Post et al., 2012).

Parents who are not involved in the therapeutic process are less likely to cooperate or support the child in continuing counseling (Bornsheuer & Watts, 2012). Research also suggests that partnering with parents can help ensure that gains from counseling are further sustained even after counseling ends (McMahon, 2009, as cited in Bornsheuer & Watts, 2012). Partnering with parents can take many forms in therapy including intake sessions with parents, parent consultations, parent coaching sessions, or parent-child dyadic sessions (Jeon & Myers, 2023). Yet, partnering with parents in child and adolescent counseling is not without barriers and limitations.

Barriers & Limitations for Counselors

Research indicates that partnering with parents improves treatment outcomes, though the research is limited on barriers to working with parents (Schottelkorb et al., 2015). One of the most significant barriers noted in the literature is that counselors report lacking training in working with parents (Lolan, 2011, as cited in Scottelkorb et al., 2015). Counselors report that getting help with parent consultations is one of their greatest needs in clinical supervision (VanderGast, 2008, as cited in Post et al., 2012). Furthermore, counselors report that working with parents is the most challenging aspect of working with children (Ray, 2011, as cited in Lee & Ray, 2020).

In addition to training deficiencies, counselors' frustrations with parents can be a barrier. These frustrations may stem from differing conceptualizations of the child or teen's emotions or behaviors, feeling overwhelmed by the family's complex needs, or encountering organizational factors like availability or lack of insurance coverage can be a barrier (Dynes et al., 2018).

Barriers for Parents

There is not a significant focus on the barriers that parents face in engaging with their child's counseling in current literature (Haine-Schlagel & Walsh, 2015). By the time parents seek counseling for their children or teens, they often feel exhausted, frustrated, and even ashamed (Cates et al., 2006). Bornsheuer and Watts (2012) further suggest that the child or teen's presenting concerns may have escalated to the point that parents feel that they cannot cope, leaving counseling as a last resort for help. Given the mental and emotional toll that parents have often endured prior to counseling, they may lack the capacity to actively partner with the counselor in working with their child (VanFleet, 2000). Additional barriers to parents partnering with counselors include scheduling difficulties, limited finances, difficulty obtaining

childcare or transportation, and overall limited resources.

Some parents report feeling judged or blamed by counselors, as they feel that their child's concerns reflect negatively on their parenting (Dynes et al., 2018). For others, they express concern about the potential for judgment from family or community members if they seek mental health counseling for their child or teen (Martinez et al., 2017). Likewise, when counselors do not exhibit cultural sensitivity, parents are less likely to collaborate with counselors (Bornsheuer & Watts, 2012). Ultimately, many parents report feelings of failure in parenting if they acknowledge and seek help for their child, creating another obstacle to seeking mental health services (Hansen et al., 2021).

Once treatment is established, several factors may impact parents' willingness or ability to partner with counselors in working with their children. For some parents, unrealistic expectations that therapy will be a "quick fix" for their child or teen's concerns, can impact their willingness to engage with the therapeutic process (VanFleet, 2000). While this can be frustrating for counselors, it is important to assess and temper parent expectations, provide a realistic plan for care, and communicate the importance of parental involvement (Trute & Hiebert-Murphy, 2013). Another barrier to partnership between parents and counselors is the reason for seeking counseling for the child or teen. If mental health services have been court-ordered, or if a referral has been made by a pediatrician or school, parents may feel disempowered to engage with the therapeutic process (Cates et al., 2006; VanFleet, 2000).

Important Considerations

There is evidence that parental engagement is needed, but a gap in the research on what are the most effective ways to engage parents (Jeon & Myers, 2023). Further research is needed on the most effective strategies for partnering with parents and encouraging parental involvement

in therapy. However, there are some consistencies in the research that indicate things to consider in partnering with parents, as well as several helpful strategies.

