Navigating the Alliance with Adolescent Clients and Their Caregivers

By

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Abstract

Research indicates that the therapeutic alliance between therapist and client is the most important aspect for effective treatment. However, existing studies supporting this notion primarily focus on adult clients, leaving a gap in understanding the unique dynamics involved with adolescents – a vulnerable and distinct population. While the general principles of building a therapeutic alliance are applicable to adolescents, there are notable differences that should be considered. One particular difference involves the role of the adolescents' caregivers. Therapists have an inevitable relationship with the caregiver of the adolescent clients, and understanding the importance and implications of this relationship is crucial. Therapists must balance between maintaining an alliance with the caregiver and fostering a strong alliance with the adolescent. This paper will address the differences in the alliance when working with adolescent clients, including the benefits and obstacles to establishing strong alliances with both parties. This paper aims to explore the nuanced challenges of building therapeutic alliances with adolescent clients and their caregivers, shedding light on both the advantages and obstacles faced by clinicians. Additionally, this paper will explore the critical aspects of client autonomy and confidentiality and their role in alliance-building. Finally, attention will be given to current limitations, considerations for future research, and practical implications for clinical practice.

Keywords: therapeutic alliance, confidentiality, adolescent, caregiver, autonomy, trust.

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I would like to extend my sincerest gratitude to those who have supported me in all capacities, not only throughout my time writing this capstone, but throughout my time completing my Master of Counselling degree. To my capstone advisor, Dawn Percher, thank you for your thoughtful tips on my paper, for your meaningful curiosity towards my topic, and your uplifting and encouraging words that kept me going. To my second reader, Marla McLellan, thank you for your time and your attentive eyes. Thank you to my cohort for making my time at City University so memorable. I am beyond grateful to have been a part of (and always apart of) FT13B. To my friends, my experience would not have been the same without you and your willingness to listen to my incessant venting about schoolwork. To my parents, thank you for always supporting me in all of my work and school experiences, knowing they would also lead me to where I am today. A special thank you to Kacper, for giving me that encouraging push I needed to apply for this degree. Finally, thank you to everyone who would hear me say, "just need to finish that Capstone". Well, here is it everyone.

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Chapter One: Introduction

Overview of the Topic

Clients who are at the stage of adolescence are in a vulnerable group. Unlike adults, adolescents are at a stage in life between childhood and adulthood in which they are seeking independence and autonomy but also still requiring support and guidance from the adults in their lives. An adolescent who makes it into the therapist's office often faces many more barriers and challenges than do adults. It is important as clinicians to be aware of this upon seeing that client. Despite the barriers that this vulnerable age group faces, that often cannot be easily fixed in the therapy room, due to systems, limited resources, etc., there are things that the clinician can do to build a sense of trust, confidence, and safety with the client, and to help minimize some of these barriers. Strengthening this sense of trust, confidence, and safety between the client and the clinician is referred to as a therapeutic alliance.

Coined by Bordin (1979) the therapeutic alliance refers to a combination of affective bond and collaborative agreement on therapy tasks and goals. Therapeutic alliance is seen as the most influential component of therapy, above evidence-based practice and client characteristics and increases the chances of therapeutic success. However, only recently has the research on how to develop and maintain the therapeutic alliance between client and clinician considered the differences of therapeutic alliance when the client is an adolescent versus an adult (Campbell & Simmonds, 2011; Hawks, 2015; Radez et al., 2022). Additional factors must be considered when developing the therapeutic alliance with a client who is under-age. More research needs to be done on the complex process of creating the therapeutic alliance with adolescent clients, while at the same time maintaining a therapeutic alliance with the adolescent's guardian. Further, the recent research that has considered the additional factors when working with minors, although

important and clinically useful, considers all underage clients within the same group. Although it is true that clients under the age of 18 are developmentally different from adults, there are significant differences within underage clients that must be considered accordingly.

Purpose Statement

This capstone aims to shed light on the lack of support and training on how to navigate the inevitable involvement of the caregivers of adolescent clients. It also aims to highlight adolescents as a vulnerable group in terms of their developmental level, emotional, psychological, and legal capacities. This capstone aims to highlight the structural, emotional, and psychological barriers faced by adolescents in accessing and maintaining mental health support. More importantly, this capstone aims to address the balance of adolescents' newly forming autonomy along with their security and dependence and how caregivers play a crucial role. Some of the research questions for this paper include: How do caregivers play a valuable role in their adolescent child's therapy process? How do caregivers negatively impact their adolescent child's therapy process? What obstacles do clinicians face when working with adolescent clients and their caregiver? What ethical and legal obligations do clinicians have in regard to confidentiality and privacy of their adolescent client? How do clinicians advocate for their client's autonomy and privacy while also ensuring a sense of trust from the guardian?

Contribution to the Field

This topic became an interest of mine throughout my time completing my Master of Counselling program, particularly class time and especially throughout my internship. Working with adolescents, I was curious and conflicted about how much I was supposed to involve their caretakers, especially if they initiated therapy and took care of payments and scheduling. I could appreciate the caregivers' position in wanting to have some awareness or inclusion in what was

being discussed, and what goals should be worked on. However, I also empathized with the adolescents, who often did not initially agree to therapy and did not choose me as their therapist. I could understand the caregivers' worry for their child and wanting to know what was going on in the therapy room but at the same time felt the resistance of the adolescent who wanted a space that remained private and confidential. I wanted to research this topic to gain a better awareness and understanding of how to navigate these nuances within therapy. An additional layer to this conflict was regarding the laws and ethics of caregiver involvement and therapeutic confidentiality. With an adult client, informed consent and confidentiality agreements seem to be much more straightforward compared to when we are working with minors. Who is my client? What remains confidential? What if the caregiver disagrees with the clients' right to keep their privacy and a rupture with the caregiver ensues, resulting in a pre-mature termination of therapy, perhaps? What if, in an effort to please the caregiver, I share some information about the sessions, which creates a rupture of trust with the client? I had many 'what if' questions that I was adamant to get answers from.

Positionality

I acknowledge the ethical duty to reflect on my own worldview and recognize the impact of my upbringing and life experiences may potentially have on my client's work. My objective is to actively address, understand, and minimize the potential imposition of my values, beliefs, or assumptions on my client's therapeutic process.

I identify as a cis-gender woman of European-Canadian decent. I have lived in British Columbia, Canada for my entire life. I come from an English speaking, secular family, with moderate influence of Christian beliefs. I do not have any children which I understand has an influence on my perception of caregiver involvement in adolescent therapy. Further, I have a

good relationship with both of my parents who I feel granted me a fair share of autonomy while ensuring a sense of security and dependence throughout my adolescence. It is important that I be aware of my experiences and to withhold from any biases or assumptions about others' experiences.

Definition of Terms

Adolescence

Adolescence is a transitional stage of development that occurs between childhood and adulthood, generally spanning the ages of 10-19. During this period, individuals often undergo puberty, experience cognitive development, form a sense of identity, and navigate challenges related to gaining independence from parental authority (Word Health Organization, 2023).

(Growing) Autonomy

Growing autonomy refers to the gradual and increasing ability of an individual to make decisions and exercise self-governance. Growing autonomy is often observed during adolescence as individuals strive to assert their independence, make decisions about their future, and navigate the challenges of becoming more self-reliant.

Caregiver

Throughout this paper, the terms caregivers and guardians will be used interchangeably to refer to the primary individual responsible for the care of the adolescent client, including the parent. The term 'parent' will be used when referring to references that use the same term.

Caregiver Involvement

For this paper, involvement of the caregiver is defined as participation in the overall process of the adolescents' therapy: ranging from intake meetings, family therapy and adolescent-parent sessions, and the overall relationship with the therapist.

Child

I will use the term child in this paper to refer to the offspring of the adolescent client's parent or caregiver, rather than referring to a specific age group, unless otherwise stated.

Clinician

The term clinician will be used throughout this paper to refer to any mental health professional including a counsellor, therapist, or psychotherapist.

Therapeutic Alliance

The therapeutic alliance refers to the collaboration and trust between a therapist or mental health professional and their client. It is characterized by mutual respect, rapport, shared goals, and a sense of collaboration in the therapeutic process (Bordin, 1979).

Outline of Chapters

The remainder of this paper will consist of Chapter Two and Chapter Three. Chapter Two will consist of a literature review of the relevant research that highlights the importance and implications of my research topic. First, an acknowledgement of how and why adolescents are part of a vulnerable population will be given. Attention will be given to the physical, psychological, and social development of adolescents. Current rates of mental illness among adolescents, nationally and globally, will be highlighted, followed by the opposing rates of mental health support among this population. Next, Chapter Two will address some of the barriers faced by adolescents in accessing and maintaining mental health support, acknowledging how their ever-changing development plays a role. The second portion of the literature review will explore the role of the adolescent's primary caregiver in accessing and maintaining mental health support, highlighting the benefits and limitations of their involvement. Lastly, this literature review will cover the importance of the therapeutic alliance among adolescent clients,

with special emphasis on how the caregiver affects it. The third and final chapter will involve a reflection and discussion of the key findings from the literature review. This discussion will highlight limitations within the literature and considerations for future research as well as an acknowledgement of personal limitations and positioning. The final part of Chapter Three will involve an application of how the findings of this literature review can help support clinicians in the future.

