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Parent Participation in Cognitive Behavioral Therapy for Children and Adolescents: A Scoping Review

Çocuk ve Ergenlerle Bilişsel Davranışçı Terapide Ebeveyn Katılımı: Bir Gözden Geçirme Çalışması

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ABSTRACT

This research aims to evaluate the psycho-education and therapy programs prepared for children and adolescents with the Cognitive Behavioral Therapy approach and implemented between 2001-2021 in terms of parental involvement. This research, which was carried out in the descriptive model, is a review study. The articles covered in the research were accessed through Web of Science, ERIC, PubMed, Google Scholar, and ScienceDirect academic databases and were determined to be by the inclusion and exclusion criteria determined by the researchers, 10 of which were quasi-experimental with a control group and 7 in a randomized controlled study design. 17 articles were reviewed. Fifteen of the studies included child and adolescent sessions, while 2 included only children's sessions. According to the findings, it was determined that parent participation was used in all of the studies, the number of therapy sessions was between 8-30, and the session durations varied between 20 minutes and 1.5 hours in total, including the child/adolescent and parents It was stated that children and adolescents included in the treatment experienced various psychological disorders such as anxiety disorder, depression, obsessive-compulsive disorder, anger control disorder, attention deficit, and hyperactivity disorder, and eating disorder. These findings show that Cognitive Behavioral Therapy practices for different psychological disorders for children and adolescents benefit from parental involvement in 82% of the studies. The fact that the types of parental involvement and the presence of parental pathologies are not detailed in the studies constitute the shortcomings of parent involvement studies.

Keywords: Adolescent, child, parent involvement, cognitive behavioral therapy, psychoeducation, family

ÖZ

Bu araştırmanın amacı Bilişsel Davranışçı Terapi yaklaşımıyla çocuklara ve ergenlere yönelik hazırlanan ve 2001-2021 yılları arasında uygulanan psiko-eğitim ve terapi programlarını ebeveyn katılımı yönünden değerlendirmektir. Betimsel modelde gerçekleştirilen bu araştırma bir gözden geçirme çalışmasıdır. Araştırmada ele alınan makalelere Web of Science, ERIC, PubMed, Google Scholar, ScienceDirect akademik veri tabanları aracılığıyla ulaşılmış ve araştırmacılar tarafından belirlenen içerleme ve dışarlama kriterlerine uygun olduğu belirlenen, 10'u kontrol gruplu yarı deneysel, 7'si randomize kontrollü araştırma deseninde olmak üzere 17 makale incelenmiştir. Çalışmaların 15 tanesi çocuk ve ergen oturumlarını içerirken, 2 çalışma sadece çocuk oturumlarını içermektedir. Bulgulara göre çalışmaların tamamında ebeveyn katılımını kullandığı, terapi oturum sayılarının 8-30 arasında olduğu, oturum sürelerinin çocuk/ergen ve ebeveynler dahil toplam 20 dakika ile 1.5 saat arasında değiştiği belirlenmiştir. Tedaviye dahil edilen çocuk ve ergenlerin kaygı bozukluğu, depresyon, obsesif kompulsif bozukluk, öfke kontrol bozukluğu, dikkat eksikliği ve hiperaktivite bozukluğu, yeme bozukluğu gibi çeşitli psikolojik bozukluklar yaşadığı belirtilmiştir. Bu bulgular, çocuk ve ergenlere yönelik farklı psikolojik bozukluklara ilişkin Bilişsel Davranışçı Terapi uygulamalarının ebeveyn katılımından yararlandığını ve çalışmaların %82'sinde ebeveyn katılımının terapinin faydasını arttırdığını ortaya koymaktadır. Ebeveyn katılımının türlerinin ve ebeveyn patolojilerinin varlığının çalışmalarda detaylandırılmamış olması, ebeveyn katılımı çalışmalarının eksikliklerini oluşturmaktadır.

Anahtar sözcükler: Ergen, çocuk, ebeveyn katılımı, bilişsel davranışçı terapi, psikoeğitim, aile

