IJCP | International Journal of Counseling and Psychotherapy
Volume 1, Issue 2, 2024, 62-71
Available online at: https://ojs.aeducia.org/index.php/ijcp

Online ISSN 3064-3465
Print ISSN 3064-271X
Open Access Journals

Does the Process of Counseling Minors Require Parental Consent: Requirement or Necessity?

Novianti

Universitas Pendidikan Indonesia, Bandung, Indonesia

A B S T R A C T

Background: The requirement of parental consent in counseling minors is a controversial topic, with varying views on whether it is a necessity or simply a procedural formality. This study seeks to explore the urgency and implications of parental consent in the counseling process for minors. **Objective:** The objective of this study is to review the significance of parental consent in counseling minors, particularly focusing on whether it should be considered a requirement or a mere condition for counseling. This research was conducted in 2024. **Method:** This study employs a systematic literature review (SLR) approach, synthesizing and analyzing data from journal articles and books retrieved from academic databases such as Google Scholar, PubMed, Harzing, and Mendeley. **Results:** The findings suggest that parental consent functions as a condition rather than a strict requirement. While it determines whether counseling can take place, it does not significantly affect the actual implementation or outcomes of the counseling process. **Conclusion:** Counselors should prioritize the rights and beliefs of minors in the counseling process. Further research is needed to understand the extent to which minors can make decisions without parental consent. **Contribution:** This research provides valuable insights for counselors, offering a practical guide for navigating the ethical challenges surrounding parental consent in counseling minors.

K E Y W O R D S

Counseling Minors; Parental Consent; Requirement; Necessity

A R T I C L E H I S T O R Y

Received: November 02, 2024
Revised: November 24, 2024
Accepted: December 09, 2024
Available online: December 30, 2024

C O N T E N T

1. INTRODUCTION

Humans develop from phase to phase with developmental tasks that must be fulfilled. Failure to fulfill developmental tasks can trigger unhappiness or difficulty in fulfilling tasks in the next developmental period, causing problems. In other words, humans at every stage of development have problems to deal with, including underage child. In The United Nations Convention on the Rights of the Child, an underage child refers to any human being under the age of eighteen unless according to the law applicable to children, the majority is reached earlier (Karita & Amin, 2020). This convention also confirms that minors have the right to life, survival, and development (Vaghri et al., 2022). Thus, minors have the right to access mental health services, such as therapy and counseling. However, their access is still limited due to the need for parental consent. Children are not given autonomy because they are considered incompetent to make decisions about themselves (Reynolds et al., 2015). While adults are deemed competent, children are required to prove competence because age is used as an arbitrary condition for consent. Competence is defined as the ability to decide whether or not to participate in treatment, to withdraw or continue during the treatment process, and to make this choice known in an understandable way (Appelbaum & Grisso, 2019). Voluntary decisions must be made without coercion, either implied or actual (Shughart & Thomas, 2014). Understanding is the level of one's wisdom regarding the process

* **Corresponding Author:** Novianti, novianti18@upi.edu
Guidance and Counseling Study Program, Faculty of Education, Universitas Pendidikan Indonesia, Indonesia
AddressJl. Dr. Setiabudi No.229, Isola, Kec. Sukasari, Kota Bandung, Jawa Barat 40154, Indonesia

How to Cite (APA Style 7th Edition):

Novianti, N. (2024). Does the Process of Counseling Minors Require Parental Consent: Requirement or Necessity?. *International Journal of Counseling and Psychotherapy, 1*(2), 62-71. https://ojs.aeducia.org/index.php/ijgcs/article/view/170

and ramifications of the care provided (Sarofim et al., 2020). Assessing the understanding of others can be difficult, because issues such as language, culture, and cognitive or emotional development are relevant.

The ability of minors to understand what they are agreeing to, including the possible future consequences is always questionable (Moreton, 2021). Children have limited cognitive understanding and lack of experience, both of which are necessary for making good decisions. As a result, the granting of consent rights to children is transferred to their parents (Smith & Stein, 2020). However, this diversion has grown into a problem as many children have difficulty refusing or questioning requests made by adults so that the voluntary nature of the consent given is called into question (Monbiot, 2016).

In addition, Obligation to comply with parental consent can trigger problems in the implementation of counseling of minors, including causing children to withdraw quickly after knowing that parents must be notified, strengthening children's distrust of adults and/or practitioners. Counseling, as well as the potential to damage the fabric of family stability. This potential problem becomes a dilemma for counselors to continue counseling without parental consent or not, as part of the professional ethics of counselors (Sartor et al., 2016).

Children themselves may see this parental consent as an obstacle as seen from questions from minors who express their concerns about this through forums in the Quora network, which is a community-based application and website providing question and answer (Pope & Vasquez, 2016). Responses to these questions also show similarities in cases where parents tend to prohibit children from getting counseling assistance with the most common reasons being the absence of symptoms and forcing children to learn to accept harsh realities without help (Alderson & Morrow, 2020).

Based on these potential problems, the urgency of parental consent before carrying out counseling for minors should be questioned again so that more and more children do not lose their opportunity to get help. Counseling minors requires parental or guardian consent but minor counselees have the right to make choices in counseling and to their privacy and confidentiality (Gibbons & Spurgeon, 2015). Counselors should be able to understand the extent of confidentiality that can be kept in counseling sessions and that can be shared with parents or guardians (Mignone et al., 2017). Counselors should be able to be cautious of their actions towards minors as parents or guardians have the authority to report the counselor's actions to the law (Wheeler & Bertram, 2019).