Chapter Two: Literature Review

Adolescents as Vulnerable Persons

In the Canadian Counselling and Psychological Association's (CCPA) *Standards of Practice* (2021) it states that counsellors should "consider how client's diversity contexts shape their concerns and inform potential interventions" (p. 28-29). When working with adolescents, it is essential for clinicians to gain an understanding of the context of their experiences and background. This understanding allows clinicians to collaborate with adolescents ethically and effectively. This section of the paper aims to illuminate the experiences of young individuals, providing clinicians with valuable insights into the context of their experiences.

Developmental Level of Adolescents

To understand an adolescent's context and experience, it is adamant to first consider their developmental stage. An adolescent is a young person who is in the transitional phase between childhood and adulthood, typically spanning ages 10 to 19, although this range may vary slightly depending on cultural, societal, and individual factors (World Health Organization, 2023). This developmental stage involves notable physical, social, and cognitive changes as individuals progress from childhood to adulthood. Adolescence is a stage at which children undergo puberty, experience cognitive development, shape their identity, and grapple with the challenges of gaining independence from parental authority. Culturally, the transition between childhood to adulthood can vary. For example, the transition between childhood and adulthood could be completed quickly through a rite of passage or when the child turns a given age. Opposingly, this transition can be gradual and drawn out in which, over time, acquisition of adult privileges and rights are granted to the individual (Grotevant, 1998). Nevertheless, the physical, cognitive,

and social changes that occur during this age range have implications that must be addressed when working with adolescent clients.

The first area of change during adolescence relates to physical changes. At this stage, adolescents experience pubertal changes which enables adolescents to reproduce (Grotevant, 1998). Adolescents generally experience an increase in height and weight, changes in tone of voice, development of reproductive organs, and in females, menarche begins. It is important to point out that these physical changes impact psychological changes as well. Early or late physical development is associated with difficulty adjusting and can impact self-esteem and interpersonal relationships. It is important to recognize that puberty presents important implications for an adolescent's psychological and social well-being.

The second change within adolescence refers to the cognitive and psychological changes. In her book *The Emotional Lives of Teenagers* (2023), Dr. Damour helps to describe these changes as "a brain under major reconstruction" (p. 76). "Although the brain generates new neurons at every age", Damour writes, "teenagers form them at a rate four to five times that of adults" (p. 77). During this period, the brain updates its limbic system, including the amygdala, which is responsible for evaluating incoming information and generating emotions. This is followed by the development of the pre-frontal cortex, which is responsible for planning, decision making and maintaining a sense of perspective (Damour, 2023). This stage of development is an extremely sensitive time period. Adolescents are experiencing a drastic change in their perspectives of themselves and others, their sense of identity, including their morals, ethics, and opinions. Concurrently, there is a strong eagerness to assimilate into their immediate surroundings and peer groups. Coupled with a resistance to adhere to parental authority and established rules (which may have proven effective thus far), this changing

dynamic results in a sense of imbalance, and struggle between developing their own autonomy and adhering of rules that may challenge that autonomy (Damour, 2023).

In a social context, adolescents expand their social networks, become more heavily influenced by their peers, and are more prone to risk taking behaviours. Issues such as bullying, peer pressure, and social exclusion can contribute to mental health challenges, including anxiety and depression (Damour, 2023). Understanding and addressing these physical, cognitive, and social implications is crucial for creating supportive environments that facilitate healthy development during adolescence. Positive social experiences and relationships during this stage can contribute to well-adjusted adulthood and well-being.

Adolescents and Mental Health

Children and adolescents experience high rates of mental health issues (Boulter & Rickwood, 2013). Adolescence represents a critical period in human development as discussed above and grappling with a mental health issue during this stage can profoundly impact that individual's life (2013). For example, adolescents with mental health issues are at greater risk for alcohol and drug problems, aggressive behaviour, academic failure, inter-personal conflict, parent-child conflict, and physical and sexual assault (Boulter & Rickwood, 2013). Mental health disorders often first manifest in childhood and adolescence (Pfeiffer & In-Albon, 2022). If left untreated, individual can be left with an exacerbation of symptoms, and higher risk of suicide and self-harm (Pfeiffer & In-Albon, 2022). Therefore, it is crucial to identify and effectively treat adolescents early on to help reduce mental illness symptoms and to reduce the risk of social and vocational problems further in life. Understanding the experiences, barriers and risks that adolescents face regarding mental health and mental health support are important and necessary for clinicians to be aware of, to work with them more effectively.

Current Rates of Mental Illness Among Adolescents

Generalized anxiety and depression are the most common mental health problems within the adolescent population (Racine et al., 2021) and adolescent mental illness has continued to rise, with an exponential increase within the last 5-10 years (World Health Organization, 2023). According to the Mood Disorders Society of Canada (MDSC) as of 2019, 18% of young people aged 15-24 have reported having a mental illness or substance abuse problem. This number continues to rise and does not take into account the unreported cases (Mood Disorders Society of Canada, 2019). In 2020, Kids Help Phone reported double the amount of phone calls throughout Canada compared to the year prior (Canadian Institute for Health Information (CIHI), 2022). Further, over the past five years there has been a steady increase in anxiety and depression medications prescribed to children and youth across Canada, as well as an increase in hospitalizations for mental health disorders (CIHI, 2022).

On a global scale, the prevalence of depression and anxiety symptoms for children and youth have significantly increased, especially at the height of the COVID-19 pandemic (Racine et al., 2021; Sobalvarro et al., 2023; World Health Organization, 2023). A meta-analysis involving more than 80,000 youth suggests that youth mental health difficulties during the COVID-19 pandemic has likely doubled (Racine et al., 2021). As a result of the COVID-19 pandemic, youth have endured lockdowns and restrictions resulting in social isolation, missed milestones, increased family stress, and decreased interaction with peers (Sobalvarro et al., 2023). These are risk factors for increased psychological and physiological distress, which can lead to anxiety, depression, and other physical and mental issues (Miller et al., 2022; Racine et al., 2021). These last several years appear to have taken a serious toll on the physiological and psychological well-being of adolescents, who are already vulnerable due to changes socially,

mentally, and physically (Polack et al., 2021). The BC Adolescent Health Survey (Smith et al., 2019)involving participation from over 38,000 students between the ages of 12-19 from across the province, also found an increase in youth reporting mental health conditions, specifically anxiety disorders including panic attacks, as well as depression, PTSD, and ADHD. Rates of mental illness were reportedly higher than their previous survey, five years prior. Further, these mental health problems were reported as barriers to the adolescent's ability to attend class, extracurricular activities, and other social engagements (Smith et al., 2019). These statistics support the assertion that mental health issues among adolescents are increasingly common, impacting their daily lives and overall well-being.

Incongruence of Mental Illness and Mental Health Support

Presently, there is an incongruence between the prevalence of mental health issues among youth and their utilization of mental health services. In a study conducted by Gorfinkel and colleagues (2023) involving 1928 adolescents, nearly 60% disclosed that they had not sought out mental health support within the past six months. Among those who did not seek support, nearly half met the criteria for depression or anxiety (Gorfinkel et al., 2023). A report from the Mood Disorder Society of Canada (2019) revealed that up to 75% of children and youth with a mental illness did not seek access to professional services (Mood Disorders Society of Canada, 2019). Further, reports within the BC Adolescent Health Survey indicated that 18% of students had not accessed mental health services they felt they needed, marking an 11% increase from their previous findings. These findings are supported by Hintzpeter and colleagues (2014, as cited in Pfeiffer & In-Albon, 2022) who discovered that only 10-36% of adolescents with mental health disorders use mental health services and only 40% of them continue with long-term treatment (Hintzpeter et al., 2014 as cited in Pfieffer & In-Albon, 2022).

Within the BC Adolescent Health Survey, the most reported reasons for not accessing mental health services included the adolescent minimizing their problems, concerns related to stigma and embarrassment, and challenges related to accessibility (Smith et al., 2019). Numerous participants in this study expressed a desire for an increased knowledge about mental health and mental health conditions, how to manage symptoms of mental illness, where to access help, and how to help a friend or family member struggling with their mental health (2019). This finding is supported by another qualitative interview study in which adolescents emphasized a desire for more opportunities to learn about mental health issues and available resources (Radez et al., 2022).