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Introduction

One of the psychotherapy approaches used in treating mental problems of children and adolescents is Cognitive-Behavioral Therapy (CBT; Connolly and Berstein 2007). CBT is a focused, short-term, client-active process in the here and now. It requires children and adolescents to participate in in-session and in-home exercises (Kendall 2011). Although CBT principles are evidence-based and standardized, clinicians can stretch the treatment to adapt to the individual characteristics of the clients (Kendall et al. 2008). Clinical trials show that CBT is a very effective method in the treatment of anxiety disorders, depression, and phobia in children and adolescents, regardless of whether it is individual or in groups and the format of the techniques used (Hudson et al. 2009, In-Albon and Schneider, 2007, James et al. 2020). For this reason, CBT is used quite frequently in treating many psychological problems of children and adolescents, such as peer bullying, introversion, depression, phobias, and anxiety disorders (Elkins 2016, Waite 2019, Taylor 2021). Considering the findings of studies evaluating the effectiveness of CBT in child and adolescent samples, it is seen that CBT's symptoms of anxiety disorder in children and adolescents are 50%-80% (Barrett et al. 1996, Silverman et al. 1999, Walkup et al. 2008, Ishikawa et al. et al. 2012) reduced obsessive-compulsive disorder symptoms by 60-80% (Bodden 2008, Ünver 2017) and depression symptoms by 55-75% (Lock 2010, Taylor 2021). However, related studies mention that parent involvement is a mediating variable in the effectiveness of CBT. When the literature is examined, it is emphasized that parent involvement plays an essential role in the efficacy of CBT studies for children and adolescents (Cobham et al. 1998, Creswell and Cartwright-Hatton 2007).

The role of parent involvement in CBT-oriented studies has been in the literature in recent years. Particularly at the end of the 90s, parental involvement began to take place in studies involving CBT approaches. Emphasis on the contribution of not only diagnostic evaluation but also family and parent relationships to therapy in the literature shows that familial and parent-specific factors that affect treatment are worth investigating by defining the roles of parents in the process. Factors such as children/adolescents' reasoning, self-knowledge and meaning, and communication patterns with their parents differ for each client (Cardy et al. 2020). At this point, questions about how the parent is involved in the process are one of the points to be considered in the interpretation of the effectiveness of the therapies. Because the main purpose of involving parents in therapy is the belief that it can help children and adolescents benefit more from treatment. It is believed that parents can change their attitudes towards their children's problems and coping skills, and it is assumed that parental involvement will increase the benefit of treatment for the child and adolescent. Another reason for including parents in treatment is that it has been determined that anxiety runs in families and that parents with anxiety disorders may unintentionally arouse anxiety in their children through reinforcement and modeling (Barrett et al. 1996). It is thought that psychoeducation and skill acquisition training to be given to parents with CBT will reduce these anxiety and anxiety levels. However, it is assumed that parent involvement can facilitate the successful transfer, generalization, and maintenance of new skills and treatment gains into the child's daily life. Because parents continue to be a relatively stable part of their child's life, they can encourage and develop the use of newly learned, desirable behaviors even after the intervention (Nauta et al. 2003, Stallard 2005, 2009). Parent involvement takes different forms in therapy sessions in CBT studies for children and adolescents. With basically three types of participation The sessions that take place can be carried out in the form of joint sessions in which the parent is included in the therapy with the child/adolescent in parallel sessions (Kendall 2000), as well as the parent is included in the sessions with the child or adolescent (Spence et al. 2000). As another type of participation, parents follow the therapy sessions of the child or adolescent from the mirrored room (Albano and DiBartolo 2007, Sorias et al. 2009). In this way, it is stated in studies that the participation of a parent can make it easier for the family to have information about the child/adolescent to follow the development of the child and contribute to the transfer of the child/adolescent's gains in therapy to the outside world (Albano and DiBartolo 2007, Sorias et al. 2009). However, although there are studies in the literature that consider the relationship of family and parent involvement to the process important in the treatment of psychological disorders in children and adolescents, there are also many questions and discussions regarding the effect of this participation on treatment (Silverman 2009). For example, studies have shown that 40% of children and adolescents who participate in CBT applications leave before the process ends (Wierzbicki and Pekarik 1993), especially in children/adolescents with parents with high-stress levels and anxiety and parents with low economic or educational levels. shows that separations are more common (Nock and Kazdin 2001, Wilansky-Traynor et al. 2010). Moreover, parental psychopathology can hurt children's treatment outcomes. Studies have shown that parents with various psychological disorders cannot help their children during treatment and hinder their child's treatment (Murray et al. 2009). However, the findings of previous studies reveal that parents of anxious children intervene with anxiety-provoking responses when their children show negative emotions or distress (Berman et al. 2000, Hudson et al. 2009). In addition, the effects of parental involvement on CBT can