Moving on from this problem, this paper is prepared with the hope that it can become additional study material so that efforts to help counselees run more smoothly without the obstacles of a lack of references or counselor knowledge regarding interventions that can be carried out according to the case experienced by the counselee (Cooperman et al., 2018). This need can be formulated into one of the main questions raised in this article, namely is parental consent prior to the implementation of counseling of minors only a requirement that must be met or is it a requirement that will impact the counseling process? This question is important because it will determine whether the child's struggle to get parental approval is feasible or can be passed. In addition, this analysis is also useful as a guide to reconsidering parental consent as part of professional ethics in the field of mental health, including guidance and counseling.

This study fills a gap in the existing literature on parental consent in counseling for minors by examining the distinction between a requirement and a necessity in the counseling process. Most prior research has focused on legal and ethical perspectives, treating parental consent as an unquestioned legal obligation, but has neglected to examine its impact on the counseling process itself. The primary gap identified is the lack of empirical studies evaluating the direct effect of parental consent on counseling outcomes. This research offers novelty by challenging the assumption that parental consent is always required for counseling success, proposing that consent is more of an administrative condition than an essential necessity that alters the therapeutic process. Furthermore, this study provides a broader perspective by considering cultural and legal diversity, which is often overlooked in previous research focusing on specific contexts.

This studi aims to review the urgency of parental permission in counseling minors. Therefore, counselors must still prioritize the rights and trust of children in counseling. The limits of decisions that can be made by minors without intervention from parents need to be examined more deeply in future research. Minors under the age of 18 are considered incapable of making rational decisions and therefore require parental consent prior to counseling. However, parental consent can be a reason for the child to withdraw from getting counseling assistance even though the problem faced by the child is urgent.

2. METHOD

2.1 Research Design

This study used the systematic literature review (SLR) method by conducting a literature review to determine the urgency of parental consent before practicing counseling for minors by school counselor. SLR is a systematic research method to collect, critically evaluate, integrate and present findings from multiple research studies on a research question or topic of interest (Mohamed et al., 2021). This "systematic" is because it adopts a

consistent and widely accepted methodology (Fu et al., 2018).

2.2 Data Collection

Literature in the form of articles, theses, dissertations, and section of books taken from databases, namely Google Scholar, PubMed, Harzing, and Mendeley. The selected literature criteria include: (1) published within the year of 1950 to 2023; (2) searched using the keywords "parental consent" "children consent" and "children counseling" with the language of instruction being English; and (3) fulfilling the research questions, as follows:

1) RQ 1: How is the parental consent in counseling for minors classified as a requirement or necessity?
2) RQ 2: How is the child's ability and credibility in giving consent?
3) RQ 3: What is the role of parental consent as an ethic in the guidance and counseling profession?

The total of the collected literatures is 1.898 literatures, 1890 from Google Scholar and 8 from PubMed. After the selecting based on relevance and eliminating the duplicate paper, there are 632 literatures left but only 124 literatures can be fully accessed and 21 literatures fit the research question. Therefore, the final literatures that used in this study is 21 literatures.

2.3 Data Extraction

Data review is done by selecting literature according to its relevance.The literature was read as a whole in order to answer the research question that had been made.The data that has been reviewed is then extracted by entering the results of the information into the extraction form that has been made before.

2.4 Data Analysis

To determine the literature documents analyzed in this study, the data must comply with the inclusion and exclusion criteria.Inclusion criteria include: literature published between 2014 and 2024, literature with the use of English and Indonesian in its writing, and literature discussing document summarization with lightweight brick fragment waste. Meanwhile, the exclusion criteria include: literature published in 2014-2024, literature whose writing is not in English and Indonesian, and literature that discusses document summarization not with lightweight brick fraction waste.

2.5 Research Procedure

(1) Formulating the problem.At this stage the researcher writes a problem formulation that will be discussed in depth. This question is made based on the needs of the topic that will be chosen by the researcher.
(2) Searching for Literature (Identification) After formulating the topic and formulation of the problem to be raised or researched, the next stage is to search for relevant articles or what is commonly known as the search process.
(3) Selecting the results of literature searches that are in accordance with Quality Assessment (Screening and feasibility). This stage is carried out to decide whether the data found is feasible or not to be used in SLR research and at this stage the Inclusion and Exclusion Criteria are determined.
(4) Analysis of literature results from articles that pass Quality Assessment. This stage analyzes or describes, distinguishes something to be classified and grouped according to the Quality Assessment criteria.
(5) Making Research Conclusions. At this stage the researcher makes a research conclusion, namely a brief statement about the results of the description analysis derived from facts or logical relationships and contains answers to the statements submitted in the problem formulation section.

3. RESULT AND DISCUSSION

3.1 Result

The results of bibliometric analysis using the VOS viewer application by analyzing literature sources searched using keywords "parental consent", "children counseling", and "school counseling". The results of bibliometric can be seen in Figure 1.

