Meeting Caregivers Where They Are At:

The Need to Better Prepare Counsellors for Parent-Work

by

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MEETING CAREGIVERS WHERE THEY ARE AT

Abstract

The aim of this capstone is to address the persistent gap between evidence-based best practices and clinical implementation of parental involvement in child-focused therapy. Despite research highlighting the importance of parental engagement, many child-focused clinicians lack confidence in integrating parents into therapeutic interventions. This capstone provides practical recommendations for clinicians to enhance their intake processes, with a focus on better assessing parental capacity for participation in their child's counselling. These improvements are designed to gather a more comprehensive understanding of the family system and the caregivers' social location while ensuring appropriate recognition of the child's consent and autonomy. The study proposes the implementation of evidence-based caregiver workshops and low-cost, self-directed parenting resources to enhance caregiver capacity. The findings have implications for improving the efficacy of child-focused therapy by optimizing parental involvement and support, ultimately leading to better outcomes for young clients.

Keywords: caregiver, evidence-based resources, mature minor, parenting expert, parent-work

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Dedication

I dedicate this capstone to my girls, Olive and Pearl, my hope for you is that you both lean in to what feels good and right for you and that it doesn't take you quite as long to figure that out as it has taken me.

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Chapter 1: Introduction

The mental health of children in North America has significantly declined over the past two decades, reaching crisis levels. In 2021, the American Academy of Pediatrics declared a national emergency for child mental health in the United States, reporting that “20% of all children have an identified mental health condition annually while 40% of all children will meet [diagnostic] criteria by age 18” (Shim et al., 2022, p. 1). Canada faces similar challenges, with both nations noting increasing rates of youth contemplating suicide, particularly among economically disadvantaged children (Currie et al., 2024). With rising rates of mental health and behavioural challenges for children, caregivers are reaching out for various forms of support including bringing their children into counselling.

Background Context

Child counselling is a specialized field of mental health practice addressing the psychological, emotional, and behavioral needs of young people. Counsellors in this field employ various techniques tailored to the developmental stages and unique challenges of their young clients. While traditional approaches often focus on one-on-one interactions between counsellor and child, there is growing recognition among practitioners of the need to consider the child's broader environment, particularly their family system, to enhance the effectiveness of counselling (Piotrowska et al., 2022). Research indicates that involving caregivers in children's counselling leads to faster and longer-lasting improvements; however, significant variation exists in how, or even if, this parent-work occurs (Kenny et al., 2007; Whitefield & Midgley, 2015). A study by Jäderberg et al. (2019) found that while 94.4% of experienced child clinicians believed working with parents was important, only 58.8% felt competent to do so, with one clinician admitting, "I don't feel well trained enough…I'm learning on the go," (p. 508). This lack of

confidence translates to a trial-and-error approach to an aspect of counselling that is recognized as beneficial for this population and has direct implications on the long-term effects of the counselling work with children and young people (Novick & Novick, 2005).

A clear discrepancy exists between the acknowledged significance of parental involvement in child counselling and the lack of formal training completed by clinicians in this area. Alarmingly, research indicates that 83% of experienced clinicians working with children reported receiving no training during their counselling education on how to include parents in the therapeutic process (Jaderberg et al., 2019. This lack of guidance has led to counsellors using a wide range of approaches to parent-work with many counsellors avoiding parental involvement entirely (Dowell & Ogles, 2010). The inconsistency in counsellor approaches to parental inclusion has notable repercussions for caregivers. Many parents report feeling uncertain about their role in supporting their child's counselling journey and more critically, they express a lack of confidence in their ability to promote their child's mental health and well-being outside the therapeutic setting (Brown, 2020; Dowell & Nielsen, 2021). This uncertainty highlights a crucial gap in the current practice of child counselling, emphasizing the need for standardized training and guidelines for effective parental engagement (Taylor, 2023).

The integration of caregivers into child counselling can take many forms, ranging from direct parent-child sessions facilitated by the counsellor to indirect methods such as recommending resources for independent parental follow-up (Peyton et al., 2024). For clinicians lacking specialized training in this area, determining the most appropriate method of parental involvement for each family presents a significant challenge (McGoron et al., 2024; Corralejo & Domenech Rodríguez, 2018). While decades of research exist on parent-child sessions within family therapy, including seminal work by theorists such as Bowen (Amatea & Watson, 2023),

these direct interventions typically involve multiple family members and can be resource-intensive in terms of both time and cost (Andrade et al., 2022). Moreover, they may not always be suitable, particularly in cases where the child does not consent to parental involvement in their counselling sessions (Kirkbride, 2018; Rosenberg, 2009). Additional factors that may preclude the efficacy of direct parent-child sessions include pre-existing parental beliefs about their role in their child's mental health, parental defensiveness, limitations in parental capacity to engage, financial constraints, and the complexities associated with high-conflict divorce, abuse, or substance misuse within the family system (Jukes et al, 2024; Morawska et al., 2014).

While direct parental inclusion in child counselling may not always be feasible or appropriate, indirect methods of supporting caregivers offers significant potential due to their flexibility and adaptability to both the child's presenting issues and the overall family system (Peyton et al., 2024; Spencer et al., 2020). In this capstone, I explore various indirect parenting supports, including evidence-based parenting programs that can be accessed in-person or virtually, such as Emotional Focused Family Therapy (EFFT) support groups (Conradi et al., 2023) and Triple-P parenting programs (Day & Sanders, 2018). Additionally, self-directed resources like parenting self-help books ("No Bad Kids" by Lansbury, 2024), online courses (Neufeld Institute, n.d.), and educational podcasts (Good Inside with Dr. Becky by Kennedy, n.d.) represent another category of indirect support (Canário et al, 2022). Although these resource recommendations may appear less formal, they still require substantial clinical expertise to determine the most appropriate fit for the child, caregivers, and family system (Haine-Schalgel & Walsh, 2015). Effective implementation of these indirect supports necessitates a thorough understanding of the family's social location, dynamics, cultural background, and caregiver capacity (Butler et al., 2020; Florean et al., 2020). The process of gathering this information and

making informed assessments for each unique family underscores a critical gap in counsellor education (Jäderberg et al., 2019; Novick & Novick, 2013). In chapter 3, I aim to address this deficit by proposing recommendations for counsellors of young people to contribute to the building of an established best practice standards, thereby enhancing counsellors' competencies to meet caregivers where they are at by providing them with evidence-based tools that best support their child's long-term mental health outcomes.

Purpose Statement

The purpose of this capstone is to build towards an understanding of how clinicians are supporting the parents of clients below the age of majority and to make suggestions on how to better resource clinicians in this aspect of child and adolescent oriented mental health work to create better outcomes for clients. In this capstone, I seek to consider the following questions: How do counsellors support parents in indirect ways when their child attends individual counselling? What are the challenges of clinician-parent work and how is it being done in the field? How can counsellors better assess the capacity of their client's caregivers in order to more effectively provide them with resources that support the impact of their child's counselling.

Theoretical Framework

Attachment Theory

In this capstone, I apply Attachment Theory, which is based on the premise that human infants possess an innate desire to seek protection, comfort, and support from their caregiver(s) (Finelli et al., 2019). Developed by Bowlby in the mid 20th century and further expanded by Ainsworth, the theory states that as babies are born in a state of complete dependency, they are unable to meet their own basic survival needs independently (Karen, 2008). This inherent vulnerability requires the presence of a caregiver to sustain life, provide nourishment, shelter,

and meet fundamental needs and in doing so, they provide emotional support and physical connection (Vicario & Hudgins-Mitchell, 2023). A reliable and emotionally available caregiver who demonstrates sensitivity, responsiveness to the child's needs, and prioritizes the child's welfare fosters a secure attachment that persists beyond childhood (Wagner, 2015). Consequently, with secure attachment, the proximity to a caregiver, engenders a sense of security for the infant (Winnicott, 2016). Attachment theory posits that an individual's self-perception, view of others, and interaction with their environment are contingent upon how their earliest caregivers address their social, emotional, and biological needs (Ontai & Thompson, 2008).

Family System Theory

Family systems theory applied to individual counselling of children considers the child's behavior and issues within the context of their family dynamics. This approach recognizes that a child's problems are often intertwined in patterns of interaction within the family unit. For example, interaction patterns that occur at meal times or the way that members of a family express anger, or even how the family responds to change are all part of a family's systems (Amatea & Watson, 2023). The child is part of that system; therefore, what goes on for the family impacts the child and of course the opposite is also true. When applying family systems theory to individual child counselling, the counsellor conceptualizes the child as part of a larger system and might explore directly and indirectly how family relationships, roles, and communication patterns influence the child's behavior and emotional state (Nichols & Davis, 2017).

Family systems-oriented counselors should, when possible, include caregivers in some capacity within the treatment plans for child-aged clients. This approach aims to repair and strengthen attachments, acknowledging the interconnected nature of the family unit.

Contribution to the Field

The field of counselling, particularly in the context of individual child therapy, has a significant gap in research and practice regarding the involvement of parents in the therapeutic process. This gap is especially notable when considering the fundamental principles of attachment theory and family systems theory, both of which emphasize the crucial role of parent-child relationships and family dynamics in a child's psychological development and well-being. Despite widespread recognition of the importance of parental involvement in improving outcomes for children in individual counselling, there is a notable lack of explicit guidance and training for clinicians in this area. In this capstone, I aim to highlight this gap by examining current practices, challenges, and potential solutions stemming from the child's consent and potentially integrating parents effectively into a role that supports the child's therapeutic work, grounded in the frameworks of attachment and family systems theories.

Currently, the decision to involve parents and the methods of their inclusion are determined by clinicians that identify they often feel ill-equipped to make this decision, leading to inconsistent practices and potentially compromising the quality of care provided to the client, the child. The lack of guidance or accepted standards of best practice impacts the efficacy of therapeutic treatment for the child and also fails to fully leverage the insights from attachment and family systems theories, potentially perpetuating systemic inequalities by failing to provide uniform, evidence-based care across diverse populations.