be greatly influenced by parental attitudes, negative reinforcement of the child's behaviors, or the parent's avoidant behavior towards the child or adolescent (Siqueland et al. 1996, Hudson and Rapee 2001). On the other hand, it has been emphasized in previous studies that parental involvement not only affects the child-parent attachment style but also contributes to the decrease in the pathological symptoms of the parent with the child, even if the parent involvement is at the desired level (Türkbay and Söhmen 2001, Erermiş et al. 2009, Hughes et al. et al. 2009). When all these results are evaluated together, it is suggested that parent-specific factors may be a variable that makes it difficult to continue the process or reduces the efficiency of the process in children and adolescents who have started the CBT process. Therefore, there is a need to understand the effectiveness of parent involvement in CBT-focused psychological disorder treatments and to review the strengths and weaknesses of parent involvement. However, when the literature was examined, no study could be found within the scope of our knowledge on the effects of parents' participation in the treatment of children. In line with this need, this study aims to evaluate the psycho-education programs prepared for children with the CBT approach and implemented between 2001-2021 in terms of parental involvement. In this context, an attempt was made to seek answers to the following questions:

1. What are the characteristics of parental involvement in CBT-based quasi-experimental and randomized controlled experimental studies for children and adolescents between 2001-2021?

2. In CBT-based quasi-experimental and randomized controlled experimental studies for children and adolescents between 2001-2021, what is the effectiveness of parent involvement?