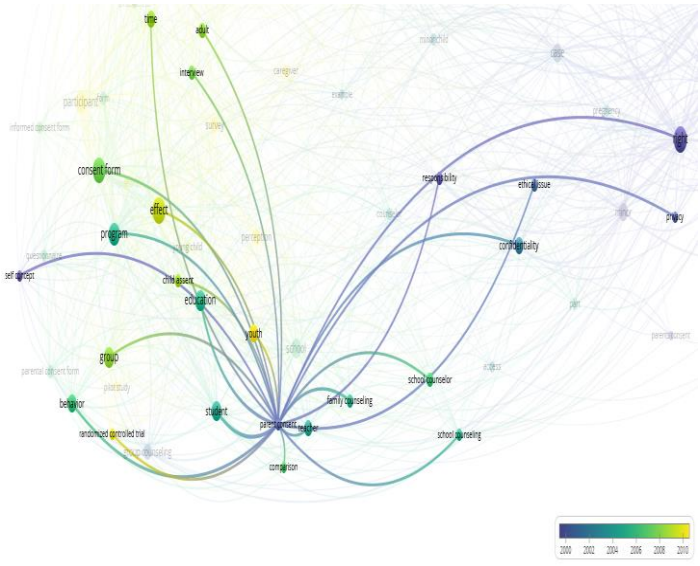

Figure 1. Bibliometric Results

Based on these bibliometric results, research limitations related to the urgency of parental consent prior to the implementation of counseling of minors can still be seen from the circles on the keyword parental consent which are very small and there has been no recent research since 2002 which specifically discusses direc-

tly parental consent in child counseling. Moreover, the link between all these keywords with the school keyword is very small.

Table 1. Literature and Research Result on the Ability of Minors to Give Consent

	Researcher (Year)	Title	Research Result	Relevance
1.	Billick, et al	*A Clinical Study of Competency to Consent to Treatment in Pediatrics*	There is a positive relationship between chronological age and understanding of consent in children.	RQ 2
2.	Alderson et al	*Children's Competence to Consent to Medical Treatment*	Children sometimes have a much more sophisticated capacity to take charge of their own healthcare decisions than is usually recognized in the codes of ethics.	RQ 2
3.	Alderson	*Competent Children? Minors' Consent to Health Care Treatment and Research*	Children's competence and autonomy develop through direct social personal experience and not through age and physical growth.	RQ 2
4.	Hein, et al	*Informed Consent Instead of Assent Is Appropriate in Children from the Age of Twelve: Policy Implications of New Findings on Children's Competence to Consent to Clinical Research*	The age limit for children deemed competent to decide on research participation was studied: children aged 11,2 years and over were competent in decision-making, while children aged 9,6 years and under were not. Age is said to be the main determining factor in a child's competence.	RQ 2

Table 2. Literature and Research Result on Parental Consent in Underage Counseling

	Researcher	Title	Research Result	Relevance
1.	Plotkin	*When Rights Collide: Parents, Children and Consent to Treatment. Journal of Pediatric Psychology*	Exceptions to parental consent apply if the counselee needs emergency treatment or on a court order.	RQ 3
2.	Gustafson & McNamara	*Confidentiality With Minor Clients: Issues and Guidelines for Therapists*	Exceptions to parental consent usually include exceptions for *mature children* and *emancipated minors* (over the age of 14 or 15 but under 18).	RQ 3
3.	Lawrence & Kurpius	*Legal and Ethical Issues Involved When Counseling Minors in Nonschool Settings*	Minors are permitted to consent to treatment without parental consent, often when they are faced with a situation where they would not access care if parental consent was required.	RQ 3
4.	Remley & Herlihy	*Ethical, Legal, and Professional Issues in Counseling*	Counseling is considered a contractual-relations, minors cannot legally agree to do a guidance and counseling themselves. School counselors do not need parental consent before counseling students.	RQ 3
5.	Glosoff & Pate	*Privacy and Confidentiality in School Counseling*	Underage counselee cannot legally give consent, only their parents can.	RQ 3
6.	Welfel	*Instructor's Guide for Ethics in Counseling and Psychotherapy: Standards, Research, and Emerging Issues*	Counselors are advised to obtain the consent of underage counselee and the consent of their parents, especially anticipating that there will be several counseling sessions.	RQ 3

	Researcher	Title	Research Result	Relevance
7.	American School Counselor Association	*ASCA Ethical Standards for School Counselors*	The American School Counselors Association Ethical Standards tell us that the professional school counselor must give consent at the start of the counseling session.	RQ 3
8.				
9.	Sori & Hecker	*Ethical and Legal Considerations When Counselling Children and Families*	Obtaining parental consent is good practice for counselors unless there is potential harm to the minors.	RQ 3
10.	Vaishnavi & Kumar	*Parental Involvement in School Counseling Services: Challenges and Experience of Counselor*	Counselors include parents as informants in school counseling for various reasons, such as client consultations and interventions which can lead to different experiences.	RQ 3

3.2. Discussion

In reference to the literatures that have been collected and presented in the table above, the discussion regarding parental consent in the implementation of counseling for underage children or minors is a requirement or necessity, can be divided into three parts as follows.

1. The Ability of Minors to Give Consent

Many contexts and viewpoints must be considered in concluding the ability of minors to give consent. The context starts from chronological age (Bishop, 2014), mental/cognitive development, psychological condition, personal and the current laws (Beregovaya et al., 2019). While the viewpoints that are widely used are legal and psychological.