Trute & Hietbert-Murphy (2013) propose that working with parents in child and adolescent counseling or family counseling needs to be both relational and participatory, citing terms originally proposed by Dunst and Trivette (1996). Relational refers to the use of basic counseling skills of active listening, empathy, and respect to build a positive relationship with parents. Participatory, also emphasized by Haine-Schlagel and Walsh (2015), refers to empowering parents to be active and engaged participants in the counseling process. As counselors intentionally engage with parents in child and adolescent counseling in ways that encourage relationships and participation, they build the foundation for a positive working alliance.

Establishing a Positive Working Alliance

It has been suggested that developing a positive working alliance with parents is the most important priority in facilitating parental engagement in counseling (Landreth, 2012, as cited in Lee & Ray, 2020). Counselors can take several steps to actively enhance the working alliance. Parents want to be heard and validated (Daynes et al., 2018), so counselors should listen empathetically. It can also be valuable to overtly name the partnership relationship and explain how you hope to be able to partner with parents, as Jeon and Myers (2023) highlight the importance of providing clear expectations for them. This can help parents understand the importance of their role in counseling for their child and the benefits they bring to the counseling process.

Counselors should remember the importance of respecting that parents are the experts on their children (Schottelkorb et al., 2015). It is beneficial for counselors to learn from parents

about their child or teen. The process of gathering information from parents can also help empower parents because it emphasizes what the parents know and places the counselor in the position of the learner (Schottelkorb et al., 2015). When parents feel safe, supported, and valued, they are more likely to engage in the therapeutic process (Jeon & Myers, 2023). Counselors can help parents feel supported through their working alliance, reminding them that they are not alone in addressing mental health or behavioral difficulties with their child.

Cascade of Care

The next step in partnering with parents is to provide what Paris Goodyear-Brown (2021) refers to as a "Cascade of Care" (p. 2). She recommends that counselors provide for parents what they want the parent to, in turn, provide for the child. Goodyear-Brown suggests that parents, too, need nurturing, safety, and encouragement from counselors working with their children. In caring for parents, Goodyear-Brown (2021) proposes that they become more neurobiologically regulated, which increases their ability to gain information from the counselor and to practice coregulation with their child or teen.

Ultimately, parents are more likely to embrace suggestions from counselors regarding their parenting styles and patterns when they feel accepted and understood (Schottelkorb et al., 2015). As counselors utilize skills such as active listening, empathy, and reflection with parents, they are actively modeling how parents can better engage with their child or teen. These suggestions serve as factors that help decrease parent resistance to engaging with their child's therapeutic process (Jeon & Myers, 2023).

Responding to Resistance

Research suggests that counselors should expect some level of parent resistance as a part of the process of change (VanFleet, 2000). VanFleet cautions counselors on taking a narrow

view of parent resistance but rather encourages counselors to look for the parents' strengths and the areas in which they are willing to cooperate in order to work through areas of resistance.

Additionally, it is important to remember that parents are doing the best they can with the resources and knowledge they have. Counselors can acknowledge the challenges parents are facing and the efforts of the parents (Dynes et al., 2018). Furthermore, counselors can display empathy and understanding of the difficult job of being a parent and the courage and strength displayed by parents who are seeking help (Post et al., 2012). Parents report that they desire counselors to acknowledge both their efforts and the challenges they face in raising children (Baker-Ericzén et al., 2013).

Moreover, counselors also need to consider any needs of the parents or other factors that may be impacting resistance and to seek to understand where resistance is coming from. Resistant parents may be feeling disempowered or unheard (Reardon et al., 2017; VanFleet, 2000). Parents feeling blamed or shamed by counselors, or fearing that counselors will communicate those messages can impact the resistance of parents (Hanson et al., 2021; Reardon et al., 2017).

Additionally, many parents feel hopeless when bringing their child to counseling, which can precipitate resistance to partnering with counselors (Cates et al., 2006). Parents also may have misconceptions about mental health or counseling that may lead to resistance (Martinez et al., 2017). Skepticism about counseling itself, influencing resistance, may be impacted by a parent's culture and values (VanFleet, 2000). Additionally, parents may feel uneasy partnering with a counselor who is culturally different from them or who does not display cultural humility (Campbell, 1993, as cited in Bornsheuer & Watts, 2012; VanFleet, 2000). Counselors can help parents understand the counseling process and answer any questions they have about counseling

and mental health to help mitigate resistance.