By advocating for more intentional and structured parental involvement, I aim to shift the focus from a clinician-centered approach to an approach that better centres the child and has the potential be more collaborative and family-centered when possible. This shift, informed by the understanding of family dynamics and attachment relationships, has the potential to empower

families, particularly those from marginalized communities, by recognizing and utilizing the unique insights and strengths that parents bring to their children's therapeutic journey. By highlighting the gap between recognized best practices and actual implementation, I propose practical, actionable guidance for clinicians working with children. The development of evidence-based protocols for parental involvement in child counselling, rooted in these theoretical frameworks, has the potential to enhance treatment outcomes, improve clinician confidence and competence, and ultimately benefit the long-term well-being of children and their families.

This capstone offers a timely contribution to the field of counselling by illuminating a gap in current practice and literature. By focusing on a more standardized and intentional integration of parents into supporting their child's counselling, this capstone aims to improve counsellor education, confidence and competency and thus improve clinical outcomes. The findings from this study have the potential to inform policy, education, and practice, ultimately leading to more equitable and effective mental health care for children.

Reflectivity and Positionality

I am a white, cisgender woman in a long-term relationship with the father of my children (aged 11 and 8). I have been working in youth support for many years, where I work directly with children and their parents in their own home to help guide parents to have attunement with their child in real time. I also recently completed a practicum where I provided counselling for adolescents over a period of 10 months. The practicum counselling gave me a fuller understanding of the wide-spectrum of parenting involvement based on the client/child's informed consent and this could look like having their parents in the waiting room, to including their parents directly in a counselling session, to keeping their parents unaware that they were

attending counselling at all. This experience coupled with my years of youth support has provided me with some firsthand experience of the very diverse approaches that professionals who help children have with including (or not) the parents of the children they support.

Furthermore, my personal journey as a parent has led me to seek support for myself through various channels, including parenting self-help resources, seeing counselors, and engaging in resource sharing with other parents. This multifaceted experience—as a professional in youth support, a counsellor-in-training, and a parent—provides a unique vantage point from which to consider the evolving landscape of parenting resources. While traditional parenting books are highly recommended by professionals, they often sit on my bookshelf gathering dust while I instead have found myself part of the growing trend of people seeking more accessible, faster, and more comprehensive ways to receive information like from podcasts, YouTube videos, and social media content from parenting specialists. This shift reflects the time constraints and information consumption habits of modern parents and suggests to me that there is a need for professionals who support children and their families to consider these changing preferences when recommending resources.

Definition of Terms

Caregiver. The term caregiver refers to the primary carers of a child (Marks, 2020). This term extends beyond parent to include any number of caring adults including grandparents, adoptive or foster parents, aunts/uncles, or even adult siblings that might occupy the role of primary carer to a child. For the purpose of this capstone, I often use the term parent interchangeably with caregiver; however, this is not done to replace other options of caregiver that are equally relevant to the child, the attachment relationship, and the counselling process.

Evidence-Based Resource. For the context of this capstone, I extend the term “evidence-

based practice" (EBP) in counselling to apply it to the context of counsellor recommended resources. According to The Canadian Psychological Association Task Force on Evidence-Based Practice of Psychological Treatments (CPA-EBP), EBP is determined with consideration of three factors including the best available research, the clinical expertise of the researcher, and in collaboration with the counselling client to determine what is the best treatment plan and practice for them (CPA-EBP, 2012). Evidence-based resources, like evidence-based practices, should be drawn from research with high internal and external validity in peer-reviewed research; however, part of this process includes the clinician's understanding, practice, and application of the research in a thoughtful and critical way (Middleton et al., 2020). Understandably a challenge for clinicians to fully practice using evidence-based resources (and practices) is the cost in time and finances to stay up to date on the most current research in mental health (CPA-EBP, 2012).

Mature Minor. In British Columbia, Canada, a person below the age of majority, that is younger than 19 years of age, requires both of their parents' consent in order to legally access counselling. However, there is a possibility for obtaining counselling without parental permission if the person under 19 is assessed by the professional as capable of providing their own consent. The process for determining capacity is governed by the BCACC, the BC Health Care Consent Act and the Infant Act (Legal Aid BC, 2022). In order to be considered a mature minor for the purpose of counselling, the child must demonstrate that they understand the benefits and risks to receiving counselling and also, the counsellor must determine if from the child's position, it is in the best interest for that child to access counselling without parental consent (Bryce, 2013; Clark & Virani, 2021). If a counsellor determines a child is a mature minor and that it is in their best interest to receive counselling, the child can access counselling without parent permission.

Parenting Expert. According to Egmose et al. (2022) the term parenting expert refers to a person with a professional designation with specialized education that provides information and support to parents. This category can include but is not limited to counselling clinicians, psychologists, dieticians, lactation consultants. They might publish books or articles or speak on podcasts or at conferences. A "parenting expert" is different than a "parenting influencer" although the two terms are sometimes used interchangeably in the culture at large (Beuckels & De Wolf, 2024). A parenting influencer is a person that creates content on social media purporting to share insight into parenting but they do not have education or training professionally like a parenting expert (Cornelio, 2021).

Parent-Work. The term 'parent-work' refers to the counsellor's work with parents when the child is the client (Whitefield & Midgley, 2015). This includes the work that might need to be done with the parents and the counsellor or the work that might be expected of the parents by the counsellor. Novick and Novick (2013) describe parent-work as "substantive, significant, and legitimate in its own right" (p. 131) and they highlight how interventions within parent work directly draw from counselling modalities that the clinician uses but that they maintain the focus on the parent-child relationship. When/if other issues come up in the caregivers' lives, they are not focused on with the child's counsellor and potentially a referral to a different individual counsellor might be needed but that does not replace the parent work that should still be done for the benefit of the parent-child relationship by the child's clinician.

Beyond the Scope of this Capstone

Some modalities include instructions on how to do parent-child sessions directly and this varies between modalities and counselling theories. For some counsellors, direct parent-child sessions are considered an essential part of the treatment plan for working with children in

counselling (Brown, 2020). Reiss (2011) describes the parent-child dyad as *the* unit of treatment – emphasizing the importance of counsellors including direct parent-child sessions for the benefit of the child. Although family systems counselling is generally inclusive of the whole family, family counselling can be quite expensive, time-consuming, and requires that everyone participate (Amatea & Watson, 2023). The reality is that few families are able to make that commitment, especially because often, as will be explored later on, often the child in counselling is perceived to be *the problem* by their family and it can be challenging to get other family members, even parents, to understand why they would need to come in to counselling as well.

There are a variety of modalities that focus on *direct* parent-child sessions as part of a child's treatment plan. Some of the terms used for this include "attachment conjoinment episodes" (Diamond et al., 2014), "mindfulness parenting sessions" (Ahemaitijiang, et al, 2021), "attachment and creativity focused counselling for parent and adolescent counselling" (Batty-Hibbs, 2022), relational processing of appropriate responses and reactions (Kenny et al., 2017), "parallel sessions" (Jäderberg et al., 2019; Goodman, 2017) or "dynamic concurrent parent work" (Novick & Novick, 2013). While relevant to the practice of bringing in parents when working with children in counselling, these direct methods are beyond the scope of this capstone. In order to effectively highlight the gap in parent-work, this capstone instead focuses on the *indirect* supports counsellors use (or do not use) in order to support parents of children in counselling. Part of the relevance of this focus on indirect supports includes the consideration of accessibility particularly with an awareness to the different capacities and diverse social locations of parents that seek counselling support for their children.

Chapter Summary

In this chapter I highlighted my theoretical framework as attachment and family systems

to approach the topic of how counsellors support the parents of children that come to counselling. Attachment theory, which underscores the significance of early caregiving relationships in shaping a child's emotional and social development, provides a strong rationale for the counsellor to involve, in some capacity, the parents in supporting their child in counselling. Similarly, family systems theory posits that individuals cannot be understood in isolation from their family unit, indicating the potential impact to the child and the whole family system beyond the counselling room when parents are included by the child's counsellor. Currently there is a gap in education and training around how counsellors that work with children include parents in that process, and especially, for the purposes of this capstone, how they include parents in indirect supportive ways.

Chapter 2 examines the challenges in counselor-parent relationships from the perspectives of clinicians and caregivers. It begins by outlining attachment theory and the family systems approach, which explain why including caregivers in a child's counselling can improve client outcomes. The chapter then addresses considerations for maintaining focus on the child while considering the involvement of their caregivers, ensuring informed consent, and recognizing the child's autonomy. Finally, it explores current methods of indirect parental support used by counselors, providing examples to illustrate these practices. This analysis aims to clarify the dynamics of caregiver involvement in child counselling and its potential benefits.

Chapter 3 extends the research findings I have presented in this capstone to the counselling field, offering evidence-based recommendations for practitioners working with young people that are grounded in attachment and family systems theories. This chapter proposes a framework for assessing caregiver capacity, enabling counsellors to determine optimal strategies for parental involvement in their child's therapeutic process. The discussion aims to

contribute to the field by suggesting tools and approaches to better indirectly incorporate parents into their child's counselling, acknowledging the significant time constraints of this population while also recognizing the unique experience and positionality of each child and their family. Furthermore, this chapter explores potential avenues for future research, particularly focusing on the efficacy of parent-oriented referral systems in enhancing overall therapeutic outcomes.

Chapter 2 – Literature Review

The complex dynamics of parent involvement in child counselling presents both challenges and opportunities for clinicians and families alike. Over the following chapter, I explore the multifaceted landscape of parent-work in child therapy. This includes clinician discomfort from a lack of training and parent frustration with variable and inconsistent expectations from their child's counsellor. By using attachment and family systems theory, the connection in the research between parental involvement and the improvement of therapeutic outcomes for children highlights the interconnectedness of family relationships and their impact on individual well-being. Counsellors are well positioned to provide support for parents in indirect ways, to maintain the focus on the child, and especially in cases where either the child, the parent, or the clinician do not support direct parent-child sessions this work can be done in a myriad of evidence-based ways including recommendations to self-directed resources and parenting programs. As the research indicates throughout this literature review, resources that are most effective for parents are those that take into consideration the social location of the parent, the specifics of the child's mental health challenges, but especially, the accessibility and capacity of the parent. These considerations are leading parents to access resources online including, on social media platforms. The inclusion of parent-work in child counselling should not be done without consideration for the child, their informed consent, and especially, considerations for their autonomy in the counselling process. This literature review seeks to explore the current state of parent-work in child counselling and highlight a gap for clinicians in providing comprehensive, accessible, and culturally sensitive approaches to supporting children and their parents in the therapeutic process.