Children under the age of 18 are legally unable to give consent because they are deemed unable to make decisions rationally by considering the risk of the decisions that may have a direct impact on them (Katz et al., 2016; Hein, 2018; Onstot, 2019). This consideration relates to human's ability to understand, which develops along with the increasing of chronological age (Jones et al., 2015). Giving consent to get treatment for children, including counseling, can only be done by parents or guardians of children (Kranzer et al., 2014). This rule has been passed down from every generation and recorded in standard law. This rule has been adapted as part of professional ethics, including in the field of guidance and counseling, which requires the counselor to confirm this consent at the beginning of the counseling session (Pope & Vasquez, 2016).

Counseling is considered a contractual relationship so minors cannot legally agree to guidance or counseling without parental/guardian consent (Sartor et al., 2016; Palmer & Harris, 2016). However, there are exceptions that can allow counselees to get counseling assistance without parental consent, including: (1) Counselees need emergency care; (2) Counseling by court order; (3) Mature children namely aged 16 years old; (4) Emancipated minors namely aged 14 – 18 years old; (5) There is a potential danger to the counselee (Sori & Hecker, 2015); and (6) Parental permission prevents the counselee from getting immediate help for no apparent reason (Dami & Waluwandja, 2019).

In contrast to the legal view, the ability of minors to give consent in psychological view can be influenced by factors of mental age, stages of mental/cognitive development; psychological condition, and personal experience (Sabag-Shushan & Katzir, 2023). Psychologically, children are able to give meaningful consent based on their mental age, which is seen through their stages of mental and cognitive development. Mental age is considered more representative of children's ability to understand, competence, and voluntarism in deciding. Although Rorteau et al. (2022) found that a child's chronological age affected their understanding.

The child's ability to give consent will be appropriate if considering the cognitive stage or mental development of the child beyond his chronological age as a criterion for informed consent (Sibley et al., 2016). On emotional factors than age or cognitive development, which is supported by reports from other studies. Children's competence and autonomy in making decisions develop through direct social personal experience and not through age and physical growth (Koller, 2017). Therefore, children have a much greater capacity to take charge of their own healthcare decisions than is recognized in codes of ethics.

Nonetheless, the ability of minors to give psychologycally meaningful consent remains disaggregated by chronological age. Two studies found that adolescents aged 14 years and over have the same competence in making treatment decisions, especially in the aspect of the inferential understanding. While children aged less than 9 years are less competent than adults concerning their ability to reason and understand the care information provided. However, children of this age are difficult to predict using age

alone because most school-age children are generally able to participate meaningfully in personal care decisions. These results are in line with the findings from Hein, et al. (2015) reported that the age limit for children who were considered competent in making decisions to participate in clinical research was 11,2 years and over, while children 9,6 years and under were not considered competent. This age division might correlate with the stage of cognitive development of children from the pre-operational stage (2-6 years) to the concrete operational stage (7-10 years). A decrease in negative responses to research with increasing age in terms of presenting negative responses received based on age, namely 6 years (80%), 7 years (56%), 8 years (46%), and 9 years (27%).

Based on these two points of view, the ability of minors to give meaningful consent cannot be generalized because minors go through different developmental phases. Broadly speaking, children over 9 years of age are considered to have competence or are more competent in giving meaningful consent regarding treatment decisions or participation in research, including counseling, without involving parental consent. While children aged less than 9 years are considered less competent so they still need parental approval before making decisions about treatment or participation in research, including counseling.

2. Parental Consent in Underage Counseling

Parents can play a major role in counseling as informants because they are the closest to the counselee's daily life so the information provided is more useful (Vaishnavi & Kumar, 2018). Parents are also responsible for the risk of decisions taken in the counseling process, namely decisions to intervene that can lead to drastic changes in behavior or different experiences. Therefore, parental involvement in counseling is highly considered, especially in counseling for minors with standard rules and professional ethics that require parental consent before the counseling session is carried out (Etienne, 2018).

Even though parental consent is part of the ethics of the counseling profession, it can be a separate dilemma for the counselor, especially if this consent hinders the counselee from getting immediate help because the parents do not give the consent for no apparent reason, while consent must be obtained at the beginning of the session so that no consent means no counseling at all. In this case, Etienne (2018) stated that counseling should still be carried out even if there is no consent from the parents because it saves the best interests of the child in accordance with Shah et al (2020) view, that parental consent is not needed before providing counseling. Taylor et al (2018) also explained that in some cases, parental consent is not required. These cases include being caught with drugs, pregnancy, family planning counseling, sexually transmitted diseases, or sexual violence against minors.

Wheeler & Bertram (2019) provides a solution to this dilemma by suggesting counselors view consent to counseling as a gradual process rather than seeking consent for every possible consideration in the first session. In other words, every important decision must be questioned again for approval so that underage counselees can still contribute to making decisions that are not too complex. This solution is in line with Carr (2012) suggestion that counselors are advised to obtain the consent of underage counselees and the consent of their parents, especially to anticipate if several counseling sessions are to be held. In any case, obtaining parental consent is a good practice for counselors to be able to collaborate in preventive as well as curative efforts, except when there is a potential for harm to the counselee (Sori & Hecker, 2015).