These statistics indicate that obstacles exist not only in adolescents initiating therapy but also in maintaining it. These low prevalence rates show an unfortunate gap between mental health services used and those who need them. Given their developmental stage, adolescents lack the autonomy, mental or financial resources, and accessibility to independently seek out help, often relying on adults to assume responsibility for their mental health care needs.

Barriers to Accessing and Maintaining Mental Health Support

The current literature, using both qualitative and quantitative approaches, has identified several recurring barriers to seeking mental health support. These barriers have been laid out in the work by Radez and colleagues (2022; 2021) and are described and considered in more detail here.

Mental Health Illiteracy. Mental health literacy refers to "the ability to use mental health information to recognize, manage, and prevent mental health disorders and make informed decisions about help-seeking and professional support" (Aguirre Velasco et al., 2020, p. 14). This was reported as a common barrier in a number of studies to help-seeking (Aguirre-Velasco,

et al., 2020). Those with poor understanding of mental health problems are less likely to appropriately judge the severity of their own struggles, minimizing their problems, and thus not reaching out for support. Further, caregivers (as well as adolescents and teachers) struggle with differentiating between anxiety/depressive symptoms and typical adolescent attributes (Radez et al., 2022). For instance, some caregivers perceive their child to be especially shy and unconfident as being a personality trait rather than considering it to be something more serious, like social anxiety. This lack of mental health awareness may result in failing to seek treatment.

Desire for Self-Reliance. Negative attitudes towards seeking help can be linked to a strong desire for self-sufficiency and autonomy, as suggested by research conducted by Aguirre-Velasco et al. (2020) and Gulliver et al. (2010). These attitudes may be particularly pronounced during adolescence, a developmental stage marked by their yearning for independence and self-discovery. Adolescents may exhibit a reluctance to seek assistance or guidance from adults. This reluctance might stem from an expanding desire for self-reliance in which the adolescent attempts to handle personal challenges independently. This developmental stage of adolescence often involves a desire to prove one's competence and resilience resulting in one coping without external support (Aguirre-Velasco et al., 2020). Understanding these dynamics is crucial for teachers, caregivers, and mental health professionals, as it can inform strategies to promote positive help-seeking behaviour among adolescents.

Fear and Anxiety. Fear and anxiety, particularly noted among adolescents who have a background of anxiety (Radez et al., 2022), are evident in their reluctance and unease when it comes to seeking help. Furthermore, the idea of receiving mental health assistance can be highly intimidating, given the vulnerability and overwhelming nature of confronting negative or uncomfortable emotions and experiences.

Stigma. Stigma is defined as the "fear of being socially sanctioned or disgraced leading to hiding or preventing certain actions or behaviours" (Aguirre-Velasco et al., 2020, p. 14), including the lack of reporting mental health problems. In their systemic review, Aguirre-Velasco and colleagues (2020) found that more than half of the included studies (n = 30) referred to stigma and other negative attitudes towards mental health issues as the main reason for adolescents not seeking out mental health support. Of these, twenty-five studies referred to stigma as self-stigma, perceived stigma, and community stigma. Other negative attitudes included embarrassment and shame (Aguirre-Velasco et al., 2020). Similar studies found that public, perceived, or self-stigmatizing attitudes to mental illness were of the main factors that hindered seeking support (Gulliver et al., 2010).

One study used qualitative interviewing to determine what adolescent clients felt were the perceived barriers and facilitators to accessing professional mental health services (Radez et al., 2022). The findings related to stigma and what others may think, fear and distrust in therapy, and lack of awareness in where to find mental health support. This study found that adolescents with anxiety and/or depressive disorders found it difficult to disclose their mental health problems to others. This was partly due to feelings of shame, concern for being negatively evaluated by their peers due to stigma and worrying what others might think of them. Adolescents also reported difficulty in verbalizing their problems to an adult, especially for younger adolescents and adolescents with ADHD and/or major depressive disorders. They were more likely to share their feelings when a caregiver or professional initiates the conversation (Radez et al., 2022). Further, stigma around mental health issues can sometimes deter caregivers from getting the appropriate support for their child. In a literature review conducted by Tsang et

al. (2020) it was found that higher rates of stigma around mental health issues were met with a lack of seeking treatment.

Fear of Burdening Others. Another component that adolescents reported as a reason not to disclose their mental health problems, was due to their concerns about how it might impact others. Although adolescent's friends and families usually represent a primary source for help-seeking, adolescents do not always share their feelings with these people due to not wanting to worry them or make them angry. According to Radez et al. (2022), this was especially notable among older adolescents and was also voiced by parents of adolescent males. Stated by one adolescent male, "I don't want them (parents), I don't want to tell them cos I don't want, want them to worry about me" (Radez et al., 2022, p. 900). As noted, adolescents do not always share their feelings with friends or family as they do not want them to worry or make their parents angry. This was especially notable for adolescent males and those whose parents appeared to cope with their own mental health problems independently (Radez et al., 2022).

Lack of Accessibility. Although not as prominent, other help-seeking barriers were reported relating to obstacles such as lack of transportation, scheduling, and cost (Radez et al., 2021). This was especially notable for rural and immigrant populations (Aguirre-Valesco, et al., 2020; Gulliver et al., 2010).

Caregivers as Gatekeepers. Caregivers can serve as gatekeepers for their child's access to mental health care (Haine-Schlagel et al., 2017; Tsang et al., 2020). Caregiver attitudes around mental health services, including perception of efficacy and competence of professionals have been shown to deter caregivers from seeking treatment for their child. Adolescents are less likely to seek mental health support if they feel their family members would be ashamed or unsupportive of their mental health problems (Pfieffer & In-Albon, 2022). If the adolescent's

caregivers are not supportive of them receiving mental health support, this can act as an additional barrier for the adolescent, both emotionally and structurally.

(Lack of) Confidentiality and Trust. Confidentiality and trust play a pivotal role in adolescent mental health support, and these concerns are major deterrents to seeking and continuing therapy (Aguirre-Velasco et al., 2020; Gulliver et al., 2010; Radez et al., 2022). Trust-related barriers are especially prevalent among those with a history of negative life experiences, such as family violence, or negative encounters with professional services (Radez et al., 2022). For instance, if an adolescent had previously disclosed personal and vulnerable information to a mental health professional and that information was disclosed without their awareness, it can result in a serious distrust in future relationships with mental health professionals. This rupture of trust could be especially harmful if it had an impact on that person's family. A systemic review by Radez et al., (2021) revealed that 28% of adolescents reported that they would not seek mental health support due to a lack of trust and concerns around the nature of confidentiality. This review also highlighted adolescents' concerns about disclosing personal information to individuals they do not know well.

In a study conducted by Pfieffer et al. (2022), adolescents were asked to assess their knowledge around psychotherapy. One knowledge question inquired, "a psychotherapist is allowed to speak to my parents about the content of my psychotherapy without my consent" (p. 2575). Of the answers given, 16% answered 'I don't know' and 30% answered incorrectly ('Yes') (Pfieffer et al., 2022). The fact that nearly half of the adolescent participants were either uncertain or believed that their parents have the right to access information from their sessions without their consent indicated a misinterpretation of the confidentiality aspects of therapy.

Lack of Confidence towards Mental Health Support. Another reported barrier in adolescents seeking mental health support involved family beliefs. Barriers related to family members having distrust towards mental health professionals, negative past experiences, and lack of trust in the efficacy of treatment (Aguirre-Velasco et al., 2020). These findings were especially true within studies that involved immigrant and refugee populations. Cultural barriers and lack of cultural sensitivity within services available are possible factors for these negative beliefs (Aguirre-Velasco et al., 2020).

Caregiver Involvement in Adolescent Therapy

Adolescents are a particularly vulnerable group. They face many barriers in accessing and maintaining mental health support. These barriers relate to a lack of power, accessibility, mental health awareness, and stigma. A component of adolescent work is the contribution of the caregiver. Although caregiver involvement in adolescent therapy varies considerably, depending on the context and nature of the therapy, clinicians should be informed of how the caregiver can benefit or hinder the therapeutic progress.

Benefits of Caregiver Involvement

Caregiver attitudes around mental health services, including perception of efficacy and competence of professionals have been shown to deter them from seeking treatment for their child. Adolescents are less likely to seek mental health support if they feel their family members would be ashamed or unsupportive of their mental health problems (Pfieffer et al., 2022). Often, caregivers act as facilitators to their adolescent child's therapy. As discussed above, structural barriers can often stand in the way between an adolescent accessing treatment. Caregivers often mitigate those structural barriers by seeking out and initiating therapy for their adolescent child, paying for the therapy sessions, providing transportation, and setting up future appointments.