Family Structure(s)

This capstone employs the terms 'caregivers' and 'parents' interchangeably, recognizing that these designations encompass a diverse category of individuals responsible for a child's daily care. This includes, but is not limited to, adoptive and foster parents, step-parents, grandparents, and other extended family members. It is important to note that the use of plural forms should not be interpreted as indicative of a preferred or prioritizing of a particular family structure. Rather, in this capstone, I intend to acknowledge the complex reality of contemporary family compositions, which may include divorced households, blended families, single-parent homes, foster care arrangements, and grandparent-headed households. This broad interpretation of caregiving roles reflects the multifaceted nature of modern familial structures and their impact on child-rearing dynamics. Part of determining what capacity to include the child's caregivers in the counselling work, how that might look, and what will be valuable for their entire family system will come from the counsellor learning more about the family structure (Taylor, 2023). Some flexibility from the clinician is required as significant conflict between parents might require parent-work be done separately (Kirkbride, 2018). Resources should be shared with caregivers that take them into consideration – this may mean that each parent would benefit from different resources depending on their social location and lived experience.

Theoretical Framework

Attachment Theory. Bowlby's attachment theory posits that children possess a biological and evolutionary instinct to seek protection, safety, and comfort from their parents (Vicario & Hudgins-Mitchell, 2023). When caregivers are inconsistent, unavailable, or dysregulated, children often develop insecure and disorganized attachment patterns, which shape their regulatory system and perception of self and the world (Diamond et al., 2014). The predictability of caregiver responsiveness to a child's needs establishes patterns that foster social-

emotional development and contribute to the formation of the infant's regulatory system (Batty-Hibbs, 2022). The infant uses their innately programmed nervous system to continuously scan their environment for information, including the caregiver's tone of voice, posture, and facial expressions (Dana & Porges, 2018). When a child expresses discomfort – and with infants this can be by loudly crying, the caregiver's response, or lack of response, that is shared with the infant via tone of voice, posture, and facial expression cues, shapes the child's co-regulatory system and thus, their attachment system. Dana (2018) observes that individuals whose early attachment relationships failed to provide adequate co-regulation may outwardly appear to have adapted, noting, "we know that although they stopped explicitly looking and found ways to navigate on their own, their autonomic nervous system never stopped needing, and longing, for co-regulation" (p. 45). While the attachment system is primarily shaped in early childhood, its influence on an individual's regulatory capacities and relational patterns persists throughout the lifespan.

More recent advancements in neuroscience indicate that while the initial parent/child attachment bond is formative, the brain and regulatory system continue to develop throughout a lifetime (Siegel, 2020). Humans possess the capacity to form new neuronal connections which means that for infants that did not experience early secure attachment to their caregiver, consistent experiences of safety and security in later meaningful relationships can still impact the continued growth of their regulatory system (Vicario & Hudgins-Mitchell, 2023). Counselling and especially counselling in childhood can play a role in this reparative attachment work (Diamond et al, 2014). In an attachment-based framework of counselling, counsellors assist children in developing emotion regulation skills and modifying internal working models of self and others (Batty-Hibbs, 2022). By providing a secure therapeutic base and working to reshape

attachment patterns, counsellors can help children develop more adaptive relational strategies and emotional coping mechanisms, potentially mitigating the long-term effects of early attachment difficulties (Tucker & Wittman, 2023).

Although the counsellor-child relationship can provide attachment benefits to the child, attachment theory conceptualizes the preferred unit of attachment as the relationship between the caregiver and their child (Conradi et al., 2023; Reiss, 2011). The significance of a strong caregiver-child attachment persists into adolescence and young adulthood, with children continuing to seek parental comfort and guidance during periods of distress (Diamond et al., 2014). Bowlby conceptualized this "secure base" of healthy attachment as a foundation that equips youth to better manage difficult emotions and express uncomfortable feelings, bolstered by the knowledge that their parents will reciprocate with tolerance and support (Herres et al., 2023).

When the child in counselling provides informed consent, the counsellor can employ various direct and indirect strategies to enhance the parent-child relationship, reinforcing the child's sense of security beyond the confines of the counselling room and the duration of therapy sessions (Marks, 2020). The support of the caregiver and thus the caregiver-child relationship, can occur within the counselling room directly, but it can also occur outside the counselling room with support from the child's counsellor through various indirect methods that I will explore throughout this capstone (Brown, 2020). Goodman (2017) emphasizes that part of the counselor's role involves helping parents recognize "what a powerful presence they are in their child's life to effect change and growth" (p. 252). In attachment theory, parents are regarded as pivotal agents of change and with the informed consent of the child, part of the work of the child's counsellor can be to support the parent and thus support their client, the child (Shapiro et

al., 2024).

Limitations. In attachment theory, the assumptions of how attachment looks, how the caregiver cares and even who the caregiver is (with priority given to the birth mother) is generally based on a western, white, and middle/upper class representation of family (Keller, 2021). For many families across the world, extended family members are directly involved in raising children and providing that primary attachment bond (Keller & Chaudhary, 2017). The inclusion of extended family in the primary attachment role can occur for a variety of reasons including: a lack of childcare and short maternity leaves, absent parents due to illness, incarceration, and substance use, and finally, cultural norms that include multigenerational housing and shared family roles (Sun & Jian, 2017). By emphasizing the singular dyadic relationship between caregiver and child, much is lost in terms of social inequalities, realities, and the complexities of external pressures that caregivers experience in order to provide for their child (Schmidt et al., 2021). Finally, attachment theory focuses on the early days of child/parent relationship formation – in this capstone I have outlined how this can be repaired and reworked at later years in the counselling room or with attachment repair with the parent. Applying attachment theory alongside other theoretical frameworks can challenge some of these limitations and produce a more fulsome theoretical framework (Tucker & Wittman, 2023).

Family Systems Theory. Family systems theory names connections between relationships within the family as part of what brings the child to counselling (Brown, 2020). A family systems approach makes it difficult to blame just one person, like the child, instead, it zooms out and considers everyone in the family system as having a role in the challenges (or the maintaining of those challenges) (Brown, 2020). According to Marks Mishne, “The child cannot be treated in isolation, independent of the reality of the parents, the home milieu, and the needs

of the sibs" (cited in Kirkbride, 2018, p. 56). Work done in therapy works best when incorporated and supported at home and also, any changes with the child from therapy will of course be brought home and will impact the family systems (Taylor, 2023).

Applying family systems theory to individual counselling for children requires some modifications in order to maintain the child as the central focus of the counselling. There are several different applications of family systems theory along with a variety of tools for how to work with the entire family system directly (Brown, 2020). However, when a child attends individual counselling, there are many reasons why directly including their whole family system is not in the best interest of the child, including the child's own preference and the family's capacity – these will be further explored in this capstone (Novick & Novick, 2013). Applications of family systems theory can be useful; however, much like attachment theory, this theory has limitations regarding the potential for a limited representation of family. Self-reflection on the part of the counsellor increases awareness of their own assumptions and biases about what constitutes family and challenges singular interpretations as to what qualifies as healthy and dysfunctional family systems (Amatea & Watson, 2023).

In this capstone, I draw from family systems theory and attachment theory to highlight some of the ways that counsellors working with children include the child's caregivers in their counselling practice specifically when direct parent-child sessions are not possible or are not in the best interest of the child.

Centring the Client

Regardless of their status as a minor, as *the* client, the focus of the counsellor first and foremost must be on the child (Kirkbride, 2018). Novick and Novick (2013) have written multiple articles and books specifically on working directly with parents and they emphasize that

regardless of the theoretical orientation or modality used, the counsellor's focus must be on the child and that "…concurrent parent work supports and facilitates that effort and does not substitute for it" (pg 107). The following sections highlight some of the more complicated pieces around working with children and their parents including confidentiality and the logistics of maintaining it, what happens when the client does not want their parent to be involved and/or the parent does not want to be involved, and finally the potential impact of diverse family structures and changes to the family system that might impact the counselling work.

Confidentiality

The education of most mental health practitioners has not provided adequate training on working with families and although there is much written about the importance of confidentiality and its role in creating safety in the counselling room, the complexities of confidentiality with minors and counselling that includes their parents can be a *grey area* (Smith-Adcock & Logan, 2023). The limitations to confidentiality are of particular importance for minors and as with all clients, informed consent must be sought on an ongoing basis (BCACC Code, 2014). In British Columbia, the ability to consent below the age of majority (age 19) is governed by the Infant Act which does not specify the numerical age when a child can consent to their own health care but it does outline that the clinician should assess for mature minor status (Bryce, 2013). For a child to qualify as a mature minor, they must demonstrate that they have the capability to understand the nature of their treatment including the risks and then, the clinician must determine if the treatment is in the best interest of the child (BCACC Ethical Guide). However, parent-work adds another layer to confidentiality as the creation and maintenance of safety in the counselling room for a child depends on the privacy of what they share and including their parents can infringe on that (Kirkbride, 2018).

According to Novick and Novick (2013), concerns about how to maintain the client's confidentiality will always be one of the main reasons why counsellors avoid parent-work and especially, uncertainty about how to maintain the therapeutic alliance with the child if their parents become involved. Smith-Adcock and Logan (2023) differentiate between "disclosing to parents" and "informing parents" – sharing general information would be considered informing parents whereas sharing details or aspects of a counselling session with parents would be disclosing and breaking confidentiality (p. 63). They describe having the counselor first discuss with the child/client what information might be shared with a parent and receive direct consent beforehand whenever possible. This might look like role-playing so that the child is not surprised by any aspect of what the counsellor shares and to ensure the counsellor has a full understanding of what the client's consent to be shared is. Maintaining confidentiality for the client may require advocacy from the counsellor and according to Smith-Ardock and Tucker (2023), this could look like a joint session with the child and the parents where the clinician explains why the confidentiality of the child is essential for the counselling process to be effective.