In simple terms, parental consent in counseling for minors is an obligation because it is part of professional ethics and standard law, but its application can be done flexibly by considering exceptions and potential risks for counselees because counselors are encouraged to prioritize the best interests of counselees.

3. Parental Consent before Counseling: Requirement or Necessity

Parental consent, as previously explained, is an obligation that must be fulfilled before counseling for minors (Loren et al., 2013). However, the urgency of parental consent doubts its voluntarism because it has the potential to be inconsistent with the best interests of the child which must be prioritized as emphasized in the Convention on the Rights of the Child which is agreed globally through the United Nations (2006). In addition, the ability of minors to give meaningful consent cannot be averaged because minors are at different developmental stages so they are divided into two groups, namely children over 9 years old who are considered competent and under 9 years who are less competent. However, these two age groups combined into one group that is considered less competent in giving consent and must be represented by their parents or guardians (Solbes-Canales et al., 2020). This is where the debate and dilemma arises for the counselor to get parental consent and then carry out counseling, or not at all and continue counselling (Tishelman et al., 2015).

This dilemma raises new questions regarding the urgency of parental consent before the implementation of counseling for minors. Is parental consent before carrying out counseling for minors just a requirement that must be fulfilled administratively or is it a necessity that will impact the counseling process? This question is important because it will determine whether the child's effort for getting the parental consent is worth it or can be passed. This is caused by the stigma of minors who are considered not to have burdens in their life yet, so they have little chance to face complex problems that lead to psychological pro-

blems and need the help of counselors to deal with them (Fegert et al., 2020).

The two terms have almost the same meaning and both represent the need to obtain parental consent before counseling. However, there is a significant difference between the terms requirement and necessity. The term requirement in this case means parental consent is used as a provider of administrative needs and does not have a direct impact on the counseling process apart from the decision-making side. While the term necessity in the context of counseling agreement indicates that the consent given has a significant impact on the process and will affect the quality of counseling (Logan & Anazodo, 2019).

Based on these differences and considerations related to the child's abilities and the urgency of parental consent, it can be concluded that parental consent before carrying out counseling for minors is a requirement. This conclusion is based on the results of Anazodo et al (2019). While talking about the importance of parental involvement in counseling, this involvement can be done beyond giving consent to determine whether counseling can be carried out or not, for example inviting parents intentionally to consult or even conducting family counseling. The urgency of parental consent before counseling depends on legal, ethical, and contextual factors. In many countries, especially for minors, obtaining parental consent is a legal requirement to ensure that parents or guardians are aware of and agree to the counseling process. This serves to protect the child's rights and ensures confidentiality during counseling sessions. In school settings, for example, parental consent is often mandatory because schools are responsible for students' well-being and safety. However, parental consent is also seen as a necessity in some cases, as it can provide valuable insight into the child's issues and create a supportive environment for the counseling process. Parental involvement can help reinforce the effectiveness of counseling by aligning family support with the therapeutic goals. On the other hand, some argue that minors, particularly teenagers, should have the autonomy to seek counseling without parental consent, especially when the issues are personal or sensitive, and parents may not fully understand or support the need for counseling. Therefore, the urgency of parental consent varies, depending on legal requirements, ethical considerations, and the nature of the counseling process.

4. IMPLICATIONS AND CONTRIBUTIONS

4.1 Research Implications

This research implies that adolescents, in certain situations, need to have access to counseling without parental interference, especially in conditions where parents may be an obstacle to the child's well-being, such as in cases of violence or abuse. This implies the need for legal protection for adolescents to get professional help without fear or concern of negative consequences from parents.

4.2 Research Contribution

This study can enrich the theory of family and adolescent counseling by exploring how the role of parents in providing consent can affect the course of the counseling process. It introduces the concept that family intervention in counseling should consider parental readiness and preparedness and its impact on adolescents' emotional well-being.

5. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

5.1 Limitations

While the findings of this study may provide important insights, implementing the findings in day-to-day counseling practice may face challenges. Various factors, such as differences in organizational or institutional policies, limited resources, and resistance from parents or communities to change, may hinder the real-world application of the findings.

5.2 Recommendations for Future Research Directions

Future research could offer more concrete recommenddations for policymakers regarding revising or developing legal policies that allow adolescents to access counseling without parental consent in certain situations. This could involve efforts to formulate policies that are more flexible and responsive to adolescents' mental health needs while still respecting the role of parents in decision-making.

6. CONCLUSION

Minors are legally deemed not to have competence in giving consent to obtain treatment, including counseling, thus parental consent is required in making decisions for children even though recent studies have found that children have the same abilities as adults. However, generalizing the ability of minors to give consent can cause children to depend on their parents to consent, potentially preventing them from getting immediate assistance, or even not getting help at all. Therefore, the urgency of obtaining parental consent before carrying out counseling must be questioned again.

Parental consent before the implementation of counseling is only a requirement that must be fulfilled administratively so that there is a third party who is responsible for the counselee, but it does not have a significant impact on the counseling process except for decision-making process that can still be done by the counselee themselves with guidance from the counselor. Thus, counseling for minors can actually be carried out without parental consent at the beginning of the session. Counselors can still involve

parents through separate invitations, or give consent as the counseling progresses regarding big and important decisions that cannot be decided unilaterally by the child. However, the scope of the decision that can be made by minors without parental intervention need to be examined more deeply in future studies.