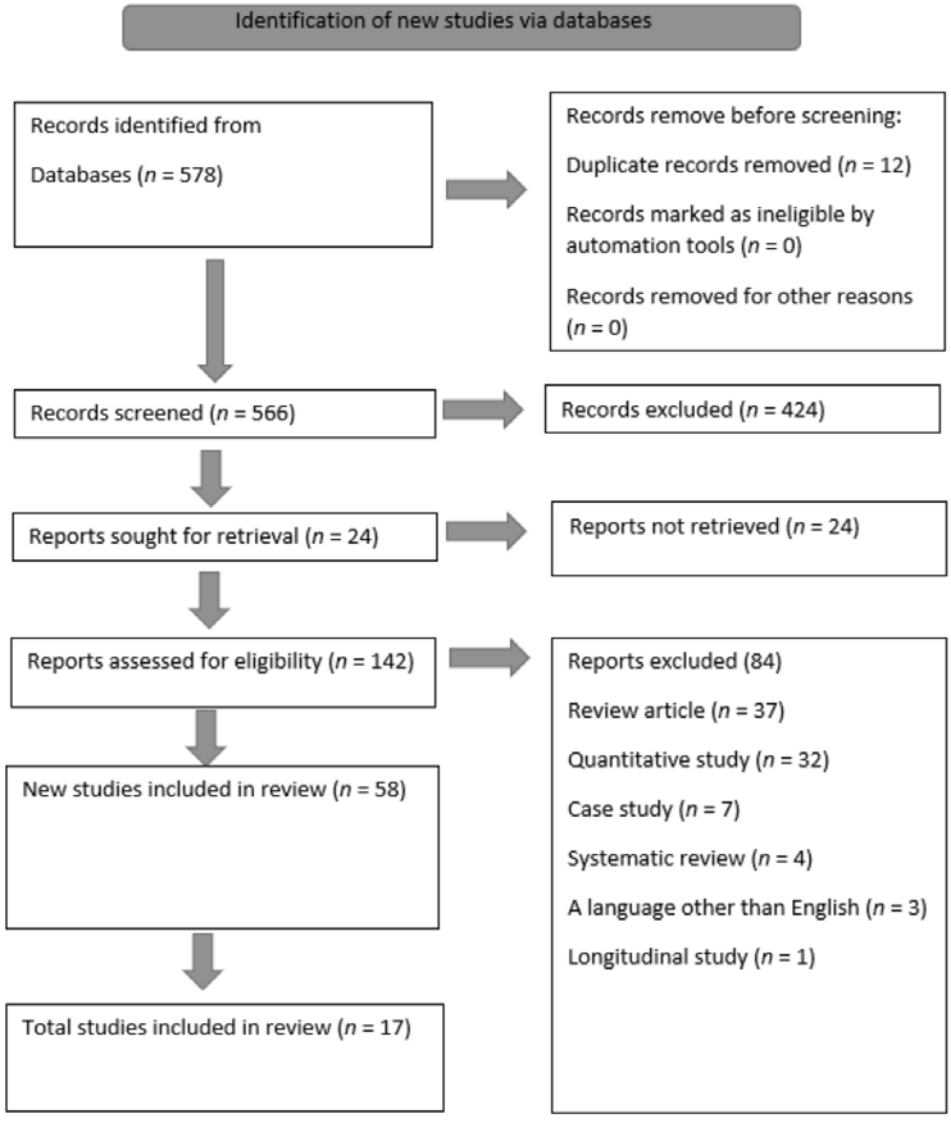

Figure 1. PRISMA flow chart

Method

This study is a systematic review study carried out in the descriptive model. Systematic review studies aim to reach more comprehensive results than the traditional literature review, as answers are sought for specific questions (Grant and Booth 2009). In other words, the systematic review aims to provide a comprehensive and unbiased synthesis of many related studies in a single study (Egger et al. 2012, Khan et al. 2003, Tricco et al. 2011). Although it has many features of a literature review, it is different in that it tries to summarize the information obtained from the literature and reveal all relevant evidence on the subject. It focuses on studies that report data rather than a specific theory or concept (Green et al. 2008). In this context, within the scope of this study, studies conducted between 2011-2021 and included parent participation, PubMed, Web of Science (WOS), ERIC, Google SCHOLAR, and ScienceDirect were searched using databases. It draws attention to the literature that CBT has gained momentum in child and adolescent studies, especially in the last twenty years. For this reason, the study aims to scan the last twenty years. In order to reach the studies, the keywords and/or words "parent participation", "mother", "father", "cognitive-behavioral therapy", "child", "adolescent" were searched. 41 of the 58 articles reached as a result of the search were not included in the study because they did not comply with the criteria determined in the study. Criteria determining the inclusion of articles in the study: (1) The use of CBT techniques in the study, (2) the research article of the study based on the experimental method, (3) access to a full-text article, (4) the article has been published in a peer-reviewed journal in the last 20 years, (5) the language of the article in English and/or Turkish, (6) there is a control group in the study, (7) the sample is individual or group-based. In each effectiveness study, findings regarding the sample size, the type of psychological disorder experienced, whether the therapy was administered individually or as a group, and how all these affected the therapy after parent involvement were reported. PRISMA was used to increase validity and reliability in summarizing and evaluating study findings (Page 2021).

Procedure

As a result of the literature review, 758 studies on the subject were reached. Of these 758 studies, only 58 were found to comply with the limits set for keywords. After examining the 58 studies in detail, the lack of access to the full-text versions (n = 18), the lack of adequate information about the type of parent participation - such as the presence of parents in all of the sessions, their involvement in half of the sessions, or the fact that the parents were only observers during the sessions (n = 23), 41 articles were excluded, and the final study was carried out with 17 research articles. Information regarding the screening of studies is given in Figure 1.

Results

In the reviews made within the scope of the study, it is seen that parent involvement in CBT practices was discussed with children and adolescents in 7 (41%) studies, only children in 4 (24%) studies, and only children in 6 (35%) studies. Information about the studies is given in Table 1 chronologically.

Table 1. Features of screened studies

Study	Country	Sample	Study Type	Study Subject and Duration	Number and Quality of Parental Involvement	Results
Taylor et al. (2021)	England	Group-based with 6 adolescents/children aged 10-18 and their parents	Randomized Controlled	Major Depression Number of sessions (like 3 months in total)	Clinicians applied CBT techniques in sessions where children and their parents were together.	Parents were taught to provide positive feedback and reinforcers, and it was determined that there was a significant acceleration in the healing process of the children.
Waite et al. (2019)	England	Group-based study with 60 adolescents aged 13-18 and their parents	Randomized Controlled	Major Depression	For the adolescents divided into two groups, 30+30, CBT intervention was applied to the first group immediately, while the other group was kept waiting, and no intervention was made. Both groups were divided into 15 parents and	In adolescents with depression, the rate of dropping out of therapy was higher in both groups without parents than in groups with parents. Still, the total dropout rate in both groups that