Honouring the client's confidentiality while maintaining that parental inclusion in some capacity is associated with best outcomes for the client are part of the complexities of counselling children. Part of receiving consent from the child includes explaining to the client why including their parents is part of the therapeutic goal, how it benefits the child long-term, and to explore the possible risks and benefits to including them (Kirkbride, 2018). Marks (2021) describes how some children benefit from knowing that their parents are also requiring support from the counsellor because it shifts the blame off of just them as the *bad kid* in the family that needs support to include their parents as also needing support.

When the Child Does Not Consent

MEETING CAREGIVERS WHERE THEY ARE AT

There are a myriad of reasons why a child may not want their parents to work with their counsellor or to be included in their counselling work. Although the theoretical frameworks of this capstone include attachment theory where the relationship between parent and child is considered deeply impactful, and family systems theory that recognizes the interconnectedness of the family system; regardless of the theory, in practice, it is the child that determines if their parents will be involved directly, indirectly, or, not at all. However, the *not at all* category is complicated in that even in the absence of parents, often the parents play a significant role in the child's counselling. According to Jäderberg et al. (2019) individual child therapy is never without the parents' involvement "…regardless of who sits in the therapy room" (pg 499). The counselling might involve strategies for coping with their parents, unpacking their relationship with their parents, even role-playing conversations that they would like to have with their parents – all of this can be done *without* the parents present, but the idea of them is maintained.

The child can refuse to include their parents in their counselling process but also, there are times where the counsellor may determine that is for the best as well. Novick and Novick (2013) describe how some parents micromanage their children's lives and the bulk of the work needs to be done with just the child to protect the counselling room as their space, their work, their autonomy. Not including the parents may be the best course of action when they are harmful to the child (Rosenberg, 2009). Rosenberg (2009) describes this as a shift in the counselling from working with the child and their attachment to their parents, to viewing the child as a separate entity where the work is about building the child's sense of self as a type of protection from destructive parents. In this case, the therapy work involves externalizing the parent's or the family system's destructive behaviour from the child and instead focusing on the child and increasing their coping strategies, and their resilience. Also, if there has been violence,

abuse, or neglect, it may be decided that it is best for the child and the therapeutic process to not include their parents particularly in order to prevent the abuse from continuing in the counselling room or with the work that comes from the counselling (Jäderberg et al., 2019). Here again with the parents absent, they may still be part of the work as the child's counselling involves processing their behaviour (Kirkbride, 2018).

Finally, some parents may refuse to participate or may not be able to participate – this could be because of illness or because they are lacking the capacity to engage and so the work should be done without them (Brown, 2020).

Challenges in the Counsellor–Parent Relationship

Although research indicates that including parents in the process of counselling their child has a positive impact on the clinical work, according to Taylor (2023), the parent-counsellor relationship is often "anxiety-laden" for both parents and counsellors (p. 1040). There are no standardized best practices for including parents when their child accesses counselling or training for clinicians for how to do this work (Whitefield & Midgely, 2015). This in turn impacts clinician confidence and adds to parent confusion regarding their role in their child's counselling process (Baldwin, 2014). The following two sections explore the literature on challenges that counsellors who work with children have with parent work followed by some of the difficulties parents who have children in counselling have with the process.

Clinicians

Lack of Guidance. Baldwin (2014) writes that the parent-counsellor relationship is "one of the most important facets of child psychotherapy, but one of the least emphasized in empirical and theoretical literature" (p. 2). According to Smith-Adcock (2023), most clinicians do not receive training on how to work with the parents of their child-aged clients. Research from

Jäderberg et al. (2019) finds that 83% of the experienced clinicians that participated in their study indicated they did not receive any formal training on how or when to include parents in their counselling education. Dowell and Ogles (2010) surveyed parent involvement across 500 counselling approaches, and found the lack of direction for clinicians in working with parents spans across all modalities. And yet, the common theme throughout most of those modalities is that parent-work correlates to marked improvement for the child client (Piotrowska et al., 2017). Conversely, in instances where parent inclusion or parent work is not part of the counselling experience, it is less likely the therapeutic work will translate into the home or will continue into the future, beyond the counselling sessions (Haine-Schlagel & Walsh, 2015). Children and adolescents have minimal autonomy and considerably reduced ability to impact change in their own lives; therefore, including their parents in some capacity increases the potential impact of the therapeutic work with their children (Marks, 2020).

Lack of Education. The lack of direction from the counselling field and especially training during the education process leads to uncertainty in how to do the work in the first place, regardless of the clinician's desire to work with parents (Novick & Novick, 2005). The uncertainty leads to wide variation across the field regarding parent-work, whether and how it should be done, and how it is executed (Jäderberg et al., 2019). In a study on supports offered to parents of children with ASD, Dickson et al. (2023) describe remarkable differences between the supports offered by counsellors that have received training on how to work with parents versus counsellors that have not and this is seen as impacting parent engagement, attendance, and rates of parental outcomes. Without training or guidelines, each health care clinician will work (or not) with the parents in their own particular way, leading to significant variations between clinicians (Brar et. al., 2023). This learning through trial and error or without guidance increases the

potential for mistakes including fractures in the parent-counsellor relationship and this has the potential to impact the client, the child, and their therapeutic work (Novick & Novick, 2013). The lack of best practice guidelines could result in a clinician not including parents either due to lack of skill, confidence, or even the awareness of the need for that work which may be a missed opportunity to support the parent-child relationship, strengthening the attachment and attunement of that relationship to the long-term benefit of the child.

Reality of Parent-Work. Working with children generally necessitates some parent connections even if this is limited to scheduling, dropping off, picking up, and payment (Sigal, 2017). Unlike other clinical work, counselling children requires at least to some degree, the buy-in of another party besides the client, their parents (Kirkbride, 2018). Parents are not just any party, their investment into their child and therefore their investment into the therapeutic outcomes from the counsellor's work with their child is high. Figuring out how to work with potentially highly motivated yet indirectly involved people without a roadmap, training, or guidance feels like uncomfortable work (Novick & Novick, 2013). Research indicates that when parents are not sufficiently engaged, the work can be stopped abruptly either directly by the parents or undermined or undone by the parents at home and ultimately, the therapy takes longer when the parents are not regularly kept on board (Marks, 2020).

Differing Agendas. As a highly invested party, parents are likely to bring with them their own perception of their child and what counselling work might be needed to help them – and this agenda could be different from the child's (who is the client) and the counsellor's treatment plan (Taylor, 2023). Working with parental wishes while focusing on the child is a complicated balancing act requiring increased flexibility from the clinician (Goodman, 2017). In getting to know their child, a counsellor is in a unique position of having insight potentially different

insight, into a parent's child than they do and this can be uncomfortable for the parents but also uncomfortable for the counsellor.

Confidentiality. For the counsellor, confidentiality with the client is part of creating safety in the counselling room and maintaining ethical practice. Keeping the client child's confidentiality can seem less straightforward when parents are included by the counsellor (Taylor, 2023). Part of keeping the child's confidentiality will likely require work with the client to ensure they trust that their confidentiality is being maintained when they are aware their parents are being spoken to or included by the counsellor in any capacity (Smith-Adcock & Logan, 2023). Novick and Novick (2013) describe how children often have the experience of knowing that when their parents are speaking about them to other adults, it often looks like complaining about the child or sharing about negative things they have done. Having their counsellor address their parents (adult to adult) has the potential to challenge their confidence in their counsellor being for them and not just another adult commiserating with their parents about their behaviour (Kirkbride, 2018). In order to maintain the therapeutic alliance with the client – child – while speaking with their parents, it is necessary to front load the child, seek active and ongoing consent, unpack and decompress after the meeting and all of this may feel overwhelming, unknown, and clinically risky to a counsellor that has not been trained or guided on these processes (Kirkbride, 2018).

Countertransference. For some practitioners working with children, feelings can arise when they listen to a child talk about their parents' missteps (Novick & Novick, 2005). Clinicians may experience some aligning with the child/client perceiving the parents as bad and potentially positioning themselves as a type of saviour for the child (Kirkbride, 2018). For a counsellor, this example of countertransference could create hesitation for working with parents

or assumptions about the parent's desire or ability to do parent-work via the child's lens (Brown, 2020). In reaching out to parents of a child that a counsellor perceives as needing to be saved from their parents, the counsellor's status as saviour might be challenged and being the child's saviour might be a position that feels good, that they do not want to be released from. With supervision this countertransference can be identified and some guidance might occur; however, if the supervisor is not trained in working with parents or are uncomfortable with that process, they may provide some guidance for the counsellor around their own work but their response regarding parent-work would vary from supervisor to supervisor (Kirkbride, 2018). Brown (2020) describes how clinicians often describe the importance of being neutral when working with parents and children but that they struggled to maintain that desired neutrality, describing frustration or judgement towards a parent. Goodman (2017) and Novick & Novick, (2013) describe how in working with children and their parents, the counsellor can have their own feelings about their relationships to their own parents come up and that can be uncomfortable to navigate and potentially leads them to avoid working with those parents or it may cause the parent's to perceive judgement from the counsellor.

Logistics. Finally, the logistics for clinicians that prefer to include parents when counselling children, can be more complex than those that just see the child. For example, working with a child could involve scheduling their sessions as well as scheduling updates and/or sessions with parents and potentially separate sessions for families with divorced parents. For clinicians in private settings, billing third party insurance can be less straightforward for parent updates versus parent sessions. And all of this scheduling, billing, emailing, and updating is potentially more time consuming and more costly when parents are included.