Not only do caregivers play a practical role in their child's therapy process, but they can also play a therapeutic role. Caregiver involvement in their adolescent child's therapy can act as a major protective factor. Studies support the finding that caregiver involvement is key to successful child and youth counselling outcomes (Dowell & Ogles, 2010; Haine-Schlagel & Walsh, 2015; Haine-Schlagel et al., 2017). Studies have shown that family cohesion, emotional support and caregiver supervision can help reduce the risk of suicide and depression amongst teenagers, especially with teenagers who have mental health disorders like depression, ADHD, and anxiety (Diamond et al., 2021). Novick and Novick (2005) contend that therapeutic work between caregivers and their adolescent child supports positive parental behaviours and functioning, strengthens the caregiver-child relationship, and suggests that practitioners make strong alliances with the caregiver of the adolescent client.

Caregivers who are involved in their child's therapeutic process can help to increase secure attachment for the child. Supporting the caregiver to express their emotions in a positive, healthy way leads to their child learning prosocial behaviour, emotional regulation, and a higher quality parent-child relationship (Bonnaire et al., 2020). Research shows that adolescents who receive validation, empathy, and non-defensiveness from their caregiver develop healthier communication skills and emotional processing, and a more secure attachment within the family (Diamond et al., 2021). In a secure attachment, adolescents view their caregivers as caring, responsive, protective and autonomy granting. Secure attachments involve healthy, direct communication which results in the adolescent's development of social-emotional intelligence, regulation and problem solving, thus reducing levels of distress. Adolescents who have a secure attachment feel more cared for, supported, and loved and more likely to reach out for support and guidance when needed (Diamond et al., 2021). Crowe and Lyness (2014) found that families

who develop healthy communication skills, coping techniques, and learn to minimize reactivity helps to increase family functioning and satisfaction. Thus, helping the adolescent and caregivers to effectively communicate may create positive family unity. This is further supported by Ellis and colleagues (2020) who found that positive family engagement was consistently related to better mental health and less loneliness and depression within the family system. Thus, involving caregivers in the therapeutic process can help to increase a sense of security, communication and connection between the caregiver and their adolescent child.

Assessment: When Not to Include Caregivers

While incorporating caregivers into the therapeutic process holds evident advantages, conflicting viewpoints surround these benefits. In instances where safety concerns arise between caregivers and children, such involvement becomes inappropriate and unethical (Rosenberg, 2009). Situations involving a history of domestic violence or where the presenting issue stems from conflicts, the parent-child relationship may render family counselling unsafe or unsuitable. Additionally, if caregivers' mental or emotional well-being poses a risk to the safety and integrity of therapy, their inclusion should be reconsidered.

Some researchers concur that caregiver involvement, although sometimes helpful, is not obligatory (Guinness, 2018) and that therapeutic progress can be achieved without it. This holds particularly true considering the client's age and the specific context surrounding their mental health needs. For instance, if the presenting issue does not directly involve the dynamic with the adolescents' guardian, therapeutic progress can unfold independently. Accessibility and willingness of caregivers to participate in their child's therapeutic journey may vary, and they might not be available or inclined to be actively involved.

Obstacles Faced with Caregiver Involvement

In a study conducted by Hawks (2015) investigating common barriers faced by clinicians working with adolescents, insights revealed that adolescent clients may associate therapists with parental figures, automatically anticipating judgment, critique, and a motivation to change their behaviour, all while feeling voiceless in the process. One therapist, to distinguish themselves from the adolescents' parents, emphasized, "I ultimately want to convey to them, we're the ones working together. . . You need to trust me. I'm not going to be like some other adults in your life are" (Hawks, 2015, p. 53). In their yearning for independence, adolescents can feel constrained by parents who still view them as children. The counselling relationship provides a unique opportunity for these adolescents to be seen as developing young adults rather than children in need of constant guidance and direction (Cook & Monk, 2020).

This study by Hawks (2015) involved participants who work as psychotherapists and counsellors. The participants were asked to describe the obstacles they encountered when working with adolescent clients as well as their primary caregivers. Two subthemes emerged from their findings, which included clinicians' fear of triangulation, and the parents' expectations of therapy.

Fear of Triangulation. In the context of therapy, triangulation can refer to a dynamic where a third party becomes involved in the therapeutic process between a therapist and a client (Bowen, 1978). This third party may be a family member or friend, whose presence or influence affects the therapeutic relationship. This concept was first introduced by Murray Bowen, a pioneer in family therapy. The term triangulation suggests the formation of a triangle in which the attention, tension, and conflict is shifted from the original dyad (i.e., therapist and client) to involve a third person (i.e., parent) (Bowen, 1978). An outcome of triangulation can involve indirect communication. For example, a parent may communicate their feelings or concerns

through the therapist rather than directly addressing the issue with the adolescent. Triangulation can also occur when the individual experiencing conflict (I.e. caregiver) adopts the role of victim, seeking support or sympathy from the therapist (Bowen, 1978).

In the study by Hawks (2015), several of the participants felt fearful that triangulation may occur when working with both the adolescent client and their caregiver. One participant stated, "I often start to feel that [caregivers] are trying to get me on their side" (p. 65), while another shared that the possibility of triangulation is an obstacle that often occurs when attempting to establish alliance with the parent (Hawks, 2015). Therapists may work to address and navigate triangulation to maintain the integrity of the therapeutic relationship and to ensure that the focus remains on the client's needs.

It is crucial to understand and address triangulation, especially when caregivers are involved. Mitigating the risks of triangulation can foster more direct and open communication, foster a development of healthier interaction matters and conflict resolution skills between adolescents and their caregivers. Additionally, addressing triangulation can help prevent external dynamics from disrupting therapeutic progress and goals.

Unfair Expectations. Hawks (2015) found that caregivers' unrealistic expectations were also a common obstacle for therapists when attempting to work with the adolescent client. One participant explained that "some caregivers have rigid expectations that may not be appropriate for the therapeutic process" (p. 66), while another added that parents often expect the therapist to 'fix' the child (Hawks, 2015). Further, participants reported parents feeling disappointed or lacking trust in the therapy's efficacy, especially when parents have an unrealistic understanding of the therapist's role and do not see immediate and/or satisfying outcomes (Hawks, 2015).

Unfair expectations of parents or guardians can significantly impact adolescent therapy in several ways, potentially hindering the therapeutic process and outcomes. Unfair expectations may lead to a strained relationship between the therapist and parents. If guardians expect quick or unrealistic results, they might become frustrated with the therapeutic process, impacting the trust and collaboration between the therapist and the adolescent. Unreasonable expectations from guardians can place pressure on the therapist as well as the adolescent. The adolescent and/or therapist may feel stressed, overwhelmed, or compelled to meet expectations that are beyond reasonable capabilities. Adolescents may resist therapy if they perceive that the primary goal is to meet their guardians' expectations rather than addressing their own needs and concerns. This resistance can hinder the therapeutic process and engagement of the adolescent.

These unattainable expectations from caregivers can put pressure on the clinician, that can lead to possible ruptures and termination of therapy. To address these challenges, therapists may work to facilitate mutually agreed upon expectations and goals for therapy that are realistic and focus on the client's needs and desires.

Lack of Clinical Training

As previously discussed, caregiver involvement can greatly benefit an adolescent's access to and engagement in counselling. However, caregivers playing a facilitating role can also pose challenges as potential hindrances. A breakdown in the trust or confidence that caregivers have in therapeutic progress carries the risk of prematurely terminating therapy, with adverse consequences for the adolescent. Furthermore, if the therapist, to appease the caregiver, involves them in a way that the adolescent disagrees with, it may strain the relationship between the therapist and the adolescent. When caregivers and adolescent clients harbour conflicting goals, expectations, and preferences regarding the therapeutic approach, clinicians may find

themselves torn and conflicted. In the absence of adequate training, therapists may feel caught in a triangulated situation, struggling to navigate how to maintain a positive alliance with both parties involved.

Present-day clinicians working with adolescent clients are faced with navigating these obstacles with no clear path on how to manage them. In a study conducted by Jäderberg and colleagues (2019), psychotherapists were surveyed regarding their perspectives on the utility of caregiver involvement in adolescent therapy and whether they integrate caregivers into their own practices. Both novice and seasoned counsellors, as indicated in reports, generally acknowledged the potential benefits of involving caregivers in the adolescent client's therapy. However, a prevalent attitude was the lack of competence and adequate training on how to manage such involvement. Many of the participants reported limitations in their training on when and how to engage caregivers but expressed a desire for specialized instruction (Jäderberg et al., 2019).

The primary impediment to incorporating caregivers, according to the therapists, revolved around factors specific to the therapist (Jäderberg et al., 2019). Reasons cited for not involving caregivers included reported lack of training and competence, personal preference, and the absence of a model guide in when or how to incorporate the caregiver. Lack of competence was exemplified by statements such as “I was not trained in the parent part and … not always sure whether I am doing more harm than good” (p. 507). Another therapist shared “I don’t feel well trained enough ...I’m learning on the go” (Jäderberg, et al., 2019, p. 507). Similar findings were noted in other studies in which therapists reportedly felt a lack of training on the incorporation of caregivers into the adolescent’s treatment (Haine-Schlagel et al., 2017). Reports

also suggest that therapists do not have appropriate resources to understand best practice of forming an alliance with both caregivers and adolescents (Hawks, 2015).

