

TAKING CHILDREN/TEENS TO THERAPY: WHY DO THERAPISTS OFTEN WANT PARENTS INVOLVED?

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I've worked as a psychologist with our team to support children and young people for over 25 years and over the last decade I've seen a significant increase in the number of parents who seek mental health treatment for their children and young people. While therapy is not a magic fix, I do believe it can be an important step towards improving young people's emotional well-being.

Unfortunately, what many parents I've talked with do not always realize is that *their involvement in their children's therapy* may be just as important as the child or young people's own attendance at therapy sessions.

I thought it might be helpful for me to write this overview of the reasons why parents working together with their children and young people's therapists may be extremely important for young people's well-being. I'll cover the potential benefits, what research says about parent involvement – and also why it can sometimes it takes a lot of work to try to make it happen.

(NB about terminology – the term 'parents' in this article is used for the sake of brevity, but I'm using it to refer to biological parents, and also a range of other types of primary caregivers such as foster parents, carers and others)

Potential benefits for parent involvement in therapy

There are a range of reasons why parental involvement in a child's therapy can be positive, and even critical for children/young people's mental and emotional health.

Practical Assistance: First of course, parents play a vital role in ensuring young people can attend therapy sessions. From arranging transportation to providing financial support, parental commitment to these logistics helps ensure kids and teens can access therapy without interruption. Most of the children we see would just not be able to come to therapy (or regularly enough) to make therapy effective if it wasn't for the practical support of an adult.

Ethical Considerations: Psychologists are bound by national ethical guidelines which require them to as a baseline, *'to respect the child-parent relationship'*. Also, any professional providing a health service (including mental health services) are ethically required to get 'informed consent' before starting the health service (understand and agree to what is being proposed). If we assess that children/teens don't have the cognitive skills to give their own 'informed consent', we need to ensure we get this from their legal guardians in order to ethically start work with that young person.

Perspective and Insight: As any parent knows, children/teens don't always have the ability to quite describe exactly what is going on with them at times. This means they may struggle to articulate their emotional health experiences, the triggers for these experiences and the causes for them. Time after time in our clinic parents have been able to share valuable insights into their child or young person's behavior, emotions, and their environment - and they go on to help us work much more effectively and quickly compared to if we were relying only on the young person or child's knowledge and perspectives.

Support to Improve Skills: I sometimes think of parents as "live-in therapy coaches" for their children/young people. Therapy doesn't work through some enlightening discussion in a therapy room – it 'works' by changing skills, implementing strategies and developing understandings which are remembered and applied in home, social and school settings. However, all of this requires a client's motivation, energy and resources – and often children and young people don't have enough of these to make the changes needed.

When parents can reinforce practice and changes at home, they may be able to help facilitate positive changes in young people's lives far more effectively than they could without their help.

Adjusting Parenting Strategies: Although parenting does not “cause” mental health problems in children, certain parenting behaviors have been linked to better mental health outcomes for children and some have been linked to worse mental health. If we can support parents to know and use the kinds of approaches which can be helpful, we can sometimes powerfully improve children's well-being. (Important note to avoid any parent guilt! This is true even when parents are already doing a great job of supporting their child – it should be noted that there are strategies which might work for most kids, but that need to be adjusted and fine-tuned for children and young people with mental health challenges).

Addressing Parent Distress: Parents everywhere experience high levels of anxiety, chronic frustration, sadness and grief and guilt about issues related to being a parent. However, those who care for a child or young person with ongoing mental health challenges are more likely to experience even higher and more persistent levels of this kind of distress. When we see parents in our clinic, we want to try to support and care for parents while working with their child/young person – because we know that not only does this benefit parents – it also then has flow on positive benefits for the child/teen. Sometimes we will be able to do this in small ways while the child/teen is our primary client, or sometimes we will want to have the parent as our primary client and do this work more intensively (incidentally, this means we can't be seeing the child/teen themselves in order to avoid conflicts of interest).

What's the evidence for working with parents?