Goal Setting

An important component of working with parents is working together to establish goals for clinical work with children and teens (Post et al., 2012). Counselors can help parents identify the most important issues to focus on and translate their concerns into realistic, attainable, and concrete goals for counseling. It is important to communicate openly with parents about the treatment process and goals (Daynes et al., 2018) and help parents understand an appropriate timeline for meeting those goals. Additionally, counselors are encouraged to be culturally responsive and appreciate how parents' cultures and values may impact the goals of their child's counseling (Post et al., 2012). The goal-setting process can help give parents hope that progress and change are possible.

Psychoeducation

Martinez et al. (2017) emphasize the importance of providing psychoeducation to parents to increase their engagement with the therapeutic process. The authors highlight the benefits of sharing psychoeducation with parents, which include an increased understanding of mental health and the specific mental health needs of children and teens, an increased awareness of helpful language to utilize in communicating with their child, and an opportunity to address misconceptions about mental health-related concerns. Ultimately, psychoeducation can provide parents with more realistic expectations of their child or teen (Martinez et al., 2017). Titrating psychoeducational content to parents is recommended to ensure that the information provided is comprehensible and helps to increase parental understanding of the reasons for and meaning of their child's behaviors and concerns (Kalalo et al., 2021).

Parenting Skills and Strategies

As counselors work with parents, it can be helpful to assess if there are any parenting responses that may be impacting the behavioral or emotional concerns the child is presenting with (Kalalo et al, 2021). This assessment helps determine if teaching parenting skills could be an effective aspect of partnering with parents. Teaching parenting skills to parents is linked to decreased parental stress and an overall increase in a positive home environment (Post et al., 2012).

However, it is crucial that parenting skills are taught in a manner that does not convey shame or blame (Daynes et al., 2018). Counselors also want to encourage and reflect on what parents are already doing well (Cates et al., 2006). Parents gaining knowledge about mental health, developmental norms, and parenting skills is correlated with how parents perceive child behaviors (Kalalo et al., 2021).

Ethical Considerations

One final thing to note when partnering with parents is the ethical considerations counselors must consider. In working with children, counselors may share themes or the overall progress of the child's counseling with parents while being sensitive to maintaining confidentiality for the child (Post et al., 2012). The amount of information shared with the parents may be determined based on the child's age. For example, counselors are likely to share more about a child's counseling with the parent of a 3-year-old than with the parent of a 17-year-old. In working with parents, it is important to maintain a focus on the child's issues, not the parent's issues (Post et al., 2012). Counselors can simultaneously show care for parents and keep focus on the child's concerns or parenting practices related to helping the child. Parents should be referred to individual or couples counseling when necessary. One way to assess this is if sessions continuously get off track from the initial goals that brought the family in for treatment.

Multicultural Considerations

As previously mentioned, counselors must take a multicultural approach in considering how culture can influence parents' initial concerns in bringing their child to counseling, as well as their goals for treatment (Post et al., 2012). A notable aspect of partnering with and building a positive working alliance with parents is to understand the cultural context of the client and parents. When counselors fail to engage in cultural responsiveness, parent engagement can be negatively impacted (Bornsheuer & Watts, 2012). Additionally, it is important to consider the unique cultural values and understandings of parenting for each family, which will inform how counselors can most effectively partner with parents (Post et al., 2012). Notably, there is a significant gap in the literature regarding multicultural competency in partnering with parents in child and adolescent counseling.