Due to this deficiency in training and competence, therapists, particularly those new to the field, run the risk of inadvertently disrupting therapeutic progress. It is imperative for therapists to remain cognizant of potential issues that may arise. As previously noted, adolescents constitute a vulnerable demographic, facing numerous barriers to accessing and maintaining mental health support. A major obstacle hindering adolescents from seeking mental health support revolves around a lack of autonomy and control, and concerns about privacy and confidentiality. These challenges become notably pronounced when working with adolescent clients whose caregivers are actively involved in the logistical aspects of the sessions (e.g. payment, transportation, bookings). To minimize the risk of therapeutic ruptures or ending therapy too early, therapists must establish an alliance with both the caregiver and the adolescent. This alliance should uphold the client's autonomy and privacy while concurrently fostering trust and support from their caregiver.

As mental health clinicians, it is one's responsibility to help reduce the risk of adolescent client dropout rates once they have arrived at therapy. The therapeutic alliance is commonly viewed as a central and vital part of therapeutic change. Further, it has been supported that the therapeutic alliance is more important to therapeutic maintenance than the therapeutic modality used (Campbell & Simmonds, 2011). Although there is significant research that supports therapeutic alliance, the majority of this research focuses on the relationship between the therapist and the adult client. Recent literature suggests, however, that the therapeutic alliance looks different when it comes to adolescent clients (Campbell & Simmonds, 2011; Feinstein et al., 2009; Fredman, 2018; Gergov et al., 2021; Hawks, 2015; Zandberg et al., 2015). Those

working with clients of this age group must consider how power imbalance, caregiver involvement, and confidentiality play a role in the therapeutic alliance.

Therapeutic Alliance with Adolescent Clients

Therapeutic alliance, defined as the relationship between therapist and client has garnered significant support in research as one of the most pivotal components influencing therapeutic outcomes (Hawks, 2015; Zandberg et al., 2015). However, the vast majority of research in this domain predominantly focuses on adult clients, neglecting the nuanced differences in the therapeutic alliance among adolescent clients and therapist. While existing research on factors contributing to a strong therapeutic relationship can be applied to underage clients, there are critical differences in how that alliance is established when the client is a child or youth. The therapeutic approach must be tailored differently for underage clients compared to adults, and furthermore, distinctions must be drawn between clients who are children and those who are adolescents, recognizing them as separate and distinct groups.

Incorporating Caregivers into the Alliance Structure

A pivotal factor influencing the therapeutic alliance with adolescents is the interaction between their caregivers and the therapist. Feinstein and colleagues (2009) assert that the therapeutic alliance is most effective when it takes into account the network of relationships in an adolescent's life. This assertion aligns with the research of Ulrey and colleagues (1987, as cited in Feinstein et al., 2009), who emphasize the critical importance of effective collaboration and alliance not only with underage clients but also with their support systems. Shirk and Karver (2003, as cited in Fredman, 2018) highlighted a distinctive aspect of the therapeutic alliance in youth therapy – both the child and the caregivers establish a connection with the therapist. Unfortunately, this recommendation has received limited theoretical attention.

Hawley and Weisz (2005) conducted a study revealing noteworthy findings. They explored the correlation between the therapist-parent alliance and therapy retention and satisfaction. The study indicated that a robust parent-therapist alliance was linked with fewer cancellations and increased collaboration on the decisions about ending therapy. This suggests that parents play an important role in sustaining the child's therapy.

Another study conducted by Garcia and Weisz (2002, as cited in Fredman, 2018) found that premature termination of child and adolescent treatment often resulted from dissatisfaction on the part of either the parent or the child with the therapist. Given the influential role of parents in their child's therapy, cultivating strong alliances with both parties can significantly contribute to the quality and continuity of therapy.

Maintaining Attachment while Negotiating Autonomy

The role of secure attachment is crucial in childhood and no less important to maintain throughout adolescence. According to Diamond and colleagues (2021), research indicates that adolescents who have a balance of secure attachment while developing their newly forming autonomy and individuation experience improved mental and physical health outcomes, perform better academically, and exhibit greater confidence and self-esteem (Allen et al., 1998; Kobak et al., 2006; Lynch & Cicchetti, 1991; Rosenstein & Horowitz, 1996, as cited in Diamond et al., 2021).

This balance of attachment and autonomy is crucial when establishing a therapeutic alliance with an adolescent. Clinicians should assist the clients in navigating their newly forming autonomy through considerations of confidentiality and individuation, while also maintaining a sense of security through caregiver involvement and support. Keeping these

concepts in mind is a crucial aspect as clinicians develop and maintain an alliance with the adolescent client and their caregiver.

Needs of Adolescents in Maintaining Therapeutic Alliance

To maintain a strong therapeutic alliance with an adolescent client, clinicians must ensure there is a mutual understanding of the contributing factors. Numerous qualitative interview studies (Campbell & Simmonds, 2011; Cook & Monk, 2020; Fredman, 2018; Hawks, 2015; van Benthem et al., 2020; Zandberg et al., 2015) asked adolescents and therapists what they feel are important components of a strong therapeutic relationship. While considering a delicate balance between security and autonomy, relevant components of a strong therapeutic alliance for adolescents included authenticity, non-judgement, sense of empowerment, and trust in confidentiality.

Authenticity. Adolescents have a keen awareness of inauthenticity within adults and can often sense when their therapist is ingenuine (Campbell & Simmonds, 2011). To break down that power imbalance and build trust in the therapeutic relationship, the therapist should engage with adolescents on an equal footing, avoiding any sense of superiority. This involves avoiding technical jargon, creating a physically comfortable space, and promoting a sense of equality (Campbell & Simmonds, 2011).

Non-Judgement. When adolescents sense judgment or control from adults in their lives, they tend to withhold or conceal aspects of themselves they feel will be negatively judged (Cook & Monk, 2020). One student described their ability to speak freely in therapy as "being able to take that mask off. . . you can just be who you are. And you can just talk as yourself" (Cook & Monk, 2020, p. 105). For adolescents, maintaining authenticity and vulnerability, free from the

fear of judgment or criticism, can be incredibly liberating. When vulnerability is met with validation, warmth, and non-judgement, incredible progress can be achieved.

Trust in Confidentiality. The aspect of confidentiality is paramount, influencing the depth of disclosure and trust in the therapeutic relationship ; (Jenkins, 2010; Radez et al., 2022). An adolescent's expectation of confidentiality significantly impacts their willingness to open up, be vulnerable, and trust their therapist. Lanyado and Horne (2009) state the importance of maintaining a private space for the individual client and suggest that providing feedback to the parents is not necessary. This belief is echoed by Klein (1975) who stated feeling adamant that adolescent therapy be distinct from the family and home, which asserts their autonomy and individuality. Adolescents are at a stage of development in which they are seeking their own identity separate from their parents, and individual therapy can provide that space of exploration and individuality.

Breaches in confidentiality, as highlighted in a survey of counselling in schools (Jenkins, 2010), can deter adolescents from engaging in therapy due to concerns of disclosure to their parents. Trust in confidentiality is a vital factor in an adolescent's decision to participate in therapy. Breaches in confidentiality may cause embarrassment and loss of trust that could seriously harm the therapeutic alliance (Jenkins, 2010). For some adolescents, the therapy room is the only space they feel they have autonomy, control, and confidence in their privacy. Ensuring absolute confidentiality fosters an environment where adolescents feel secure in sharing personal information.

Sense of Empowerment and Autonomy. In counselling, power imbalance is inherent, particularly when the client is a child or adolescent. Typically, a caregiver will refer their adolescent to therapy, thus minimizing the adolescent's sense of autonomy. This lack of choice,

along with the power imbalance stemming from age, professional dynamics, and other factors like gender and socio-economic status, collectively contribute to the adolescent's sense disempowerment and vulnerability. This is a less than optimal starting point for adolescent therapy and ensuring the client has a sense of agency moving forward is important (Stige et al., 2021).

As highlighted by Levitt and colleagues (2016, cited in Stige et al., 2021) professionalism of the therapist may be perceived negatively by the adolescent, creating a greater distance for collaboration and connection. Young clients who perceive their therapist as more powerful and more knowledgeable in what is best for the client, can result in the client feeling less understood and less empowered. It's crucial to highlight that even though the caregiver has chosen the therapist for their child and granted consent, it's equally important to empower the adolescent by conveying that if they don't feel the match is suitable, they have the right to seek out a different therapist. Ultimately, the therapy experience belongs to the adolescent, and it's vital for them to feel confident in their choice of confidant. In my own practice, expressing this option verbally has proven effective in fostering a sense of equality, empowerment, and active involvement for the client in the therapeutic process.