Taylor (2023) writes that working with parents is "live and evolving" (p. 1049). That is to

say, the relationship is complex between the clinician and the parent as it can be impacted by whatever is going on with the child inside or outside the counselling room, the parent's perception of the work, the clinician's perception of the parents via the child, via their own interactions, and this makes including the parents of a client complicated work. There is complexity in maintaining focus on the client as their clinician only while also providing direction to their parents that might actually require counselling work of their own that cannot be done in its entirety by their child's counsellor (Novick & Novick, 2005).

Parents

The experience for a parent of bringing their child in to counselling is described in the literature as anxiety provoking and while it potentially brings up feelings of hope in accessing help for their child, it can also bring up feelings of defeat and shame that outside help is needed and confusion and uncertainty about what their role in this process might be. According to Marks (2020), "Parents whose children are referred to therapy may have a deep sense of humiliation, guilt, anger, distress, isolation, confusion and despair" (p. 22). Eaton et al. (2019) describe research from around the world that indicates that parents of children with mental health disorders experience stigma externally/socially and internally. Child behavioural difficulties and/or mental health struggles can be perceived of as parenting missteps or parenting failures and so, accessing supports from a counsellor for their child can correlate to a parent feeling badly about themselves (Brown, 2020).

Shame. Eaton et. al (2019) identify three categories of stigma that can occur in parents of children with mental health disorders including self-blame, self-shame, and the belief that they are bad-parents. One strategy that a parent may use to cope with these difficult feelings is to externalize them on to the child so that their child becomes the problem rather than their

parenting or the family system (Brown, 2020). Marks (2020) describes this as a "defensive stance" that a parent may take in order to cope with uncomfortable feelings of parental failure and corresponding self-shame (p. 22). Kenny et al. (2017) share an example from their study of a parent describing their child as "damaged" and needing "expert help," beyond what they were capable of giving (p. 79). In circumstances where the parent perceives the problem to be the child, being asked to participate by the counsellor contradicts that perception and potentially activates that shame in their role in their child's behaviour and in their child's treatment. However, the child's counsellor is also uniquely positioned to hear and then normalize some of those difficult parenting emotions and this in turn can impact how the parent feels about the process of bringing their child to counselling (Baldwin, 2014).

Disinterest. Where the child is seen as the problem and the counsellor is seen as the expert, being expected to do parent-work can result in feelings of frustration and defensiveness from a parent. Kenny et al. (2017) conducted qualitative research on parent experiences with their child in counselling shares that one parent said, "who is the patient anyways" when the clinician was curious about their own childhood stating, "it's my child that's having the problems" (2017, p. 80). If the counsellor wants to include the parent with parent-work, the parent may feel as though the blame is being shifted from the child to their parenting and thus, to them. This can be a confusing experience for parents when they perceive the client to be their child and the clinician wants to include the parent in that work (Brown, 2020). Also, parents may feel ill-equipped to do the therapeutic supporting or participate in the parent-work suggested by their child's counsellor. Dowell and Nielsen (2021) studied caregivers of adolescents that had spent some time in inpatient mental health care and a major theme that came up was caregivers feeling ill-prepared to do the support work at home, preferring instead to be their child's parents,

not “co-therapists” (p. 356).

Judgement. For parents that bring their child in to therapy, this is usually not their first interaction with a professional about their child’s behaviour – likely the counsellor is one of many (Brown, 2020). From teachers to babysitters, coaches, other counsellors and even other parents, each of these interactions no doubt has impacted the parent (and their child) impacting how they arrive at the counsellor’s office (Marks, 2020). The sense that they are being judged by professionals on their child’s behaviour and thus their parenting will likely impact the parent’s desire and ability to engage effectively in parent-work. Jukes et al. (2024) identify that fathers in particular struggle with the process of needing to seek outside help as indicators of weakness and this can impact their involvement in the counselling process.

Third party expert. Part of parenting includes an expectation that the parent is the person that the child confides in or goes to for support, especially for younger children in western cultures. Part of being a child counsellor positions the counsellor as a confidant to someone else’s child, potentially the receiver of the child’s thoughts, feelings, and internal world (Kirkbride, 2018). For many parents this is challenging and also leaves them confused with their own role while the child attends counselling and beyond (Brown, 2020). For parents this might look like uncertainty about what to ask and not ask their child and how to provide support now that they are doing it alongside someone else.

Uncertainty how to support. Being kept apart (in varying degrees depending on the clinician) from their child’s therapeutic work also complicates the role of the parent as coregulator for their child as understood and described previously in attachment theory. When counselling excludes the parent, parents describe being unsure of how to support their child when they are having a hard time especially if that correlates to when they leave a therapy

session (Butler et al., 2020). Attachment theory emphasizes the importance of the parent child attachment as the main regulator in the child's life and family systems theory emphasizes the family as the primary system in a child's life. The desire and/or the need to be that supportive person for the child may be complicated by a lack of skills on the part of the parent (Kenny et al., 2017). The expectation to grow parenting skills can be overwhelming. If the parent struggles, the child may share it with their counsellor who in turn may come back to the parent. However, due to the lack of best practice standards for how much or if at all to include parents, parents often experience a variable range in what the counsellor shares with them in how to best support their child. One parent shared that her child's counsellor did parent work with her and she felt as though she was being supported alongside her child and that they were both getting the help they needed to better manage her daughter's distress (Taylor, 2023)

This first section of the literature review has described some of the complexities of parent-clinician support, particularly the push-pull of ensuring a parent feels involved if they want to be, while maintaining the counsellor's central focus as the child. I have highlighted some of the challenges clinicians experience working with the parents including the lack of training and education for this parent-work. Across modalities, clinicians that work with children and research this topic indicate that when children attend counselling, the inclusion of their parents in some capacity is directly linked to improved results (Kenny et al., 2017). Furthermore, one of the greatest change agents for child outcomes arises from the work of empowering parents to make changes to improve their parenting (Pitrowska et al., 2017). Having outlined the challenges associated with this work, the next section explores the ways in which counsellors indirectly support their child-clients' caregivers via several types of resource recommendations. Finally, the section concludes with considerations of parent accessed resources that do not come from

counsellor recommendations, including those found on social media.

Parent-Counselling Interventions

There are a wide range of parenting resources to which clinicians can refer parents to, indirectly supporting the therapeutic work they are doing with their child clients. As a whole, parents are generally recognized as having very limited time and high levels of responsibility and this experience can be compounded when their child is needing to access mental health supports (Emose et al., 2022; Beuckels & De Wolf, 2024). However, parents are also considered a highly motivated population, within a stage of life with great potential for flexibility and growth (Marks, 2020). Parenthood can be understood as a distinct developmental phase when individuals evolve in response to their child's changing and growing and their own self-growth into the identity category of parenthood (Novick & Novick, 2013). However, as described in the previous section, parenting stigma and extreme limitations to their time and resources impacts parents and their ability to reach out for supports. With child behavioural challenges, childhood mental illness including anxiety and depression considered on the rise by many, researchers have been calling for more nuanced and careful consideration for how to better support parents, long considered the greatest contributor to these childhood challenges but also, a main figure in addressing them (Shapiro et al., 2024).

When determining which resources to recommend to a parent, the clinician has many factors to consider including the parents' capacity for engaging in the resource, their desire and ability to spend financially and time-wise, their interest and capacity for participating in community, their cultural identities, their family situatedness including intersectional social and structural power dynamics that impact them, and especially, the relevance the resource might have for the client/the child and whatever has brought them in to counselling (Haine-Schagel &

Walsh, 2015; Peyton et al., 2024). Resources meant for the parent-only are intended to provide the parents with a skill or knowledge from a professional with the goal that this skill will now be used by the parent with their child (Jewell et al., 2022). Parent-only resources can be packaged as individual or group information or support sessions, self-directed educational programs, self-help parenting books, videos, or some other medium. Different resources will be more effective for different clients and this should be considered by the clinician making the recommendation. For some parents, suggesting a parenting book might provide support around a particular parenting issue they are having or give them a skill to help support their child but for another, recommending they read a parenting book might set an unrealistic expectation for them, potentially impacting the counsellor-parent alliance and thus their child's counselling experience.

The following three sections highlight different types of indirect resource options described in the literature on parenting resources including what they are and what their limitations can be. In section 1) I describe parenting program groups that cover a range of focuses including peer support, psychoeducation, and skill-building; section 2) describes self-directed parenting resources like online workbooks, podcasts, and parenting books, and; finally, in section 3) I describe some of the resources that parents find on their own with particular consideration for social media.

Clinician Recommended Parenting Programs

Some of the options for supporting parents indirectly when their child attends individual counselling can be found in attachment based parenting programs, including: multi-module self-paced parenting programs for a low cost that are offered by BC Council for Families (https://www.bccf.ca/program/online-parenting-programs/) where each course is focused on a different parenting challenge including divorce or parenting skills I, II, III based on the age of

their child; Connect Parent Group BC (https://www.connectattachmentprograms.org/) is an evidence-based 10 week module program for small groups of parents led by two trained clinicians focused on increasing the security of the caregiver-child attachment with options for various caregiver roles (foster parents, parents, grandparents); Triple P (Positive Parenting Program) that is an international, evidence-based parenting program that offers a variety of packaging options including seminar style info sessions that can be selected based on the particular parenting challenge that is occurring for their child (https://www.triplep-parenting.ca/can-en/triple-p/); and Emotional Focused Family Therapy (EFFT) group sessions that are offered virtually and I will further explore those further, towards the end of this section.

The scope of these varies depending on modality and subject matter; however, they are a resource that provides parenting knowledge in a more general way to a group of parents. The indirect aspect of parenting programs as a supportive resource comes from the likelihood that these programs would be taught by someone other than the child's counsellor – although that may not always be the case. Parent programs may include both parents or other primary caregivers when possible but not their children. In 2007, Kane et al.'s research describes parenting programs as the key intervention strategy and according to more contemporary research, this continues to be the case (Florean et al., 2020; Shapiro et al., 2024).