This research shows that parental consent in adolescent counseling is not always absolute but depends on the relevant legal, ethical, and social context. Although parental consent is considered essential in many legal systems, in some cases, especially in emergencies or when there is domestic violence, counseling without parental consent can be more beneficial for the well-being of adolescents. Therefore, this study recommends a more flexible approach that accommodates the needs and rights of adolescents while still respecting the role of parents in decisions regarding their children.

Acknowledgments

The author is thankful to the beloved lecturers of Guidance and Counseling for providing the necessary information, guidances and facilities for the preparation of this paper.

CRediT Authorship Contribution Statement

The author declares that this article's entire research and writing process was carried out independently. The author is fully responsible for all data related to this research. No other party has participated as an author or made a significant contribution to the content of this work.

Conflict of Interest Statement

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval Statement

The author declares that this study was conducted in accordance with research ethics principles and has received ethical approval from the author's institution, including respect for participants' autonomy, confidentiality of data, and ensuring their safety and well-being, as outlined in the applicable research ethics guidelines.

REFERENCES

Alderson, P. (2007). Competent Children? Minors' Consent to Health Care Treatment and Research. *Social Science & Medicine*, *65*(11), 2272–2283. https://doi.org/10.1016/j.socscimed.2007.08.005

Alderson, P., & Morrow, V. (2020). *The ethics of research with children and young people: A practical handbook*. Sage.

Alderson, P., Sutcliffe, K., & Curtis, K. (2006). Children's Competence to Consent to Medical Treatment. *Hastings Center Report*, *36*(6), 25–34. http://dx.doi.org/10.1353/hcr.2006.0000

American School Counselor Association. (2010). *ASCA Ethical Standards for School Counselors*. Amerika.

Anazodo, A., Laws, P., Logan, S., Saunders, C., Travaglia, J., Gerstl, B., ... & Sullivan, E. (2019). How can we improve oncofertility care for patients? A systematic scoping review of current international practice and models of care. *Human reproduction update, 25*(2), 159-179. https://doi.org/10.1093/humupd/dmy038

Appelbaum, P. S., & Grisso, T. (2019). The MacArthur Treatment Competence Study. I: Mental Illness and Competence to Consent to Treatment1. *Clinical Forensic Psychology and Law*, 129-156. https://doi.org/10.1007/bf01499321

Beregovaya, E. B., Ushakova, O. B., Antonova, M. A., Pak, L. G., Saitbaeva, E. R., Musafirov, M. K., ... & Savenko, O. E. (2019). Organizational and methodical directions of integrative programs implementation for adolescent creative development and social adaptation. *Humanities & Social Sciences Reviews, 7*(4), 1120-1127. https://doi.org/10.18510/hssr.2019.74152

Billick, S. B., Burgert 3rd, W., Friberg, G., Downer, A. V, & Bruni-Solhkhah, S. M. (2001). A Clinical Study of Competency to Consent to Treatment in Pediatrics. *The Journal of the American Academy of Psychiatry and the Law, 29*(3), 298–302. https://europepmc.org/article/med/11592457

Bishop, D. V. (2014). Ten questions about terminology for children with unexplained language problems. *International Journal of language & communication disorders, 49*(4), 381-415. https://doi.org/10.1111/1460-6984.12101

Carr, A. (2012). *Family therapy: Concepts, process and practice*. John Wiley & Sons.

Cooperman, K., Savitsky, D., Koshel, W., Bhat, V., & Cooperman, J. (2018). The PEWTER Study: Breaking bad news communication skills training for counseling programs. *International Journal for the Advancement of Counselling, 40*, 72-87. https://link.springer.com/article/10.1007/s10447-017-9313-z

Dami, Z. A., & Waluwandja, P. A. (2019). Counselee satisfaction in face-to-face and cyber-counseling approach to help cyber-bullying victims in the era of industrial revolution 4.0: comparative analysis. *European Journal of Education Studies*. http://dx.doi.org/10.46827/ejes.v0i0.2536

Etienne, M. (2018). Managing parents: Navigating parental rights in juvenile cases. *Conn. L. Rev.,* 50, 61. https://digitalcommons.lib.uconn.edu/law_review/397/

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health, 14*, 1-11. https://doi.org/10.1186/s13034-020-00329-3

Fu, Y., Kok, R. A., Dankbaar, B., Ligthart, P. E., & van Riel, A. C. (2018). Factors affecting sustainable process technology adoption: A systematic literature review. *Journal of Cleaner Production, 205*, 226-251. https://doi.org/10.1016/j.jclepro.2018.08.268

Gibbons, M. M., & Spurgeon, S. L. (2015). *Applying the American School Counselor Association (ASCA) Ethical Standards to Clinical Experiences. A guide to practicum and internship for school counselors-in-training*, 201-224.