					adolescents + 15 adolescents.	received therapy was higher than in the group that did not receive treatment.
Leyfer et al. (2018)	England	Group-based with 24 adolescents aged 12-17 and their parents	Semi-Experimental	Panic Disorder	Adolescent and parent participation in CBT education between 2-6 hours every day for 8 days	It was determined that the symptoms of the adolescents diagnosed with panic disorder and their parents as a result of the CBT training decreased during the 3 months following the process.
Stjerneklar et al. (2018)	Denmark	Individual-based with 6 adolescents aged 13-17 and their parents	Semi-Experimental	Generalized Anxiety Disorder	Teaching CBT techniques to adolescents in 8-session online phone calls and sending informative CBT resources to their parents	After the CBT training for adolescents diagnosed with general anxiety disorder and their parents, there was a decrease in the symptoms seen.
Amel et al. (2018)	Iranian	Group-based with 40 children aged 6-11 and their parents	Randomized Controlled	Attention Deficit and Hyperactivity (ADHD)	While 20 children+parents were given medication only for ADHD, CBT techniques were taught to 20 children+parents.	After the treatment, there was a more supportive and positive relationship between parents and children in the group receiving CBT, and a significant reduction in ADHD symptoms was observed. Positive associations and symptom reductions were relatively more limited in the drug-only group.
Arıcı-Özcan and Arslan (2018)	Turkey	Group-based study with 124 8th-grade adolescents and their mothers	Randomized Controlled	Generalized Anxiety Disorder	6 sessions parent+adolescent with a total of 18 activities lasting 20-25 minutes	It was determined that the applied program reduced the stress levels of adolescents regarding their expectations from their parents, and the decrease continued in the one-and-a-half-month period after the process.
Unver (2017)	Turkey	The 15-year-old girl with client and parents on an individual basis	Semi-Experimental	Obsessive-Compulsive Disorder (OCD)	A total of 25 interviews were conducted for 2 years, CBT practices were explained to the client, and psychoeducation was given to the child and parents by using homework and CBT techniques.	With the positive feedback of parents who were co-therapists, it was determined that OCD symptoms increased as a result of CBT applications, and the recovery period of the disease was shortened.
Börekçi (2017)	Turkey	Group-based approach with 92 people consisting of children aged 4-6 and their mothers.	Randomized Controlled	Attention Deficit and Hyperactivity	Two groups: "Mother + children with high-level symptoms" and "Mother + children with low-level symptoms."	It was determined that the parents' attitudes changed positively after the education given to them, and accordingly, the intensity of ADHD

						symptoms in children decreased.
Elkins et al. (2016)	America	Group-based with 54 children/adolescents aged 11-17 and their parents	Randomized Controlled	Panic Disorder	A total of 8 sessions in CBT applications, each session being 30 minutes. "child/adolescent+parent" A total of 3 groups as "Child/adolescent+Parent with part-session" and "Child/Adolescent."	Although CBT applications in children and adolescents with panic disorder and agoraphobia reduced the symptoms in all three groups, this change was more significant in the group where parents attended half of the sessions.
Öngider and Baykara (2015)	Turkey	Group-based with 24 children aged 11-12 and their parents	Semi-Experimental	Common Anxiety Disorder	In the study with control and experimental groups, a total of 12 sessions of cognitive behavioral group counseling, in which each session was 1.5 hours, in which parents were informed.	While the anxiety levels of the children in the experimental group showed a significant decrease compared to those in the control group, it was determined that the anxiety levels of the mothers and fathers also decreased after the CBGT was applied to their children.
Couturier et al. (2013)	Canada	Group-based study with 149 adolescents aged 12-20 with eating disorders and their parents.	Semi-Experimental	Eating disorders/ Obesity	Control and experimental groups, which included family therapy practices for parents and adolescents, as well as a total of 12 different methods for 9-12 months	Although cognitive interventions and family therapy for adolescents did not make a significant difference in treatment separately, long-term recovery levels were higher in the group of adolescents and their parents who received family therapy in the 6-12 months post-process.
Lock et al. (2010)	Chicago and Stanford	With a total of 120 children and adolescents aged 12-18, with their parents on a group-based	Semi-Experimental	Obsessive-compulsive disorder/ Anxiety Disorders/ Depression Disorders	Cognitive behavioral therapy practices for children and adolescents with various psychological disorders + family therapy for parents	As a result of the applications, treatments that include therapy for the family, rather than treatments for children alone, reduce the symptoms of disorders in children without discrimination of disorders.
Khanna and Kendall (2009)	America	Individual-based approach with 53 people and their parents, consisting of children and adolescents aged 7-13.	Semi-Experimental	Common Anxiety Disorder	14 sessions child-parent and 2 sessions child only	It was determined that the group that received family-oriented CBT applications had a higher recovery than the children who received only CBT applications.
Hughes et al. (2009)	America	Group-based study with a total of 178 people, consisting of children and adolescents between	Semi-Experimental	Common Anxiety Disorder	Psychoeducation program on social phobia and generalized anxiety disorder with	It was determined that the symptoms of phobia and anxiety disorder decreased