A few studies have illuminated how young clients manage autonomy within the therapeutic relationship (Gibson and Cartwright, 2013; Løvgren et al., 2019, as cited in Stige et al., 2021). Research shows that a strong alliance between client and therapist within the initial session is associated with a notable increase in a positive outcome compared with therapist and client ratings of a poor alliance (van Benthem et al., 2020). Creating a space where the young client can practice autonomy, decision-making, and feel empowered can greatly support their willingness and trust in the therapy.

In further honoring their voice, clinicians note that giving adolescents an opportunity to speak for themselves, especially after separate conversations between the clinician and the caregiver have occurred (Hawks, 2015). This can occur by providing a platform for the client to express themselves from their point of view, separate from their caregivers (Hawks, 2015). Encouraging the client to take the lead in therapy can be a helpful way to reinforce their autonomy and giving them choice and control. However, it is important to be mindful of the risks. As noted by Hawks (2015), encouraging the client to express themselves from their own perspective can leave some clients feeling especially vulnerable without a sense of structure. To navigate this, clinicians can initiate the process with some guidance and structure, gradually allowing the clients to exercise their autonomy as trust and confidence in the therapeutic relationship strengthen over course of the therapy (Cook & Monk, 2020).

Caregivers Experience and Needs

It is important for counsellors to consider the perspective of the parent as they engage with their child in therapy. As explained by Damour (2023), parents' concerns and questions about the work their adolescent is doing in therapy is often rooted in fear. Not only is there a worry about the problematic behaviours their teen is currently exhibiting, but parents may also worry that these behaviours are a reflection of their own parenting abilities. Providing validation and empathy for the parent's experience can normalize their feelings of vulnerability and concern, alleviating anxiety and shame, and fostering a sense of trust in the therapeutic process. This approach also helps to mitigate the risk of therapists inadvertently distancing themselves from the parent, which could create a greater barrier to establishing support at home. Recognizing and addressing the potential feelings that parents may feel left out or inadequate can

further enhance the therapeutic alliance and create a more supportive environment within the family (Damour, 2023).

Ethical Considerations

As discussed above, perspectives on confidentiality can either hinder or facilitate the continuation of therapy, depending on the perspective of the adolescent client and their caregiver. Varying expectations and assumptions regarding confidentiality in counselling can and do exist. Failure to address and align these variances can result in ruptures within the therapeutic alliance. Thus, it is imperative for clinicians to possess a clear understanding of their legal and ethical boundaries concerning confidentiality. Clearly outlining these boundaries with both the client and caregiver is essential to ensure mutual understanding of expectations and to provide comprehensive information. In the following sections, I will outline the pertinent ethical codes as laid out in both the British Columbia Association of Clinical Counsellors (BCACC) and the Canadian Counselling and Psychotherapy Association (CCPA) that address working with adolescent clients in therapy.

Primary Responsibility

The first ethical article within the CCPA Ethical Standard Practice (2021), entitled "Counselling Relationships", underscores the concept of primary responsibility. This states that counsellors hold a primary obligation to help their clients. Counsellors are to work with their clients through collaborative dialogue to ensure a clear understanding and agreement on goals, purpose, and nature of counselling, allowing clients to make an informed decision (2021).

Mature Minors

According to BCACC (2015), a child is defined as an individual under the age of 19. The Infants Act grants the authority for any child with sufficient capacity to make independent

decisions to give "legally binding consent to clinical counselling without the need for additional consent from a parent or guardian" (BCACC Practice Summary, 2015, p. 2).

Such a person is considered a mature minor. To determine maturity, the counsellor will assess the child's mental and emotional development, ensuring they comprehend the proposed counselling, its probable consequences, benefits, risks, and the implications of refusing counselling. If these conditions are met, the child is deemed a mature minor; otherwise, parental or guardian consent is required (BCACC Practice Summary, 2015).

Confidentiality

As stated in Canadian Counselling and Psychotherapy Association's Ethical Standards of Practice (CCPA, 2021), clinicians have a "fundamental ethical responsibility to take every precaution to respect and to safeguard their client's right to confidentiality, and to protect from inappropriate disclosure, any information generated within the counselling/therapy relationship" (p. 14). The responsibility to protect the clients' confidentiality begins during the initial informed consent process, before commencing working with the client.

Limits of Confidentiality

There are exceptions of this ethical duty to maintain confidentiality. A counsellor is required by law to disclose personal information to some authorized third party (Ministry of Child and Family Development, parents, police, etc.) with or without requirement of the client's consent if the counsellor has reason to believe that a child has been, or is likely to be, physically harmed, sexually abused or sexually exploited, or is otherwise in need of protection. Further, a report must be made if "there is imminent danger to an identifiable third party or to self" (p. 14) and when a disclosure is ordered by a court (CCPA, 2021).

The CCPA adds that counsellors should discuss confidentiality with their prospective client as well as any third-party payors (I.e. caregiver or guardian) prior to beginning therapy (CCPA, 2021). It is also noted that the conversation around limits of confidentiality should be re-visited throughout the counselling process (CCPA, 2021).

Disclosing Personal Information

While breaking confidentiality and revealing a client's personal information may be legally justified for safety reasons, it is essential that the counsellor follows good counselling practices by informing the client about these necessary steps.

When considering the disclosure of the child's information to their guardians, the first step involves ensuring the child comprehends the potential advantages and disadvantages of such disclosure. Subsequently, the counsellor must assess whether this disclosure aligns with the child's best interest. One powerful consideration, as stated in the Standard of Care, is "will injury done to the relationship by disclosure be of greater consequence than the benefit gained to the legal proceedings by disclosure?" (CCPA, 2021, p. 17).

For example, if the client's main issue is struggling to be vulnerable with personal or embarrassing information, a consideration of whether disclosing this information does more harm than good should be considered first. Further, if the information said therapist is considering disclosing may cause serious harm to the relationship between the guardian and the client, serious consideration must be made in whether that disclosure is followed through. A highly recommended reference for assessing if a disclosure is in the child's best interest is the BCACC Guideline for Ethical Decision Making (2008). This document states, "decision making in all areas of practice requires a consideration of the ethical principles" (p. 1). It continues by

stating, “in situations where the ethical solution appears to be ambiguous, or where values or interests " (p. 1).

Children and Confidentiality

Counsellors who work with children “have the difficult task of protecting the minor’s right to privacy while at the same time respecting the parent’s or guardian’s right to information” (CCPA, 2021, p. 16). In their Standards of Practice, CCPA has outlined some considerations that help address and guide counsellors who are dealing with the dilemma mentioned above.

As stated by CCPA, “parents and guardians do not have an absolute right to know all the details of their child’s counselling, but rather, each request should be evaluated on a ‘need to know’ basis” (2021, p. 16). Further, each school or work environment that provides counselling services to children should have an established protocol that should involve counsellors “in adjudicating parental requests for information about their child’s counselling information” (CCPA, 2021, p. 16). Lastly, it is important to remember that as the minor client grows and matures, the parent’s right to know will diminish and may even terminate when the child is able to provide informed consent. The BCACC Practice Summary (2015) underscores that the mature minor’s preference for confidentiality may take precedence over the preference of the parent or guardian. It is essential to recognize that the guidelines and regulations established by various counselling environments play a crucial role. For instance, school settings might demand greater parental involvement in the counselling process, while private practice or government agencies could have different expectations or requirements. Each practicing therapist and client should be aware of the protocol within their working environment and region.

Summary

Adolescence is widely recognized as a critical and complex developmental stage, marked by profound physical, cognitive, emotional, and social changes. This transitional period typically spans from roughly 10-19 years of age, although the timing and duration can vary individually (World Health Organization, 2023). Throughout this stage of development, biological changes occur including growth spurts, hormonal fluctuations, development of sexual organs, and menarche in females. Cognitively, adolescents undergo significant development, including heightened emotions, reactivity, and variability. They engage in more risk-taking behaviour, seek recognition and inclusion of their peers, navigate their newly forming identity and sense of self (Damour, 2023; Grotevant, 1998). While adolescence represents a time of growth, learning and self-discovery, it also represents a period of vulnerability, with mental health issues showing a considerable increase during this time.