Glosoff, H. L., & Pate, R. H. (2002). Privacy and Confidentiality in School Counseling. *Professional School Counseling*, *6*, 20–27. https://eric.ed.gov/?id=EJ655207

Gustafson, K. E., & McNamara, J. R. (1987). Confidentiality With Minor Clients: Issues and Guidelines for Therapists. *Professional Psychology: Research and*

Katz, A. L., Webb, S. A., Macauley, R. C., Mercurio, M. R., Moon, M. R., Okun, A. L., ... & Committee on Bioethics. (2016). Informed consent in decision-making in pediatric practice. *Pediatrics, 138*(2). https://doi.org/10.1542/peds.2016-1485

Koller, D. (2017). 'Kids need to talk too': inclusive practices for children's healthcare education and participation. *Journal of clinical nursing, 26*(17-18), 2657-2668. https://doi.org/10.1111/jocn.13703

Kranzer, K., Meghji, J., Bandason, T., Dauya, E., Mungofa, S., Busza, J., ... & Ferrand, R. A. (2014). Barriers to provider-initiated testing and counselling for children in a high HIV prevalence setting: a mixed methods study. *PLoS medicine, 11*(5), e1001649. https://doi.org/10.1371/journal.pmed.1001649

Lawrence, G., & Kurpius, S. E. R. (2000). Legal and Ethical Issues Involved When Counseling Minors in Nonschool Settings. *Journal of Counseling & Development*, *78*(2), 130–136. https://psycnet.apa.org/doi/10.1002/j.1556-6676.2000.tb02570.x

Logan, S., & Anazodo, A. (2019). The psychological importance of fertility preservation counseling and support for cancer patients. *Acta Obstetricia et Practice*, *18*(5), 503. https://psycnet.apa.org/doi/10.1037/0735-7028.18.5.503

Hein, I. (2018). *Children's competence in Medical care Decision-Making*. In Children's Rights in Health Care (pp. 150-172). Brill Nijhoff.

Hein, I. M., De Vries, M. C., Troost, P. W., Meynen, G., Van Goudoever, J. B., & Lindauer, R. J. L. (2015). Informed Consent Instead of Assent Is Appropriate in Children From the Age of Twelve: Policy Implications of New Findings on Children's Competence to Consent to Clinical Research. *BMC Medical Ethics*, 16, 1–7. https://doi.org/10.1186/s12910-015-0067-z

Hein, I. M., De Vries, M. C., Troost, P. W., Meynen, G., Van Goudoever, J. B., & Lindauer, R. J. L. (2015). Informed Consent Instead of Assent Is Appropriate in Children From the Age of Twelve: Policy Implications of New Findings on Children's Competence to Consent to Clinical Research. *BMC Medical Ethics*, 16, 1–7. https://doi.org/10.1186/s12910-015-0067-z

Jones, M. J., Goodman, S. J., & Kobor, M. S. (2015). DNA methylation and healthy human aging. *Aging cell, 14*(6), 924-932. https://doi.org/10.1111/acel.12349

Karita Sakharina, I., & Amin Daud, A. (2020). Abolition of Child Marriage Practices in Indonesia According to the United Nations Convention on the Rights of the Child. *Scholars International Journal of Law, Crime and Justice*. http://repository.unhas.ac.id:443/id/eprint/4962

Gynecologica Scandinavica, 98(5), 583-597. https://doi.org/10.1111/aogs.13562

Loren, A. W., Mangu, P. B., Beck, L. N., Brennan, L., Magdalinski, A. J., Partridge, A. H., ... & Oktay, K. (2013). Fertility preservation for patients with cancer: American Society of Clinical Oncology clinical practice guideline update. *Journal of clinical oncology, 31*(19), 2500. https://doi.org/10.1200%2FJCO.2013.49.2678

Mignone, T., Klostermann, K., Mahadeo, M., Papagni, E., & Jankie, J. (2017). Confidentiality and family therapy: Cultural considerations. *ARC Journal of Psychiatry, 2*(1), 9-16. https://www.arcjournals.org/pdfs/ajp/v2-i1/3.pdf

Mohamed Shaffril, H. A., Samsuddin, S. F., & Abu Samah, A. (2021). The ABC of systematic literature review: the basic methodological guidance for beginners. *Quality & Quantity, 55*, 1319-1346. https://doi.org/10.1007/s11135-020-01059-6

Monbiot, G. (2016). Neoliberalism–the ideology at the root of all our problems. *The guardian, 15*(04). https://comer.org/wp-content/uploads/2019/03/COMER_JulyAugust2016.pdf

Moreton, K. L. (2021). A backwards-step for Gillick: trans children's inability to consent to treatment for gender dysphoria-quincy bell & Mrs A v the tavistock and portman NHS foundation trust and Ors [2020] EWHC 3274 (admin). *Medical Law Review, 29*(4), 699-715. https://doi.org/10.1093/medlaw/fwab020

Onstot, A. (2019). Capacity to consent: policies and practices that limit sexual consent for people with intellectual/developmental disabilities. *Sexuality and Disability, 37*(4), 633-644. https://doi.org/10.1007/s11195-019-09580-9

Palmer, L., & Harris, G. (2016). School Counsellors' Perspectives and Practices Regarding Informed Consent. *The Morning Watch: Educational and Social Analysis, 44*(1-2). https://journals.library.mun.ca/index.php/mwatch/article/view/1749

Plotkin, R. (1981). When Rights Collide: Parents, Children and Consent to Treatment. *Journal of Pediatric Psychology, 6*(2), 121–130. https://psycnet.apa.org/doi/10.1093/jpepsy/6.2.121

Pope, K. S., & Vasquez, M. J. (2016). *Ethics in psychotherapy and counseling: A practical guide*. John Wiley & Sons.