		the ages of 7-14 and their parents.			child/adolescent+parent participation	significantly as a result of the psychoeducation of the parents.
Kendall et al. (2008)	America	Individual-based with 161 children/adolescents between the ages of 7-14 and their parents.	Semi-Experimental	Common Anxiety Disorder	A total of 16 sessions of one-hour child/adolescent CBT+16 sessions of family-oriented CBT for children and parents	Although there is a significant decrease in children's anxiety levels in family-based CBT applications for individuals whose parents have anxiety disorders, it has been determined that individual-based application has a more positive contribution to the recovery process than family-based CBT in children whose parents have low anxiety levels.
Tekinsav-Sütçü et al. (2006)	Turkey	Group-based study with a total of 40 people, consisting of 19 therapy and 21 control group students at the 7th and 8th-grade level and their parents.	Randomized Controlled	Anger Control Disorders	Cognitive restructuring, self-direction, relaxation, and distraction techniques were used in the 12-session program, and families were informed throughout the process.	As a result of the program, it was determined that there was a decrease in anger and aggression symptoms in both children and parents, and this decrease was maintained for 6 months following the end of the process.
Hudson and Rapee (2001)	Australia	Group-based study of 95 children and adolescents aged 7-15 and their mothers.	Semi-Experimental	Common Anxiety Disorder	Follow-up of tangram and word completion work with mother + child	Mothers of anxious children intervened more than the control group and increased their anxiety. After the psychoeducational intervention, the anxiety level of the children in the experimental group decreased and reached a level close to the control group.

As can be seen in Table 1, 8 studies were conducted with children/adolescents diagnosed with a generalized anxiety disorder (Hudson and Rapee 2001, Kendall 2008, Hughes 2009, Khanna and Kendall 2009, Silverman 2009, Öngider and Baykara 2015, Arıcı-Özcan and Aslan 2018, Stjerneklar et al. 2018), two studies with children/adolescents with a diagnosis of depression (Waite et al. 2019, Taylor et al. 2021), 2 studies with children/adolescents with a diagnosis of panic disorder (Elkins 2016, Leyfer 2018), 2 studies with children/adolescents with a diagnosis of obsessive-compulsive disorder (Bodden 2008, Ünver 2017), 2 studies with children/adolescents diagnosed with attention deficit and hyperactivity (Börekçi 2017, Amel et al. 2018), 1 study with children/adolescents diagnosed with an eating disorder (Couturier 2013), 1 study with children/adolescents diagnosed with an anger control problem with adolescents (Tekinsav-Sütçü et al. 2006), 1 study with children diagnosed with sleep disorders (Skulodattir et al. 2004), and 1 study with children/adolescents with comorbidities including obesity and eating disorders (Lock et al. 2010) was conducted. Considering all the studies, it is seen that children and adolescents between the ages of 03 months and 20 years are included in the studies, and the number of participants varies between 1 and 178.

In 7 of the studies reviewed (Tekinsav and Sütçü 2006, Hughes et al. 2009, Lock et al. 2010, Ünver 2017, Amel et al. 2018, Stjerneklar et al. 2018, Taylor et al. 2021), it was seen that the researchers included parents in the study with a psychoeducation-based approach regarding the disorder seen in children and adolescents.

Considering the follow-up processes after the study, follow-up findings vary between 3 months and 12 months to evaluate the effectiveness of the treatments. There is no information about a follow-up study in one study (Khanna and Kendall 2009). In all of the studies, therapy and psychoeducation programs and treatment methods developed by the researchers were used. Positive encouraging skills (n = 5), anxiety management (n = 5), CBT techniques (n = 4), stress coping skills (n = 2), communication skills (n = 1) in sessions and therapy sessions for parents, anger control and relaxation exercises (n = 1) were taught. One of the studies did not specify how many sessions the parents attended or whether they attended all or part of the session (Elkins et al. 2016). In another study, a printed workbook was provided to parents to interact with their adolescents during their computerized / online treatment (Stjerneklar et al. 2018). In this study, the researchers stated that adolescents who hesitated to complete their sessions were encouraged to complete their sessions by their parents. However, the relevant research did not receive feedback on the extent to which adolescents perceive these encouraging behaviors positively.

Considering the findings regarding the effectiveness of the studies, it was determined that parent involvement did not affect child and adolescent interventions in 1 study (Silverman et al. 2009), 2 In the study, it was determined that the effectiveness of the intervention decreased in the parent group (Hudson and Rapee 2001, Kendall et al. 2008). In other studies, researchers state that parental involvement is a factor that positively affects the effectiveness of CBT applications for children and adolescents. Although there is no clear opinion on the effect of parental involvement depending on gender or age, it is reported that positive feedback and motivating expressions contribute to the treatment process in adolescents (Lock et al. 2010, Couturier et al. 2013, Ünver 2017). When the findings were evaluated in general, 82.36% of all studies (n = 14; Hudson and Rapee 2001, Khanna and Kendall 2009, Lock et al. 2010, Couturier et al. 2013, Öngider and Baykara 2015, Elkins et al. 2016, Börekçi 2017, Ünver 2017, Arıcı-Özcan and Arslan 2018, Amel et al. 2018, Stjerneklar et al. 2018, Leyfer et al. 2018, Waite et al. 2019, Taylor et al. 2021) parent involvement was effective, 17.64%' ü (n = 3; Tekinsav-Sütçü et al. 2006, Kendall et al. 2008, Hughes et al. 2009) show that parental involvement reduces the efficiency of the process. In addition, 94.8% of studies (n = 15) tested the effectiveness of parent involvement with different sources.