Research highlights a concerning rise in negative mental health issues among adolescents (Boulter & Rickwood, 2013; CIHI, 2022; MDSC, 2019; Smith et al., 2019) with especially notable increases due to the recent COVID-19 pandemic (Miller et al., 2022;Racine et al., 2021). Further, there is an incongruence in the accessibility and continuity of mental health support for adolescents facing these challenges (Gorfinkel et al., 2023) There exists a wide range of barriers that hinder adolescents in accessing and maintaining therapy, (Aguirre-Velasco et al., 2020; Gulliver et al., 2010; Radez et al., 2022; Pfieffer et al., 2022) with caregivers playing a significant role in this dynamic. Although caregivers, given the right circumstances, can be instrumental in fostering a healthy sense of well-being of the adolescent client, these benefits are met with barriers. Given the vulnerability of this age group and the obstacles they face in securing mental health support, clinicians play a crucial role in mitigating these barriers and advocating for adolescents in need.

A major component of any therapy is a strong therapeutic alliance which is the foundation for therapeutic growth (Hawks, 2015). However, current research considers how therapeutic alliance works with adult clients, ignoring how therapeutic alliance varies when working the adolescent population. A particular difference of therapeutic alliance with adolescent clients involves the relationship with the caregivers (Campbell & Simmonds, 2011; Feinstein et al., 2009; Fredman, 2018; Gergov et al., 2021; Hawks, 2015; Zandberg et al., 2015)

As adolescents navigate the transition between childhood and adulthood, they grapple with their newly forming autonomy and the authority of their caregivers. Common issues like triangulation and unreasonable caregiver expectations can arise when working with adolescent clients when their caregivers are involved. Clinicians must understand the implications of this dynamic and navigate it in the most supportive manner possible.

Presently, mental health practitioners often express a lack of formal training on effectively managing caregiver involvement in adolescent therapy, navigating associated risks and challenges without proper guidance (Haine-Schlagel et al., 2017; Jäderberg et al., 2019). The purpose of this paper is to underscore the insufficient training provided by clinicians in this regard. Additionally, it aims to shed light on the intricacies of involving caregivers in adolescent therapy, addressing the potential benefits, limitations, and associated challenges that arise when working with adolescent clients and the involvement of their caregiver.

The third and final chapter of this paper consists of a discussion of the literature review, limitations of the findings and current research including terminology, structural power, and personal biases. Then, an application of the current findings will be presented, including suggestions for clinicians working with adolescents and their caregivers. This chapter will conclude with a reiteration of the purpose of my paper.

Chapter Three: Discussion and Application

Discussion

The primary aim of this literature review was to shed light on the nuanced, often unclear, and inevitable interaction and involvement of the adolescent client's caregiver in terms of the therapeutic alliance. To help the reader understand this issue, I began by focusing on the develop of adolescents and their experiences in terms of physical, social, and cognitive changes. I then went on to highlight that adolescents are a vulnerable group with heightened risk for mental health problems while at the same time face many barriers to accessing mental health support. Parents and caregivers can act as protective factors by supporting their adolescent's mental well-being and by helping to provide access to and maintenance of mental health support. However, due to the developmental level of adolescents and their transition from childhood to adulthood, clashing expectations, desires, and goals between their parents and them can create risks and ruptures to the therapy. This paper aims to answer the question: how can clinicians maintain a strong alliance for both the adolescent client and their involved caregiver in a way that acknowledges and validates the caregivers while advocating and supporting the rights of the adolescent client?

The findings of this literature review considered the lived experiences of mental health practitioners, adolescent clients, and parents and caregivers of adolescent clients and their relationship to the therapeutic alliance and maintenance of therapy. The defining aspect of a strong therapeutic alliance with clients of this developmental stage involve a sense of privacy, confidentiality, and trust.

Limitations

This literature review recognizes specific constraints and limitations that could affect the interpretation of these findings.

Terminology

Adolescence. It is important to bring forward and acknowledge the limitations of this paper based on the data I collected for my literature review. Firstly, due to the ambiguity and inconsistency of the use of the term adolescent, I searched the terms *child, teen, teenager, youth, adolescent, young client,* and *minor* when conducting my research. The term "adolescent" can encompass a broad age range, typically ranging from 10-19 years old (World Health Organization, 2023). However, some of the studies used this term to describe varying ages between 10-24. Further, some studies refer to *child* as the offspring of the parent. Many of the studies I found used terms such as 'child-parent therapy', 'parental involvement in child therapy', 'child mental health services' and so on to describe any person under the age of 18 years. This variation and ambiguity in age ranges and terminology leads to inconsistencies and challenges in comparing findings across studies. These limitations also counteract my intention which is to focus on the specific needs of those transitioning from childhood to adulthood. To address these challenges, future researchers should explicitly define the age range of the group in which they are referring, acknowledging the diversity within this developmental period.

Clinician. The terms mental health clinician, therapist, and counsellor are often used interchangeably, but they encompass professionals with varying levels of training, qualifications, therapeutic experience, and approaches. The lack of clear distinctions may lead to a diverse range of practitioners being included in the literature, which may affect the interpretation of the findings. Because these terms were used interchangeably, not clearly defined in the literature, and were taken from research articles from varying countries and jurisdictions in which ethical

and legal guidelines vary, the limitation here is that the therapeutic experiences of the participants within the studies will be varying due to these different ethical guidelines of the therapy itself. Further, depending on where the clinician works (e.g. school system, private practice, hospital, non-profit organization etc.) varying workplace guidelines and protocols impact the clinician's ability and resources to involve the caregiver. To address these challenges, it is crucial for researchers to explicitly define the terms they use and consider the specific professional backgrounds, training, and roles of practitioners in the studies under review.

Structural Power

The majority of the studies I extracted were conducted in English-speaking, Westernized and European countries including Canada, United States, United Kingdom, Australia, Norway, Germany, the Netherlands, and Finland. This introduces significant limitations to this paper, involving both systemic and power dynamics.

Cultural Implications. The nature of therapeutic alliance is influenced by cultural nuances, including communication styles, family dynamics, and societal expectations. Relying on a Westernized lens and context, which generally uses an individualistic approach, may overlook culturally specific aspects of therapeutic relationships in non-Western settings. Further, the overrepresentation of Western perspectives may further highlight the assumption that they are the standard or normative perspective, potentially marginalizing effective practices of non-Western settings.

Language and Communication Styles. Language barriers can contribute to a power imbalance, reinforcing the idea that therapeutic practices conducted in English are more superior. Although power dynamics and cultural differences were very briefly pointed out in the literature review, it is an area that deserves further consideration as it can also create risks of rupture and

imbalance between the caregiver, adolescent, and therapist. For example, a caregiver who is a non-English speaking migrant, may feel excluded or purposefully not included in the therapeutic interventions, because of these differences.

Caregiver-Adolescent Dynamics across Cultures. Caregiver-adolescent relationships vary significantly across cultures, with differing expectations and roles. Relying heavily on Western perspectives may limit the understanding of how therapeutic alliances are formed and maintained in diverse cultural settings.

Resource Allocation and Generalization. Resources and funding of research are often concentrated in Western institutions and may neglect perspectives of non-Western contexts. Unequal distribution of resources reinforces a global power dynamic where Western research agendas shape the narrative around therapeutic alliance, potentially marginalizing the important perspective of non-Western cultures. Generalizing therapeutic alliance issues and strategies primarily from Western sources may unintentionally contribute to a one-size-fits-all approach, ignoring the importance of tailoring interventions to specific cultural contexts.

The concentration of findings from Westernized, English-speaking countries introduces systemic biases and power imbalances, potentially minimizing the paper's effectiveness in addressing the needs of diverse global populations. Acknowledging and highlighting the source of my findings is meant to educate the reader and ensure that the findings are not meant to be generalized. Future research should aim to integrate differing perspectives and cultures in regard to therapeutic alliance and family involvement.

Personal Bias and Privilege

It is important to acknowledge my privilege and be aware of how it may impact this literature review. As a person from a dominant cultural group (White, English-speaking,

European decent, middle-class), my experiences may align more closely with cultural norms prevalent in my current society. This may inadvertently create biases in my review by giving greater thought or emphasis on cultural differences, financial issues, and family issues. Growing up, I had a positive relationship with my parents in which I felt I had an appropriate balance between autonomy and rules, and which I felt secure and cared for. Based on these personal experiences, I may have unintentionally overlooked certain challenges faced by individuals of different cultural, socioeconomic, or family backgrounds. These subconscious biases may influence my interpretation of the research findings. For example, I may have unintentionally overlooked or left out important barriers or issues or perhaps included research that reflected my own experiences or assumptions.

Varying Backgrounds and Histories

The purpose of this paper was to highlight the vulnerability that adolescents face, including the many barriers placed between them and access to mental health services. This paper was intended to highlight the intricacies of parental involvement and the benefits and limitations of this involvement. These findings contain general findings of the experiences of adolescents, parents, and therapists, and the adolescent clients used in this literature review consisted of a variety of backgrounds, mental health problems, developmental levels, and varying circumstances. There is, of course, significant variation of needs and circumstances with families and their children. Factors like financial struggles, family difficulties like traumas, death and loss, parental mental issues, etc. play a significant role in how therapy is handled. Clients with serious and/or severe mental health problems (risk of suicide, risk of self-harm, developmental disorders, etc.) should be addressed with critical consideration.

