

# Adolescent Confidentiality in Behavioral Health Treatment

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# Disclosures

- I have no disclosures to report.

# Goals

- Consider three perspectives on confidentiality for adolescents in therapy
- Explore research on pediatric psychologists' decisions about reporting teen risk behaviors
- Identify strategies that can be helpful *before* a breach of confidentiality is being considered, *when* a breach is being considered, and *after* it has been decided to breach confidentiality.

# It depends on who you ask....

- The law



- Clinical practice



- Ethics



# The Law

- Blunt instrument
- Important to know HIPAA, state and federal laws, FERPA
- Consent vs. Confidentiality



# Good clinical practice

- More complex view
- Support for emerging independence and therapy as zone of privacy
- Value of promoting family communication and problem-solving
- Recognition that sharing information could be harmful
- Research showing concerns about confidentiality as a barrier to treatment

# Psychology Code of Ethics

## ❖ **Structuring the Relationship and Informed Consent**

- Clarify relationships and provide information

## ❖ **Privacy and Confidentiality**

- Know the laws, including mandates for disclosing without consent
- Discuss limits
- Allows for clinical judgement

# Limits of Confidentiality and Informed Consent



- Mandated reporting
- Explanation of Benefits

- Parent request of records



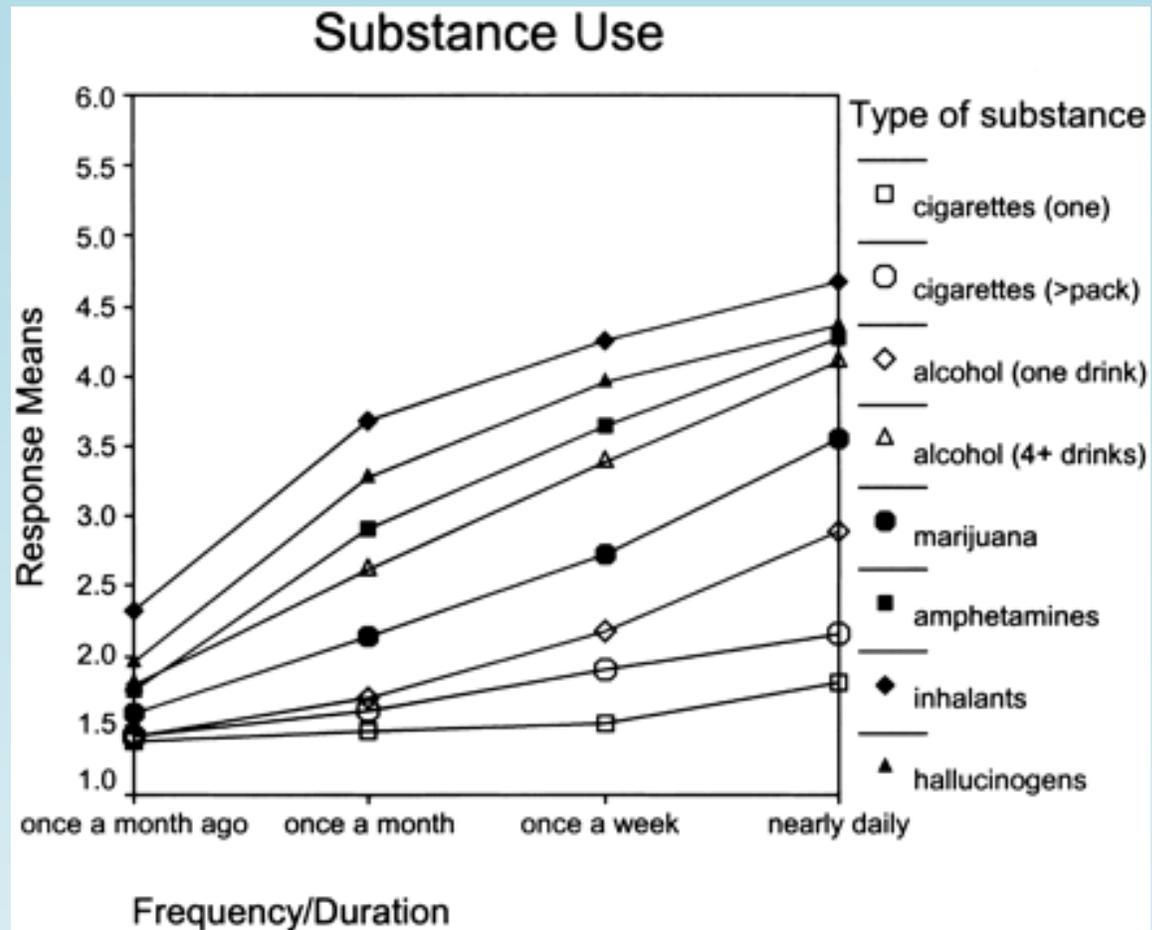
- Bills
- Ancillary staff

- Patient portals



# When do Pediatric Psychologists Break Confidentiality? (Rae et al., 2002; Sullivan et al., 2002)

- 200 Pediatric Psychologists
- Vignettes – cigarettes, marijuana, cocaine, sexual activity, suicidal behavior
- Frequency and intensity were important, with the exception of HIV+ risk and suicide attempts. Intense behaviors more likely to be reported at low frequency.
- Two factors: Negative Nature of Behavior\Maintaining the Therapeutic Process



**Figure 1. Response means for substance use based on type of substance and frequency/duration. The higher the number, the more ethical to break confidentiality.**

# Informed Consent as a Process

- Talk to adolescent and parent/guardian together
- Parent/guardian agreement to confidentiality
  - Verbal
  - Written (Oklahoma University Adolescent Medicine Center)
- “Conditional” confidentiality
  - Give examples, when required by law, abuse, a serious threat to safety
  - Safety and concern, not control or punishment
  - Assuring teen that they would be involved in the conversation

# Ethical Decision Making Process

- Identify the ethical, clinical, legal, and risk management issues.
- Seek legal, ethical, and clinical resources.
- Seek consultation.
- Weigh options, possible harm and mitigation of harm to all parties.
- Decide on an appropriate action. Choose least intrusive (least amount of information, least number of people involved).
- Be able to document reasons for decision.
- Notify adolescent, give reasons, apologize, give them a chance to make the revelation.

# References

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