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
- Parent request of records
- Patient portals

- Explanation of Benefits
- Bills
- Ancillary staff
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