Galinsky's Stages of Parenting

Ellen Galinsky (1987) was one of the first researchers to note that parenting is unique and different for children and teens at each developmental stage. She noted that as children grow and develop, parents must also adapt and develop new skills to accommodate this change. Galinsky, thus, proposed a developmental model of parenting stages. We have included below the 4 stages of parenting from Galinsky's model that are most applicable to working with children and teens in counseling:

- The Authoritative Stage (2-4 years) is defined by parents establishing boundaries for children and helping children build their own decision-making skills;
- The Interpretive Stage (5 years-adolescence) is defined by parents helping children navigate new and more complex social situations;

- The Interdependent Stage (During adolescence) is defined by parents navigating the balance between teens seeking more freedom and independence, and holding boundaries;
- The Departure Stage (Late adolescence- adulthood) is defined by parents' shifting roles and identity as older teens launch into the world.

Given that difficulties most often occur when parents are parenting from a developmental stage that is either above or below the age-appropriate levels for their children, is it imperative to consider both a child's developmental stage and where the parents are in the stages of parenting to ensure the most thorough and successful therapeutic process (Galinsky, 1987). We find these stages to be a helpful framework for considering practical applications for partnership with parents. Although our age distinctions in the following sections do not perfectly align with Galinsky's stages, they are comparable. We specifically address *Young Children/Children, Pre-Teens,* and *Teenagers* as unique ages and developmental stages.

Partnering with Parents: Considerations By Developmental Stage

Following Galinsky's (1987) proposal, we concur that partnering with parents looks different depending on the developmental stage of the child. Parents at varying stages of parenting also have varying needs. Additionally, the practicalities of partnering with parents at varied developmental stages are also impacted by the unique needs of the family, child, and parents, the therapeutic modality utilized by the counselor, and the treatment goals. We present recommendations for partnering with parents of children at various developmental stages, based both on literature and our personal experiences.

Beginning Counseling

Partnering with parents in child and adolescent counseling begins at the start of the therapeutic process, even before a counselor initially meets with the client. However, the practical steps for partnering with parents at the beginning of counseling vary by the child's age.

Young Children

When working with young children in counseling, we meet with parents for an initial session, without the child present. This is recommended in play therapy (Post et al., 2012) and is also something that we have found personally beneficial in building rapport with parents. Meeting with the parents for an initial session allows parents to feel heard without having to censor their words in front of their child. This intake session also allows the counselor to get a full history and understanding of the presenting concerns without the child feeling shamed or embarrassed.

Additionally, hearing the parents' concerns first-hand helps counselors to understand parents' perceptions of the presenting problems (Post et al., 2012). Post and colleagues also highlight the importance of recognizing how culture may impact parents' perceptions of the problem. During this session, we also establish goals with parents, not only therapeutic goals for the child but also parenting goals they would like to work on during the course of counseling. Finally, we answer any questions from parents and explain the child therapy process. We also take time in this initial session to explain how we plan to partner with the parents throughout the time of working with their child.

Pre-Teens

Pre-teens are in a unique position in their stage of development. They are maturing at different rates and are either in or preparing to enter the interdependent stage (Galinsky, 1987). Because they are seeking freedom and independence, we have found that dividing the session

works well. We spend some time alone with the pre-teen, some time alone with the parent(s), and some time with them together. This provides a space for the parents to feel heard, as encouraged by Daynes et al. (2018), while also providing some autonomy for the adolescent, respecting their developmental need for independence.

As mental health awareness increases in society, we have been seeing more clients who request to attend therapy. Therefore, parents do not always have significant input that they would prefer to discuss with counselors in private. Still, in addition to the benefits discussed in the previous section, this dedicated time with the parent can help gauge their investment in treatment and set up a foundation for partnering with them throughout the therapeutic process. Initial conversations with parents also help assess if the parents are adjusting their parenting style to match this new stage of their child's development.

Teenagers

For the initial counseling session, it can be helpful to meet with the teen and parent(s) together to begin gathering intake information. Since a thorough consultation phone call has often already taken place, parents have had the opportunity to feel heard and freely express concerns and questions without their teen present (Daynes et al., 2018). Broad intake questions, such as concerns that are bringing them in for counseling, are asked of both the teen and the parent. The purpose of asking these questions to both parties is threefold; first, it is a time to utilize interpersonal process questions, such as "What is it like to hear your parent/child say this?" Next, there is information gathered about the relational dynamic between the teen and parent(s). Lastly, this can help parents feel like a part of the therapeutic process, which increases the likelihood of gaining their partnership, while also giving voice to the teenager.