Accessibility. Although named as an important option for supporting parents, parenting programs have some limitations especially considering accessibility. Prior to the Covid-19 pandemic of 2020 when many things, especially mental health supports, experienced a growing acceptance for online methods of delivery, the main focus of parenting programs was on attendance and how to lower barriers to increase parent's ability to get to a parenting program (Epstein et al., 2015). Often attendance records indicated a higher than 60 percent attrition rate

(Thongseiratch et al., 2020). There were many logistical obstacles that prevent parents from being able to get to in-person classes and this meant that historically much of the focus of those putting on the programs and those researching about them was centred around lowering accessibility obstacles (Spencer et al., 2020). For example, rural locations were difficult to provide programming to generally but even in urban settings consideration had to occur for facility location, parking, who would pay or reimburse transportation, and babysitting or childcare challenges (Morawksa et al., 2014). The main obstacle for parents accessing parenting supports was seen as this reliance on in-person methods of delivery (Andrade et al., 2022). One of the solutions to the gap between an increasing need for supports but a lack of accessibility has been the turn to online parenting programs (Lakind et al., 2022). According to an overwhelming number of research studies, parenting programs presented online have comparable results to those delivered in person but they minimize the accessibility challenges of in-person classes (Canário et al. 2022; Corralejo & Domenech Rodríguez, 2018; Peyton, 2022; Shapiro et al., 2024).

Desired Outcome. From the research, measuring the outcome of parents attending parent programs has been mostly limited to attendance (or absence) as a marker of parental engagement (Lakind et al., 2022). As described earlier, attendance and attrition levels although easy to quantify as data provide minimal insight into the impact of parenting programs on parents and especially on their children (Jewell et al., 2022). For example, research by Dowell and Nielsen (2021) on families that have a child at an in-person mental health program share that the parenting programs kept records of attendance and used those as the only indicator of parental support or lack of support. The researchers note how attending a program does not reveal engagement with the content or applicability to the attendees parenting or their children. Other

limited measures that are often used to determine success include homework completion and basic participation measures like speaking in the group or enthusiasm at group (Haine-Schlagel & Walsh 2015; Dowell & Nielsen, 2021). In the following section I highlight research that goes beyond these check-box attendance sheets to better consider the outcomes of parenting programs.

Spencer et al. (2020) examined 28 studies to put together 15 outcomes from online parenting programs that focused on parents self-reporting their experiences after attending parenting programs. This research highlighted how parents generally found an increase in positive parenting behaviours and a decrease in negative parent-child interactions. Butler et al. (2020) used 26 studies spanning 17 years and included 822 parents in their research to determine how parents felt about their time attending parenting programs. They found that the way that parents came to know about the program impacted their feelings about it (if it was mandated, they were more ambivalent to the program), the outcomes the parents noticed in their child since they attended the program were generally improved after attending, and that for many parents, the person that taught/facilitated the program impacted their engagement with the content.

Parents who described their program experience as successful were those that felt they had been provided with some knowledge that reduced their reaction to their children and improved their parent-child relationship with some noting an impact on their family system as a whole (Butler et al., 2020). Some other considerations that parents shared included increased feelings of acceptance and normalization of their experiences as parents when enrolled in a program that involved group participation and especially, a reduced sense of isolation for many parents (Kane et al., 2007).

Consideration of Parent Identity and Intersectionality of the Family. The identity of

parents including gender, race, sexuality, and culture can impact engagement with the parenting programs (Shapiro et al., 2024). However, as described above, much of the data regarding parent impact with parenting programs has focused on attendance at the program, not on engagement with or what they took from the program (if anything). For example, several populations of parents are noted as having the lowest rates of attendance and this includes fathers (Epstein et al, 2015), Hispanic Spanish speaking families (Haine-Schlagel & Walsh, 2015); lower income families (Branjerdporn et al., 2019) and racialized families (Corralejo & Domenech Rodriguez, 2018). Although Corralejo and Domenech Rodriguez (2018) describe technology as increasing accessibility for many of these populations, they highlight how the content of the parenting programs is focused on white American families – both as the intended audience and as the cultural standard to learn about. At times racialized actors will be used in demonstration videos or languages other than English will be included, but the content that is made and the intended audience continues to be white families. This is limiting in terms of experience, relatability, and cultural relevance and no doubt impacts parent engagement with the program and even their motivation for attending at all.

Limitations of Parenting Programs. Some of the challenges to parenting programs vary depending on the type and format of the program. I have described virtual programs as the preferred delivery but also, some programs are taught live by a facilitator (virtually or in-person) while others are pre-recorded and I will further explore self-directed resources in the next section. A program that is taught live requires the parent stick to the scheduled time of delivery even if it is taught virtually – which maintains some of the logistical challenges of child care, time off work and other considerations. Parent programs that are done in a group participation format can result in concerns from the parents about privacy and parent-stigma for attending

(Butler et al, 2020). When only one parent can attend because the other one must watch the child(ren), it can create strain in the parent relationship as the parent that attends may change their parenting strategies leaving the other parent behind (Butler et al., 2020). Also, Shapiro et al. (2024) shares examples where parents are experiencing extreme hardships while enrolled in parenting classes that no doubt impact their ability to attend and engage like homelessness, job loss, and work commitments of single parent households. Some parents perceived their child's difficulties as beyond the scope of the course and also, as they are general skill-based programs, some parents felt they did not provide the specifics needed for their particular situation (Kane et al., 2007). According to Shapiro et al.'s most recent research from 2024, although parents seem to do the best with programs that are seminar style single session programs where individual participation is not required and there is increased anonymity (and therefore decreased stigma), group parenting programs with multiple sessions continue to be the dominant form of parent program.

Example: Emotional Focused Family Therapy (EFFT) Parent Program. An example of a parenting program that is referred to by child focused counselling agencies in British Columbia, is emotion focused family therapy (EFFT) workshops for parents that are facilitated online and offered virtually throughout the world (https://efftinternational.org/). Originally developed for parents supporting a child with an eating disorder, they are now considered an evidence-based intervention for the parents of children and youth with various mental health and behavioural difficulties (Foroughe et al., 2019). The format of the program can vary from a 2-day intensive to 12 weekly sessions, generally conducted in a group setting where parents/caregivers participate but it can also include parent-child pairs (Foroughe et al., 2019). Facilitated by certified instructors, EFFT groups come from a family systems framework and provide parents

with the opportunity to identify and then reflect on their own feelings, increasing their self-insight and potentially impacting their understanding of their own responses and reactions to their child's behaviour (https://www.mentalhealthfoundations.ca/efft). Ansar (2024) describes the strategy of EFFT groups as recognizing parents as playing a key role in their children's mental health and by strengthening parents own mental health, this is thought to have a direct impact on their children. A recent research study indicated that parents who participated in an EFFT parenting groups described a "changed attitude of willingness to do what is needed for their child" (Ansar et al., 2022, p. 935). This was tested by including the teachers of the parent's children and the results indicate improved behavioural presentation from the children of the parents who attended the EFFT parent program.

As online and in-person courses have scheduled start times with a facilitator, accessibility in terms of scheduling can be difficult for some caregivers. Some of the challenges of parenting programs include an at times lengthy waitlist, a financial cost, the requirement to attend all of the sessions, and sometimes a lack of anonymity with participation encouraged and the potential for parents to know each other or see each other in community.

Clinician Recommended Self-Directed Parenting Resources

Parenting resources that are self-directed but created by professionals with evidence-based information range from courses online (for instance, Gordon Neufeld's The Neufeld Institute (n.d.) with tuition-payment courses), to parenting podcasts (Dr. Becky's Good Inside (n.d.) found for free on Apple Music), to parenting self-help workbooks ("Whole Brain Child" by Siegel & Bryson (2011) that can be borrowed for free from most local libraries), and even include parenting apps like Australia's "Positive Parenting Program" also known as "The Triple P" (Day & Sanders, 2018). Self-directed online parenting interventions have been indicated as

effective when compared to parents that are not using any resources at all (Florean et al., 2020; McGoron et al., 2024). According to Canário's (2022) research, parents that listened regularly to parenting podcasts for just over two weeks in comparison with those that did not, had the parents self-reporting improvements on their child's behavioural issues and their own parenting skills and confidence.

Self-directed resources can eliminate the challenges of child care, travel, work schedule conflicts, discomfort with group participation, and frustration with the facilitator's limitations. And of particular importance in 2024 are the very lengthy waitlists that many parent supports have including parenting seminars versus the immediacy of self-directed resources (McGoron et al., 2024). Self-directed resources are portable, can often be viewed or listened to on the mobile devices that most parents have on hand everywhere increasing their convenience and thus their desirability for parents (Corralejo & Domenech Rodriguez, 2018).

Limitations. Although much more accessible, online resources are still often only partially completed with parents signing up but only engaging with some of the available programming (Day & Sanders, 2018). Interestingly an example of a hybrid model of self-directed online parenting program plus some counsellor support comes from Day and Sanders (2018) research on Triple-P (positive parenting program out of Australia) that is available as modules online. In their research they compared parents that did the self-directed modules with parents that did self-directed modules plus received some phone calls from trained clinicians as both reminders to engage with the program but also to help connect the content with the parent's perception of their child's behavioural difficulties. While about half of people that did the self-directed program without clinical support felt they had parenting improvement, 94 percent of parents that had some telephone calls with clinical support felt they had improvement (p. 1021).

Online self-directed resources are more widely available, can be self-directed on the parent's timeline, and with some clinician support they can be attuned to the specific family and parenting challenges that make them more relevant to their family.

Although self-directed resources have more flexibility, there is still a need to ensure good fit for each particular family. While this includes the child and the reason(s) they are attending counselling, consideration should also be extended to the parents, their identities and lived experiences in determining appropriate and impactful fit of resource recommendations (Branjerdporn, 2019). Florean et al. (2020) note a connection in their research for self-directed resources as more impactful with parents that have a university level education. Corralejo and Domenech Rodriguez (2018) note that many self-directed resources do not have the same challenges of facilitator led seminars that may not have a "trained culturally competent practictioner" (p. 2718). However, regardless of practitioner facilitated or practitioner created, culturally relevant resources for each particular family are more likely to be impactful and useful for the parent (Florean, et al., 2020).