Application of Research

This comprehensive exploration of adolescent therapy, including legal, ethical, and developmental facets, as well as the nuanced advantages and limitations related to caregiver involvement, provides valuable insight for readers. This final section will apply the findings of this paper to therapeutic practices and future research.

Therapists Personal Reflection and Awareness

A major implication when working in the mental health field is for therapists to be reflective and aware of personal bias and limitations to their ability to work ethically. Therapists should consider any personal limitations in their ability to work in family therapy or relational therapy settings as well as varying ages of clients. Therapists should consider if they have the appropriate tools, knowledge, experience, and overall capability to work with given ages and dynamics of clients. Working with child and adolescent clients differs from working with adult clients due to varying ethical and legal considerations as well as the involvement of the caretaker. If a therapist recognizes that they are unable to maintain impartiality, respect, and support for all parties involved, it is ethically responsible for them to reconsider their suitability for clients of this age range.

Therapists who choose to engage with adolescent clients must consistently understand the legal and ethical frameworks that inform their practice, along with a clear awareness of their personal limitations and boundaries when working with the underage population. The specifics of the confidentiality agreements and the therapeutic approach may vary depending on the therapist's workplace policies and flexibility. Decisions around the confidentiality agreement, such as whether the therapist is comfortable conducting sessions solely with or without guardians, should be given consideration. Therapists also need to determine their own

willingness to negotiate and collaborate with the adolescent client and their caregiver that aligns with ethical guidelines and serves the needs of the client.

In an effort to uphold consistent self-reflection, personal biases, and professional abilities, referring to the ethical code of conduct is crucial. As a member of the British Columbia Association of Clinical Counsellors (BCACC), the Code of Ethical Conduct (2014) is a prime reference for clinicians to use as they navigate their personal and professional abilities. Principle Two of the Code of Ethical Conduct (2014) reflects on competent and responsible caring. It highlights the importance of maintaining competency through continuing education and, of course, supervision and peer consultation. This code addresses the ethical responsibility to refer ones' client to other professionals if they are better suited for the client and in the best interest of the client (2014). To further their self-reflection and positionality, therapists can use reflective questioning, journaling or peer discussions to enhance self-awareness, ethical practice and

Interventions and Training for Therapists

It is evident that caregiver involvement and the development of strong therapeutic alliance with both caregiver and adolescent is vital for enhancing the therapeutic process. Existing research underscores the positive impact of caregiver involvement in child and youth therapy (Diamond et al., 2021; Haine-Schlagel et al., 2017; Haine-Schlagel et al., 2015; Radez et al., 2022; Zisk et al., 2019). However, the nuances of how and when to involve the caregiver is up for debate. It seems that further training for therapists in working with children, adolescents, and the involvement of the caregiver is needed. Both novice and seasoned therapists are lacking the appropriate skills and support in their work with this age group (Jäderberg et al., 2019). The findings in this paper highlight the crucial gap in the training and resources available to therapists, emphasizing the need for ongoing education and support in order to enhance the

confidence and skills in fellow therapists as well as to strengthen the therapeutic interventions and alliance for adolescent clients.

Specialized training programs could be a possible avenue to explore and invest in. A program such as this could focus on child and adolescent psychology, developmental psychology, and family therapy techniques to provide therapists with specific knowledge and skills needed to work effectively with this population, along with the information on the applicable ethical and legal guidelines within their respective area of practice. Further, continuing education workshops on topics such as adolescent development and issues, family dynamics, and evidence-based interventions could help therapists stay updated on techniques and research, facilitating the intricate process of engaging with adolescents and their families. A final avenue that could be beneficial would involve supervision, particularly from experienced therapists specialized in child and adolescent therapy, who can provide valuable guidance and support for therapists as they navigate complex cases. By investing in training and resource opportunities such as these, therapists can enhance their skills, keep up-to-date with techniques and research, and provide the most effective support for young clients and their support systems, which is of the utmost importance.

Informed Consent and Mutual Understanding

Effective communication and shared expectations play a crucial role in fostering a healthy, productive, and trusting therapeutic relationship in counselling (Fredman, 2018). As previously mentioned, research highlights a common obstacle for adolescents in seeking or sustaining therapy, often stems from a lack of trust or misunderstanding about the nature of therapy and its privacy ethics (Aguirre-Velasco et al., 2020; Gulliver et al., 2010; Pfeiffer et al., 2022). Professionals in the field of counselling and psychotherapy should recognize the

significance of establishing a mutual understanding regarding the therapy's nature among all involved parties, including the guardians and the adolescent client. Frontloading the therapy with clear and detailed understanding of what the therapy entails as well as boundaries and limitations can help to mitigate any risk of misinterpretation, misunderstandings, or disappointment among any member.

In instances where questions or concerns arise about the informed consent and confidentiality provisions, therapists should strive to create an environment that encourages discussion and collaboration of the therapeutic process. This underscores the importance of sustaining a working relationship with the guardian of the adolescent client, ensuring that open communication, trust, and collaboration remain central.

Psychoeducation and Resources for Family

A consideration for therapists working with adolescent clients where the guardians are involved would be to provide resources and psychoeducation at the very start of the therapeutic process. In the findings of the work by Boulter and Rickwood (2013), 11 of the 15 parent participants reported insufficient support, resources, and information regarding their child's mental health and how they can support their child. Providing resources, psychoeducation, and information for the caregivers of the child or adolescent client can help to develop a sense of community, support, and progression in the child's therapeutic process (Haine-Schlagel et al., 2017). A suggestion for future research and for current therapists would be to build a list of resources, relevant psychoeducation, and information for caregivers. This could include informational handouts and brochures that are relevant to the client's case, workshops, training sessions, and support groups in the area for the caregiver to attend if they wish, reputable online resources, articles, and videos that provide information on adolescent development, mental

health, and parenting strategies. This can empower caregivers with additional knowledge and insights.

Encouraging Caregiver Involvement

Even if the therapy itself remains confidential and private between therapist and adolescent client, research shows that using a community-based approach has tremendous benefits to long-term improvements within child and adolescent therapy (Haine-Schlagel et al., 2017). Caregiver involvement has been supported by researchers, policy makers, clinicians to be essential in therapy effectiveness (Haine-Schlagel et al., 2015) and research shows consistent improvements in child mental health when the caregiver is involved (Dowell & Ogles, 2010; Haine-Schlagel et al., 2015).

One example of an approach to involving the caregiver in the therapeutic process while still preserving individual therapy with the client is exemplified through the work of Haine-Schlagel and colleagues, who developed a toolkit for the client's caregivers (2017). The Parent and Caregiver Active Participation Toolkit (PACT) "involves a set of evidence-based engagement strategies for therapists to implement in all clinical contact with caregivers" (Haine-Schlagel et al., 2017, p. 374). This toolkit includes worksheets, motivational messages, and collaborative homework for the caregiver. The goal of PACT is not to add family therapy, but to encourage caregivers to become active participants in supporting their child at home, and to develop their own skills and reflective thinking in regard to parenting and supporting their child (2017). This toolkit allows the caregiver to feel empowered and involved without minimizing the privacy of their child's individual counselling, allows the child to feel more supported, and allows for more conversation and open dialogue within the triad of caregiver, client, and clinician. Further, PACT provides accountability to both the therapist and caregiver to follow

through on goals between sessions and to increase session structure. PACT also helps to normalize the experience of caregivers since personal testimonies and other caregivers' experiences of mental health support for their child (Haine-Schlagel et al., 2017). The development of a toolkit modified to adolescent therapy could prove beneficial. This concept allows for caregiver involvement in a way that does not diminish or threaten the individual therapy but includes to an extent some benefits of family therapy in which the guardian is involved.

Conclusion

The objective of this capstone project was to gain deeper insights into the experiences of adolescents undergoing therapy and to identify what is needed to maintain a strong therapeutic alliance with both the adolescent client and their caregiver. This research illuminated the obstacles that adolescents face in accessing and maintaining mental health support, underscored the importance of a strong therapeutic alliance, and highlighted the varying impacts that the role of caregivers has on an adolescent's experience of therapy.

The changes that adolescents experience at this stage of life – ranging from social and physical transformations to psychological shifts and the establishment of a new sense of autonomy and identity – introduce many nuanced challenges within therapy. It is important for therapists to continually increase their knowledge and understanding of this transitional period, the dynamic of family relationships, and most importantly, the needs and desires of the adolescent client.

Enhancing therapists' understanding of alliance dynamics, social and psychological development, and considerations surrounding informed consent and confidentiality in therapy is beneficial, regardless of the type of client therapists work with. The more informed therapists

are on these aspects, the more proficient they become at providing effective and ethical therapeutic interventions.

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