Remley, T. P., J., & Herlihy, B. (2001). *Ethical, Legal, and Professional Issues in Counseling*. Merrill Prentice Hall.

Reynolds, S., Grant-Kels, J. M., & Bercovitch, L. (2017). How issues of autonomy and consent differ between children and adults: kids are not just little people. *Clinics in Dermatology, 35*(6), 601-605. https://doi.org/10.1186/1472-6939-16-1

Rorteau, J., Chevalier, F. P., Bonnet, S., Barthélemy, T., Lopez-Gaydon, A., Martin, L. S., ... & Lamartine, J. (2022). Maintenance of chronological aging features in culture of normal human dermal fibroblasts from old donors. *Cells, 11*(5), 858. https://doi.org/10.3390/cells11050858

Sabag-Shushan, T., & Katzir, T. (2023). Emotional understanding in reading comprehension at the text, task, and reader levels: a comparison of diverse struggling readers. *Reading and Writing, 1-25*. https://doi.org/10.1007/s11145-023-10447-x

Sarofim, S., Minton, E., Hunting, A., Bartholomew, D. E., Zehra, S., Montford, W., ... & Paul, P. (2020). Religion's influence on the financial well-being of consumers: a conceptual framework and research agenda. *Journal of Consumer Affairs, 54*(3), 1028-1061. https://doi.org/10.1111/joca.12315

Sartor, T. A., McHenry, B., & McHenry, J. (2016). *Ethics of Working with Children, Adolescents, and Their Parents*. In Ethical and Legal Issues in Counseling Children and Adolescents (pp. 5-20). Routledge.

Shah, S. K., Essack, Z., Byron, K., Slack, C., Reirden, D., van Rooyen, H., ... & Wendler, D. S. (2020). Adolescent barriers to HIV prevention research: are parental consent requirements the biggest obstacle?. *Journal of Adolescent Health, 67*(4), 495-501. https://doi.org/10.1016/j.jadohealth.2020.05.011

Shughart, W. F., & Thomas, D. W. (2014). What did economists do? Euvoluntary, voluntary, and coercive institutions for collective action. *Southern Economic Journal,* 926-937. https://www.jstor.org/stable/23807676

Sibley, A., Pollard, A. J., Fitzpatrick, R., & Sheehan, M. (2016). Developing a new justification for assent. *BMC Medical Ethics, 17*, 1-9. https://doi.org/10.1186/s12910-015-0085-x

Smith, M. S., & Stein, M. A. (2020). Transfer of parental rights: The impact of section 615 (m) of the Individuals with Disabilities Education Act. *Drexel L. Rev., 13*, 987. https://gator.communityinclusion.org/uploads/987_smith_stein.pdf

Solbes-Canales, I., Valverde-Montesino, S., & Herranz-Hernández, P. (2020). Socialization of gender stereotypes related to attributes and professions among young Spanish school-aged children. *Frontiers in psychology, 11*, 514213. https://doi.org/10.3389/fpsyg.2020.00609

Sori, C. F., & Hecker, L. L. (2015). Ethical and Legal Considerations When Counselling Children and Families. *Australian and New Zealand Journal of Family Therapy, 36*(4), 450–464. https://psycnet.apa.org/doi/10.1002/anzf.1126

Sori, C. F., & Hecker, L. L. (2015). Ethical and Legal Considerations When Counselling Children and Families. *Australian and New Zealand Journal of Family Therapy, 36*(4), 450–464. https://psycnet.apa.org/doi/10.1002/anzf.1126

Taylor, M. J., Dove, E. S., Laurie, G., & Townend, D. (2018). When can the child speak for herself? The limits of parental consent in data protection law for health research. *Medical law review, 26*(3), 369-391. https://doi.org/10.1093/medlaw/fwx052

Tishelman, A. C., Kaufman, R., Edwards-Leeper, L., Mandel, F. H., Shumer, D. E., & Spack, N. P. (2015). Serving transgender youth: Challenges, dilemmas, and clinical examples. *Professional Psychology: Research and Practice, 46*(1), 37. https://psycnet.apa.org/doi/10.1037/a0037490

Vaghri, Z., Zermatten, J., Lansdown, G., & Ruggiero, R. (2022). *Monitoring State Compliance with the UN Convention on the Rights of the Child: An Analysis of Attributes*. Springer Nature.

Vaishnavi, J., & Kumar, A. (2018). Parental Involvement in School Counseling Services: Challenges and Experience of Counselor. *Psychological Studies, 63*(4), 359–364.

https://link.springer.com/article/10.1007/s12646-018-0463-9

Vaishnavi, J., & Kumar, A. (2018). Parental Involvement in School Counseling Services: Challenges and Experience of Counselor. *Psychological Studies, 63*(4), 359–364. https://doi.org/10.1007/s12646-018-0463-9

Welfel, E. R. (2002). *Instructor's Guide for Ethics in Counseling and Psychotherapy: Standards, Research, and Emerging Issues*. Brooks/Cole-Thomson Learning.

Wheeler, A. M., & Bertram, B. (2019). *The counselor and the law: A guide to legal and ethical practice.* John Wiley & Sons.

Article Information

Article info:
https://ojs.aeducia.org/index.php/ijcp/article/view/170

Word Count: 6956