Keeping the Parent Informed

Throughout the therapeutic process, it is important to continue to keep a positive working alliance with parents. Yet, the frequency and method for keeping parents informed is largely impacted by the needs of the parents and the age of the child.

Children

We have found that when working with children, it is helpful to have ongoing parent consultations without the child present. Generally, parent sessions can be scheduled every 3-5 sessions with the child (Post et al., 2012; Schottelkorb et al., 2015). However, the frequency of parent sessions can change depending on the needs of the parents, family, and child (Schottelkorb et al., 2015). During these parent consultations, it is important to continue building a positive working alliance with parents (Post et al., 2012). Additionally, we assess and discuss the child's progress toward therapeutic goals (Post et al., 2012).

We begin parent consultations with time for parents to share any updates, concerns, and questions they may have (Post et al., 2012; Schottelkorb et al., 2015). Hearing updates from parents also gives the counselor a more holistic view of the child's environment and progress. Then, we share the progress observed in the child's counseling sessions, generally using broad terms to maintain confidentiality for the child (Schottelkorb et al., 2015). As parents hear about the progress we have seen and our understanding of the child's behaviors and emotions, this can increase the parent's understanding of their child, increase the parent's tolerance for the child's behaviors, and enhance the parent-child relationship (Schottelkorb et al., 2015)

As counselors share about changes observed in the child's sessions with parents and ask if similar changes are occurring in environments outside of sessions, this can further facilitate collaboration between parents and counselor (Schottelkorb et al., 2015). Furthermore, ongoing parent consultations help parents feel included in the therapeutic process (Bornsheuer & Watts,

2012).

Pre-Teens

To further support the pre-teen's growing need for autonomy and encourage open communication within the family, ongoing individual parent consultations often transition into family sessions. These sessions will include the pre-teen, their parent(s), and, as appropriate based on the pre-teen's needs, siblings. This shift aims to facilitate a more collaborative and effective therapeutic experience in which the pre-teen is empowered to advocate for themselves, communicate effectively, and engage in positive interactions with family members.

Additionally, when simultaneously engaging with both the client and parent(s), counselors are able to collaboratively work with the family system to increase the likelihood that progress in counseling will persist outside of the therapeutic space (McMahon, 2009, as cited in Bornsheuer & Watts, 2012). However, it is important to remember that in keeping parents of pre-teens informed, counselors need to respect the client's confidentiality and the increased desire for privacy expressed by many pre-teens (Schottelkorb et al., 2015).

Teenagers

We have found that keeping parents of teen clients informed can be more complex. For older teens who are driving themselves to counseling, check-ins are typically via phone call every 3-4 sessions. There is always an opportunity for parents to come in person, but we find that most parents of driving teenagers do not wish to come in person as often as parents of pre-teens and children. These check-ins begin with inquiring about what parents are seeing at home, if there are behaviors or concerns that are important to note, and their perception of how counseling is impacting their teen. These questions often put parents at ease and aid in building and maintaining a good working alliance, similar to working with parents of children in earlier

developmental stages (Post et al., 2012). The counselor will then share minimal progress and updates based on what the teen has given permission to communicate to protect client confidentiality (Schottelkorb et al., 2015). Of course, the counselor will always share pertinent information around client safety, as ethically needed.

It is important to note that the counselor has a conversation with the teen prior to each check-in with their parent. This allows the teenager to share anything they would like their parent to know and provides an opportunity to reflect upon the therapeutic work and progress. Sometimes, teenagers express a desire for their parent(s) to know something that requires more than a phone call, such as a relational dynamic that is challenging. In these cases, the counselor works with the teenager to help them communicate this to their parent, whether in a session together or through role-play interventions. The therapeutic value of encouraging the teen in this way is to increase communication skills and self-efficacy, important skills for older teens to begin developing as they move toward young adulthood.