Discussion

Various findings were reached in this study, in which psycho-educational programs prepared for children with the CBT approach and implemented between 2001-2021 were evaluated in terms of parental involvement. First of all, it is seen that CBT applications for children and adolescents with OCD, depression, anxiety, ADHD, anger, and eating disorders are included in this study. As a result of the applications, it was found that psychoeducation and skill training was given to parents and that parent's participation in the sessions was included in the categories of simultaneous, end-of-session, and observer. In all studies, sessions lasted between 3-12 months, and follow-up studies took place. The positive and negative aspects of parent involvement were discussed in line with the findings compiled from the studies. As a result of the screening study conducted with this systematic review, 17 studies on parent involvement in CBT with children and adolescents were reached. Positive outcomes of parent involvement are emphasized in 82% of studies (n = 14). In these studies (n = 14), it was determined that the treatment provided significant benefits in both short and long-term follow-up, caused relatively lower attrition, and high parental satisfaction (Hudson and Rapee 2001, Khanna and Kendall 2009, Lock et al. 2010, Couturier et al. 2013, Öngider and Baykara 2015, Elkins et al. 2016, Börekçi 2017, Ünver 2017, Amel et al. 2018, Arıcı-Özcan and Arslan 2018, Leyfer et al. 2018, Stjerneklar et al. 2018, Waite et al. 2019, Taylor et al. 2021). The content of the knowledge and skills taught to parents in the studies appears to be broadly consistent with the range of the sessions given to the parents. At the same time, in some of the studies, other elements that focus on parents learning how to best support adolescents are taught to parents and reflected in the sessions. For example, in one study (Ünver 2017), it is seen that worked with families to directly address parental beliefs about overprotection and psychological control, which are associated with OCD in adolescents. Afterward, the effectiveness of these studies was tested in joint sessions with adolescents. In another study (Lock et al. 2010), parents have informed about anxiety and depression disorders for adolescents and children before the sessions. After the information, parents played an important role in reducing their children's anxiety levels.

The wide variation in how parents are involved in treatment provides varying conclusions about whether certain types of participation are beneficial for adolescents. For example, the content of what is taught to parents in treatment (psychoeducation, gradual exposure, skills training that focuses on parents learning how to best support their adolescents) enriches the process by multiplying the content of adolescent and child sessions. In studies, families have worked with parents to directly address parental beliefs about overprotection and psychological control, which are associated with anxiety disorders in adolescent and parent sessions, and to help

adolescents become more autonomous (Couturier et al. 2013). The results show that although the parents' interest seems low, they contribute positively to the treatment (Hughes et al. 2009, Kendall et al. 2008). In addition, the presence of parents in all sessions significantly reduces the anxiety levels of adolescents (Siqueland et al. 2005, Waite et al. 2019). When parents are involved in treatment, it is possible to focus on working with their cognitions, thereby challenging negative cognitions and distortions. Critical assumptions and dysfunctional cognitions adopted by parents that prevent or limit their ability to support the child during treatment and daily life adequately can be identified and systematically questioned, and re-evaluated. In this way, parents can realize that existing strategies that include excessive control and protection may be useless and that some conflicts and dysfunctions in the family can be prevented (Ginsburg and Schlossberg 2002). On the other hand, parents could be found in all of the studies (Öngider and Baykara 2015, Arıcı-Özcan and Arslan 2018, Amel et al. 2018, Stjerneklar et al. 2018, Leyfer et al. 2018, Taylor et al. 2021) or some of them (Elkins 2016, Börekçi 2017, Ünver 2017, Waite et al. 2019), whether they were in a group, short or long-term therapy, directly participated in the session or received information training (Tekinsav-Sütçü et al. 2006, Hughes 2009, Öngider and Baykara 2015, Ünver 2017, Stjerneklar 2018) are also thought to be effective on satisfaction levels. Amel et al. (2018) found higher levels of treatment satisfaction among parents who completed parent sessions than among those who did not. On the other hand, beyond the clinical effectiveness of parental involvement, it is also essential to understand other factors, such as the preferences of adolescents and their parents regarding parental involvement. The wide variation in parent involvement makes it difficult to conclude whether certain types of participation are beneficial for adolescents. Data from a study of parents of children and adolescents who did not respond to CBT reflected some of the parents' difficulties in treatment, including the lack of time and energy to support therapy for their children (Stjerneklar 2018). It can be said that this point emphasized by the study in question is an essential factor that prevents the standardization of parental participation.