Recommendations for parents by their child's counsellor have the potential to increase feelings of parent-failure/parent-shame if the parent is unable to engage with the resource. Like all counsellor assigned *homework*, there is a risk that in assigning homework that does not get completed, a client may feel embarrassed and it could deter them from attending future sessions or perhaps in the case of parents and children, it could impact their support of their child returning to counselling (Kazantzis, 2021). Homework for counselling requires significant skill on the part of the practitioner assigning it in their assessment of the client, of their existing knowledge, their current skills, and their compatibility with the homework itself and although modalities like CBT often use it regularly, little research has been done on this important step of

the process (Kazantzis, 2021). In the case of parent-work, it is particularly complex with the homework being assigned not to the client, but to their parents, potentially with minimal interaction with the counsellor.

Parent's Accessing Online Resources

Throughout this capstone I have described the gap in knowledge for many clinicians that work with children around how to best include their client's parents and this in turn has resulted in a wide range of approaches to parent-work. Possibly due to this lack of comfort around working with parents, some clinicians are deterred from doing parent-work altogether or from making any recommendations to the parents of their clients. And, as described previously, the experience of working with their child's clinician can often be complex and bring up feelings of shame for caregivers. Both of these challenges likely play a role in parents that are turning to the internet in order to access parenting resources on their own, without the guidance of a counsellor or a professional.

Online Resources. The resources that are found online range from social media influencers and parent-experts, to monthly subscription parenting plans, Youtube videos, blog posts and whatever an internet search pulls up. According to Egmose et al. (2022), parents are looking online for community, advice and information and they are often finding that in Facebook posts or on social media influencer pages. Referred to as "parent influencers," these are social media accounts run by parents that do not have formal education or training on parenting but that share curated images about their experiences parenting on their accounts and they have been rising in popularity with parents for years (Jorge et al., 2022; Beuckels & De Wolf, 2024). The early days of parenting can be a very isolating time, mostly spent with an infant, and nowadays, a mobile phone in hand (Jorge et al., 2022). Social media parent

influencers provide information about this new frontier in a new parent's life but they also provide a place for community and connection in the comments sections (Germic et al., 2021). Mothers in particular are found in the research to access social media posts on parenting more frequently and to more highly value information shared by people in a similar position, like another parent (Germic et al., 2021).

The discourse surrounding social media's impact often lacks the nuance necessary for a comprehensive understanding of its role for parents. While research and popular opinion tend to oversimplify the effects of social media, for parents navigating the challenges of raising children, social media is an accessible way to share information, normalize experiences, and provides a sense of community. A more balanced approach to evaluating social media's role in parenting support seems useful, one that acknowledges both its limitations and its capacity to provide a sense of connection and shared experience for parents. For example, Ouvrein (2022) indicates that exposure to "mommy-influencers" on social media for pregnant folks is shown to improve their confidence, while it is actually linked to a decrease in confidence for those that have already given birth. Further exploration with consideration for nuance is needed as overwhelmingly, research indicates that social media is a heavily used but complicated resource for parents (Beuckels & De Wolf, 2024).

Peyton et al (2024) write that although parents may be reaching out to social media and other online sources for parent information, they prefer to have the information they access recommended by an expert (p. 1078). According to their research, the credibility of the referral matters and also, it was important to the parents that the person making the referral understood the specifics of their parenting struggle or their child's mental health challenge before they made the recommendation (Peyton et al., 2024). There is potential for a cross-over between parenting

experts and parenting professionals and their social media accounts although that is beyond the scope of this current capstone, it seems like a logical area of research to pursue in the future as more research on social media and parenting is conducted.

Limitations to Online Resources. The internet has instant accessibility and often provides free resources and that matters, especially when most mental health and parenting supports come with waitlists and often a high financial cost. Indications are that most of the parent influencer landscape is constructed by white influencers for a white audience, and ultimately lacks significantly in diversity (Beuckels & De Wolf, 2024). Although there can be a community aspect in the comments sections or a normalizing experience of a parent seeing their same problem represented by someone else, it can also be a place of comparisons (Cornelio, 2021). For example, Moujaes and Verrier (2021) have found higher rates of anxiety in mothers that spend more time on Instagram viewing “instamommies” (social media accounts by influencer moms) than mothers who do not (p. 72). With heavily curated content often created to look like everyday life but in reality, reflective of a lot of careful process and editing, social media as a resource for parents can further increase isolation, feelings of parent-shame and failure, and even add new issues of increasing inadequacy around appearance, finances.

Chapter Summary

The integration of parent-work in child counselling, while challenging, is often critical for effective therapeutic outcomes. The primary focus remains on the child's well-being, ensuring that their confidentiality is respected and their autonomy upheld. Balancing this with the involvement of parents, when appropriate, although at times a complicated process, is shown to enhance the therapeutic process in fostering a supportive environment that addresses the child's needs comprehensively. As counsellors navigate the complexities of confidentiality, parental

inclusion, and diverse family structures, the need for a best-standards of practice guideline is needed. This could increase counsellor's confidence towards the work with parents so that the interventions used are in the best interest of the child, empowering them to develop resilience and a strong sense of self amidst their familial dynamics. By continually advocating for the child's privacy and consent, while also engaging parents in meaningful ways, counsellors can focus on supporting the child's emotional and psychological well-being effectively.

Chapter 3: Discussion and Application

In chapter 1 and 2 of this Capstone, I sought to explore a contradiction within child counselling: while evidence-based studies consistently demonstrate the efficacy of parental involvement in producing faster and longer-lasting mental health outcomes for children and their families, a majority of child-focused clinicians report a lack of confidence in their ability to effectively integrate parents into the therapeutic process. This discrepancy between best practices and actual implementation has implications for the quality and consistency of therapeutic interventions. The consequences of this gap are particularly pronounced given children's limited autonomy and the disproportionate amount of time they spend with parents compared to time spent in therapy sessions. The inconsistent approaches resulting from clinicians' uncertainty around whether or not to involve parents impacts the client and the overall therapeutic work. At the root of this issue lies a systemic shortfall in professional preparation. The lack of confidence reported by clinicians appears to stem from insufficient education, inconsistent counselling standards, and inadequate guidance from governing bodies on how to optimally involve parents in child-centered therapy. Jaderberg et al. (2019) describe receiving multiple requests from their participants – counsellors with considerable experience working with children – to direct them towards training courses or learning supports for how to work with parents better (p. 512). This call for help aligns with the research review I have presented throughout this capstone, where even experienced clinicians describe uncertainty and more specifically, a desire for further support and direction for how to better include parents more effectively because the research continues to indicate this is the best course of treatment for the child.

As part of my concluding capstone chapter, I combine a review of the research evidence from chapter 2 with my practical experience as a clinician who works with families to propose

actionable recommendations. I will also outline future directions for both research and practice. It is my intention to provide points of consideration for counsellors based in attachment and family systems theory that can be applied across modalities, as points of mobilization for clinicians that work with young people to more consistently meet families where they are at, build better therapeutic relationships with caregivers while providing them with applicable and useful resources for their specific needs whenever possible, and ultimately, to provide more effective standards of care to child-aged clients.

Counsellor Guidelines and Points of Consideration

As described throughout this capstone, a significant challenge for counsellors includes a lack of education and training around parent-work and more specifically, the challenge for counsellors to determine when and how to include parents in their child's counselling. According to Dowell and Nielsen (2021), "it is important to study factors that may influence caregiver engagement in various treatment modalities, as well as the different ways to measure caregiver engagement" (pg 355). In chapter 2 I explored the complexities of the counsellor-caregiver dynamic, addressing issues such as parents' expectations that the counsellor should simply 'fix' the child or, when the counsellor tries to include parents, they often perceive that as criticism of their parenting which can lead to defensive reactions and friction in the counselling-caregiver relationship (Taylor, 2023). In the following section, I consider how to apply the literature review to produce useful recommendations for clinicians who work with young people in three parts: (1) fostering the counsellor-caregiver relationship, (2) determining optimal parent-work approaches using a combination of a parent accessibility intake assessment, clinical observations, and the explicit consent from the young client, and (3) providing resource lists as a valuable tool for parent-work that meets parents where they are at in order to enhance outcomes for young

clients in individual counselling.

Building the Counsellor-Caregiver Relationship: Meeting Parents Where They Are At

Meeting parents where they are at requires counsellors to work towards creating safety between themselves and the caregivers of their young clients. Applying attachment theory to the counsellor-caregiver relationship recognizes that in order for caregivers to lower their protective defenses so that the information counsellors share with them can be taken in, caregivers must also be "held and understood," much like their child (Bates et al., 2024, p. 199). Bates et al. (2024) describe this as creating "epistemic trust" where a counsellor builds supportive scaffolding around parents in order to support them in their evolving parenting experience – and thus to better support their child (p. 192). It is my hope that this section effectively highlights some of the strategies clinicians can use to work towards creating trust with caregivers in order to positively impact the process for the young person in counselling. I am sharing four key strategies that I have drawn from the research in chapter 2 particularly focusing on the research about the counsellor-parent relationship from Brown (2020) and Taylor (2023). I intend for this to provide counsellors with direct methods for engaging with caregivers in order to build trust, provide guidance, and ultimately positively impact the child's mental health and counselling process.

The counsellor should practice basic counselling skills of *attentive listening* and *validation* with the caregivers of their young clients (Brown, 2020). By validating parents' experiences of attempting to help their child, including past struggles with professionals, this begins to form an understanding between the clinician and the parent that the parent has valuable knowledge about their child and that they have sought help in the past, likely with negative results. Brown (2020) emphasizes, "Universally in the research sample, parents spoke of the

significance of being listened to, having their efforts validated, and not feeling judged" (p. 152). This approach fosters a safe therapeutic environment through empathy and non-judgmental interaction.

The counsellor should *genuinely include* the parent in the counselling process which could be done in a variety of ways with varying degrees of inclusion but still with genuine regard for the parent's involvement. This requires the counsellor to give the parent a role – which is the feedback over and over from parents that they often do not know how to best support their child's counselling because they are not given clear guidance by the counsellor. Bowen described the triangulation between clinician, parent, and child that easily occurs in these situations and by actively including the parent, this challenges the perception that the counsellor and child are insiders, and repositions the parent from an outsider role to a more integrated participant.