Psychoeducation & Parenting Skills

As children grow and develop, parents are often left wondering about developmental norms and effective parenting strategies that match the development of their child. Counselors can share psychoeducation and parenting skills to parents, based on the stage of parenting and the age, developmental stage, and needs of the child.

Children

When working with parents of children, we often provide parents with psychoeducation about child development, developmental norms, and emotional and physical regulation. Child behaviors that parents note as concerning are often consistent with behaviors considered typical for their child's age (Schottelkorb et al., 2015). Therefore, sharing psychoeducation can help

parents have a better understanding of their child. Additionally, we often share resources with parents, which is also recommended by Post et al. (2012). Resource recommendations for parents may include children's books on presenting issues that parents can read with their children, parenting books, or podcasts.

Furthermore, teaching parenting skills often coincides with sharing psychoeducation. As we teach parenting skills to parents, we also model those skills and practice with them. Some examples of skills we often share with parents include: co-regulation, scaffolding, reflecting emotions, and limit setting. In teaching skills to parents, we are working with parents as a co-provider to continue interventions at home (Haine-Schlagel & Walsh, 2015).

Pre-Teens

Psychoeducation at this stage involves normalizing adolescent development while simultaneously fostering independence in both parties (Kalalo et al., 2021). Most often, we teach and model regulating and scaffolding skills for parents. As parents increase their self-awareness and self-regulation skills, they can more effectively parent and help their adolescents develop comparable skills (Anderson & Guthery, 2015).

We also offer opportunities for parents to join sessions with their pre-teen, with consent from the client. These joint sessions are planned in advance so the pre-teen has time to prepare emotionally and identify what they would like to share with their parents. In the first joint session, outside of the intake, we identify expectations for joint sessions and discuss any collaborative relational goals. Joint sessions are spent fostering effective communication and using psychoeducation to inform the pre-teens and parents about one another's differing needs. These joint sessions help to foster collaboration between parents and children and provide the pre-teens with a safe place to voice their needs, thoughts, and emotions.

Teenagers

Psychoeducation for parents of teen clients involves providing information about developmental norms that are often unknown (Martinez et al., 2017). We recommend normalizing typical developmental changes, such as the process of differentiating from the family unit, increased emotional and relational challenges inside and outside of home life as they engage in this differentiation process, and various thoughts and emotions around what it means to "grow up," including thoughts about the future. At this age, teens are often asking themselves "Who am I?" types of questions, as they wrestle through concerns over their developing identity (Erikson, 1980). As this identity formation is happening, there can often be a clash between the teen's desire for more freedom and the parent's authority (Galinsky, 1987).

We recommend an approach that helps foster honest and respectful communication skills between parents and their teenagers, helping both parties increase understanding of one another. Lastly, it is important to note the birth order of the teen client. We have found that parents of first-born teens tend to cling too tightly to control during the differentiation process, while parents of teens who are later in the birth order tend to allow much space and freedom. Assessing and addressing these gaps with parents can be beneficial in increasing understanding and collaboration between parents and teen clients.

Conclusion

This conceptual article highlights and synthesizes the available literature on the importance of partnering with parents in child and adolescent counseling. Much of the literature comes out of the play therapy field, leaving a significant disparity for counselors working with teens and outside of play therapy modalities. Future research is needed to inform and establish training for mental health practitioners and students about working with parents in counseling

since this gap is noted in the counseling field. Further research and literature are also needed on applicable cultural considerations in partnering with parents in child and adolescent counseling.

We propose, aligning with Galinsky's (1987) framework, that as children grow and develop, the strategies and engagement of parents must also shift to accommodate the change. As counselors work with children and adolescents in counseling, partnering with parents from the beginning of the therapeutic process, collaborating with parents, and sharing psychoeducation and parenting skills can further support the child's counseling (Post et al., 2012; Kalalo et al., 2021). We also propose these methods as a guide for counselors and counselors in training given the lack of practical guidance for partnering with parents in their child or teen's therapeutic process.

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