All of the above reasons for parents being involved in their child and teen's therapy sound reasonable on paper – but you might reasonably ask whether this has been tested – is there any hard evidence to support this? The answer to this question is yes – a great deal of it.

For instance, randomized controlled trials (studies where parents are randomly allocated to one group or another) have consistently shown that when parents of children/teens with a mental health condition receive an 'parent directed intervention' (i.e., when parents directly receive parenting related strategies and support from a therapist themselves) their child/young person improves more - than when these young people's parents don't receive a treatment, or get a 'control' condition (like just receiving information).

There are many types of 'parent directed treatments' which have been tested in this way – but the individual components of these treatments have a great deal of overlap. They often include strategies and approaches which include ways of effectively communicating with, coaching, understanding and responding to children and teens with emotional health challenges, and managing their own distress, instincts and difficult experiences.

Even more convincing, there have also been meta-analytic reviews (papers which evaluate groups of studies) comparing 'child/teen-only therapy' to 'parent-involved therapy' which have found that the latter usually produces better outcomes.

As a result of this research, international guidelines which guide therapists, including those from organizations such as the Australian Psychological Association and the National Institute for Health and Care Excellence - recommend parent-directed treatments as first-line interventions for some childhood mental health disorders.

The challenges and limitations of parental involvement in therapy

Despite the possible benefits of and evidence for parent involvement in their child/teens therapy, there are still some limitations and challenges for doing this work.

Child/Teen Consent: In many cases, young people – especially older children and teens - may resist their parents involvement in their therapy. They may have concerns about their privacy or autonomy, and want their therapist. If a young person has what is often called “capacity to give informed consent to their own health treatment” (there is no definitive age for this – but for many children it might be around the age of 13 or 14 onwards) it means a therapist must (legally) respect their wishes, unless there are clear safety implications for not doing so. Even younger children should provide what therapists might call “assent” to having their parents involved. This means therapists have to always be thinking about respecting a child's wishes while balancing our desire to work with parents when helpful.

Financial Barriers: The cost of therapy sessions and lack of financial assistance can pose challenges for families seeking treatment for their children. Many funding bodies do not provide funding for parent-directed therapy, and this means if we want to provide a full course of evidence based treatment for parents in Australia it may run to two or three thousand dollars. This makes it difficult for many parents to afford the necessary treatment.

Practical Hurdles: Even outside of costs, juggling work, household responsibilities, and other commitments may make it difficult for many parents to attend therapy sessions regularly enough to see real change (the occasional monthly session is often just not sufficient for changes to happen). We have to try to talk with parents about whether they have the ability or resources to be able to attend – for example – a course of 10 or 12 sessions fortnightly.

Emotional Strain: Parenting a child with mental health challenges can be emotionally draining. Coping with feelings of grief, anxiety, frustration, and exhaustion can make it feel impossible to commit to being involved in a child/teen’s therapy (which in itself can be emotionally tough). In addition, some parents feel blamed or judged in therapy – while this is never the intention of (I hope the majority of) therapists – unfortunately it can happen. Even when therapists don’t mean or intend for this to be the result, even just the discussion of what parenting strategies might be helpful sometimes is a hard experience for parents.

Navigating Family Dynamics: Blended or separated families may face additional challenges in maintaining open communication and ensuring consistency in their child’s therapy. Conflicts between co-parents or strained relationships with extended family members can complicate the therapeutic process in many ways.

Moving forward

It’s beyond the scope of this article to think about how all these challenges can be overcome. I hope listing them, however, might be helpful in identifying more specifically what might be the hardest aspects of being involved in a child/teen’s therapy.

At this point, it might be helpful for me to reiterate the themes at the beginning of the article. If there are ways we can creatively and persistently try to overcome some of these obstacles, we know that for many families, parents being involved in their child's therapy can make a significant difference in its effectiveness, and children and young people’s well-being.

I take my hat off to all the parents who are working really hard to try to do this – and of course also to therapists doing this work as well. My experience is that almost all parents I see are keen to see therapy effective and will do everything they can to make that happen.