A significant part of the counsellor-parent relationship when based on an attachment and family systems approach is for the counsellor to guide the parents to recognize the *significant influence* they have on their child's wellbeing (Taylor, 2023). When a parent recognizes the impact they can have on building resilience or co-regulating with their child, for the parent, this awareness can counter those feelings of blame and shame that often arise during the counselling process.

Finally, the research indicates that fostering a sense of *curiosity* in parent is an effective way to manage defensiveness while also having them look inwards, towards their own behaviours and how changing them may impact their child, themselves, and their whole family system (Brown, 2020). Often parenting is done in an activated and reactionary space that occurs on repeat as each person in a family system behaves and then is responded to in a pattern (Bates

et al., 2024). By encouraging parents to be curious about their own role in that, self-awareness can be increased, and perhaps long-term patterns of reactive responses can be noticed, shifted, and implemented.

These recommendations for counsellors are intended to provide direction on ways to effectively engage parents when they bring their children to receive counselling support. They are strategies that are adaptable across various therapeutic contexts, including those where direct parental involvement is not indicated and even in brief interactions with parents when scheduling sessions or in the waiting room before and after appointments. The goal in parent-work, much like in counselling generally, is to create a non-judgmental, safe space that fosters curiosity and empowers caregivers to begin to recognize the impact of their behavior on their child's mental health and the entire family system. This approach may prove particularly valuable for families unable to engage in traditional family therapy, where limited time is spent with counsellor and parent but to maximize this contact as effective for the child-aged client.

Determining Best-Fit for Parent-Work

Assessment Tool to Situate the Parents and Measure Their Capacity to Engage. When a caregiver reaches out to a counsellor for support for their child, an intake of often occurs where the counsellor shares some information about their process and the caregiver might provide some information about why they want their child to attend. The following section proposes items that would be useful to include in the intake of a new child-aged client – this could occur before the child begins sessions or after the first session depending on counsellor preference. Ideally this package would facilitate an understanding of the parenting capacity and situate the parent and family in terms of culture, social location, and potentially expectations of the counselling process in order to better determine the capacity of the caregiver to support the

counselling process and thus, give the counsellor information that they can use to determine what resources and what role are a best fit for each caregiver.

Intake Assessment. This package could vary from clinician to clinician based on preference and comfort; however, I recommend ensuring the intake assessment goes beyond having the caregivers describe their child's presenting issues and instead expand out to include information about the parents and about their family. This could be a combination of a Likert scale, check-box, and/or short answer series but ultimately the following information should be gathered whenever possible:

- The parents' understanding of why their child is coming to counselling
- The parents' hopes for outcomes from the counselling
- What the caregiver believes are their parenting strengths and parenting challenges
- Their willingness to participate with the counsellor (Likert scale) with check-box options of a) come into the office for a session, b) occasional phone calls, c) willing to engage with recommended resources, or d) prefer no participation
- Another check-box list of options that covers resource options that they are interested in including categories like, podcasts, Youtube videos, parenting self-help books, online subscription courses, and group-based information and support sessions)
- Cultural identity of the caregivers and their child and any further information they feel would benefit their child's counselling experience.

The goal of having the parents fill this out is to explore their capacity for engagement, determine which direction is a best fit for the counsellor's support, and by asking for the caregivers' input, the counsellor is already beginning that process of including them, recognizing their knowledge

about their child, and laying the groundwork for the counselling process to consider more than just the child.

Counsellor Observations. Part of assessing how to include the caregivers in the child's counselling includes relying on the clinician's observations. These observations include watching the parent-child dynamic in the waiting room, observing tone of voice of parents, expressions of comfort and attunement between child and caregiver, observable changes between the child's presentation in the counselling room and when they are with their parents before and after sessions in the waiting room. By explicitly naming that counsellors make observations of informal behaviours between parents and children, I hope to formally recognize that these observations are valid to the process of determining how to best include parents. Naming what counsellors already know is part of working against that lack of confidence to do the parent work that was described earlier.

Practical considerations are also part of this process including considerations of whether the parents have 3rd party insurance coverage for their child's counselling sessions and if that can be extended to cover parent-clinician sessions and/or parent/child sessions. Financial constraints are a reality and for many families accessing counselling for their child the requirement to pay beyond the child's sessions in order to include caregivers may be more than a family can take on. This is part of the gathering information prior to making recommendations to the caregivers for how to support their child's counselling – parent/child sessions are one option, however, sharing resources with them including resources that are free is also an effective way of including parents in the counselling work of their child.

Time is also something that has been addressed earlier in this capstone as something very limited for most caregivers and their families. Consideration for how much time the caregiver

has to devout to this counselling process enables the counsellor to better understand the direction their recommendations should take based on meeting the family where they are at. Logistics like hiring babysitters for other siblings and taking time off of work in order to be present during office hours may be more than a family can take on. In cases with limited time, counsellors can recommend resources that have flexibility to be self-directed including podcasts to listen to for long commutes to work and reading that can be done at night.

Finally, counsellors should carefully weigh the risks and benefits of parental involvement based on their observations and the parenting intake package. While parental participation can often enhance therapeutic outcomes, there may be instances where it could potentially hinder progress or compromise the child's sense of safety and confidentiality in therapy including instances of abuse, substance misuse, high conflict divorce and especially, what will be covered in the next section which is the child's consent which must be the central determiner of what role caregivers can/should take. By thoroughly evaluating these factors, counsellors can make informed decisions about the most appropriate level and nature of parental involvement in each unique case.

Child's Consent. When considering how to involve parents when their child is attending counselling, it is critical that informed consent is obtained from the child. The counsellor should thoroughly explain the various options for parental inclusion covering specific details like which particular pieces of information can be shared and which they want kept private. The child's feelings regarding parental inclusion or exclusion are integral to the therapeutic process, and the various options should be explored. Some of the options for including parents could be: bringing parents into the counselling room during the child's session, having separate sessions with just the parents and counsellor, or, having informal conversations with parents to provide resource

recommendations. It is crucial that the counsellor employs a highly specific and ongoing approach to consent, explicitly discussing the potential advantages and disadvantages of involving parents in various capacities throughout therapy. Furthermore, the counsellor should offer a comprehensive explanation to the child, detailing the rationale behind potentially including their parents. Transparency and ongoing consent are part of building safety in the relationship with the client, especially with younger clients who often ask multiple times in session before they will share if the information can be kept private from their parents. By maintaining open dialogue and regularly revisiting the topic of parental involvement, the counsellor can adapt the approach as needed, respecting the evolving needs and preferences of the young client to ensure their autonomy is central to the counselling process.

The counsellor can combine the information from these three approaches: the caregiver's self-assessment, the clinician's observations, and the explicit aspects that the child consents to share, the counsellor can then determine the most effective approach to include parents whether directly (parent/child sessions), or indirectly (resource recommendations, self-guided, or group based). By considering the family, the caregiver, and the child, the counsellor can best determine which of those specific options best suit the caregivers and their child. Counsellors that work with young people often need to hold on to several opposing things at the same time, their treatment plan for their client, the client's wishes, and the client's caregiver's capacity to engage and support that process.

Resource Lists: Creating, Tailoring, and Sharing

Resources have featured throughout this capstone as an evidence-based, effective way to support parents that recognizes their limited time, reduces financial cost, and provides the ability to tailor the resource recommendations to best fit the caregivers and their child's particular

experience. For caregivers, self-paced learning and engaging on their own time, without the pressure of a one-to-one setting or with their child present offers the opportunity for parents to self-reflect and increases the potential to strike up that curiosity about themselves, their process, and their interactions with their child (Canário, 2022). They can be kept on resource lists organized by things like the child's presenting issue, the family's structure, keeping culture and social location in mind. However, there are many parenting-resources out there in the world and gathering evidence-based options that are contemporary and reflect the best version of that skill or knowledge can be a time-consuming process for clinicians, especially clinicians in private practice (Middleton et al., 2020). An interesting consideration for the field is the potential for clinicians to share and collaborate on resource lists. By pooling resources and knowledge, counsellors can offer a more comprehensive and up-to-date range of materials for the families they work with, ultimately enhancing the quality of support provided to parents and caregivers.

Areas for Future Research

The difficulty that I had researching this capstone stemmed from my frustration that I am not the first person to write about this gap in the knowledge of clinicians and how to work with parents, and yet, the number of evidence-based research articles providing data to address this is minimal. Future research in the field of parenting interventions and how to better support young clients by more confidently and consistently including their caregivers should include tracking what parents retain from various interventions over time, by assessing long-term changes in parenting behaviors, and evaluating the indirect effects on children's well-being. Research that considers the child, their teachers, and other adults that work with their children would provide feedback on the long-term impact of parents' engagement with supports. Another area for future research could be the examination of social media resources, particularly those featuring

professional parenting experts. As these platforms increasingly become primary sources of parenting advice, it would be helpful to better understand their impact, accuracy, and the intersection between professional expertise and social media engagement.

Conclusion

In conclusion, this chapter has explored the critical gap between evidence-based best practices and the practical implementation of parental involvement in child counselling. By addressing the systemic shortfalls in professional preparation and proposing actionable recommendations, this capstone aims to bridge the divide and enhance therapeutic outcomes for children and their families. The proposed guidelines for fostering counsellor-caregiver relationships, determining optimal parent-work approaches, and utilizing tailored resource lists offer a framework for clinicians to more effectively integrate parents into the therapeutic process. These recommendations, grounded in attachment and family systems approaches, are designed to be applicable across various modalities and to meet families where they are at by recognizing their unique situatedness and their child's particular experiences. As the field continues to evolve, future research directions, particularly around the potential of social media parenting resources and more long-term evidence-based research that follows the impact of parental engagement on child behaviour and mental health long term, are important pieces to add to the knowledge base for clinicians that work with young people.

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