18% of the studies (n = 3) reveal that parent involvement hurts the process. Over-involved parental behavior and parental dominance in all sessions may prevent the child from performing age-appropriate activities and tasks and participating in new, complex, or stressful situations. In the studies, it is difficult for the child to learn through traditional trial and error and to develop new coping strategies when the parent is involved in all sessions. In addition, the child cannot reach a sense of control over feared situations (Bögels et al. 2006, Hudson and Rapee, 2002). None of these studies provide information about adolescent satisfaction with parental involvement. However, parent data show that parents are more satisfied when involved in treatment (Lock et al. 2010, Börekçi 2017, Amel et al. 2018, Taylor et al. 2021). Although involving parents in treatment is beneficial in terms of satisfaction, the costs of additional sessions and psychoeducation for only parents are compared with the efficiency of the study (Hughes et al. 2009, Lock et al. 2010, Couturier et al. 2013, Ünver 2017). If there is an imbalance between the benefits of parental involvement for children and adolescents and the cost of working, the necessity of this participation can be questioned (Cardy et al. 2020). None of the studies included health economics criteria in determining the cost and clinical efficacy.

In this context, the research findings in the study are related to the role of parent involvement provide essential information to researchers. This review addresses the ongoing criticism of the current literature on psychological disorders, especially in the adolescent and child developmental period, that parental influence remains in the background (Kendall et al. 2005). Given the wide variation in parent involvement and no single study directly compares outcomes with and without additional parent sessions, it is difficult to determine the contribution of parent involvement to treatment outcomes for adolescents. The lack of feedback from children and adolescents on whether parental involvement is optimistic regarding the effectiveness of therapies and psychoeducation continues to leave some questions about parental involvement unanswered. Remarkably, considering parental involvement in CBT practices related to anxiety disorders and keeping the wishes of children and adolescents in the foreground will provide new evidence to researchers. Through empirical research and efficacy trials designed to address these questions, it is necessary to determine whether, how, and in what contexts parents should be involved in treating adolescents with psychological disorders in the future. However, some existing limitations of this review should be taken into account. Because studies focus on parent involvement in the treatment of adolescents, explanations about how parents are involved in the process are often not detailed and precise in most studies evaluated. Such methodological differences in studies may explain the variability in treatment outcomes, as studies will also differ as to which of the parents (mother and/or father) is involved (Nauta et al. 2001, 2003). It is also possible that some studies were not included in the evaluation according to the exclusion criteria because parental participation was not reported. In future studies, expressing the process in more detail in research will make new contributions to the literature in eliminating existing limitations. However, the majority of the studies reviewed were in the United States and European countries. It can be said that new studies are needed to make generalizations about groups that exhibit different cultural and familial characteristics. Alternatively, treatment can be tailored to the features of the families rather than strictly

adhering to structured sessions. For example, one family may need help and treatment for overprotective parenting behavior, while another family may need problems related to a negative parenting style or the resolution of family conflicts. Since such individual and familial differences will also diversify the consideration of parental involvement, comparative studies in which individual and familial characteristics of clients are defined more clearly may contribute to seeing the effects of parental involvement more clearly.

Conclusion

In conclusion, this review study reveals that the positive and negative effects of parental involvement on cognitive behavioral therapy of children and adolescents are an essential issue in the literature. Studies show that parental factors (parents with pathology, parenting styles, etc.) are critical to increasing children's anxiety levels. In family-based CBT treatments, it has been revealed that there are significant reductions in the conflict levels between the adolescent and the parent, thanks to the education of the parents and the treatment provided to the parents (Breinholst et al. 2012). The typical results of the studies emphasize the importance of preparing individual treatment contents if parental factors are determined before the treatment. Although current studies have limitations, such as not providing detailed information about the types of parent involvement, satisfaction with participation, and parental pathologies, it still seems that parental involvement affects CBT treatments in children and adolescents. Finally, the existence of studies revealing that parental involvement has adverse effects on the treatment of children and adolescents does not escape attention. The presence of all possible effects should also be included in new compilation studies on the subject.

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