Ethics Case Review Assignment

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The ethical principle of confidentiality is a core value and standard of all professional counselling relationships. Successful counselling often is associated with a trusting, mutual bond between the client and the counsellor. However, when counselling minors in the school system, parents often want to know what is said in sessions and the counsellor needs to be aware of when or if it is appropriate to divulge information. This paper discusses the ethical principles and standards of practice regarding consent and confidentiality in a school setting.

This topic is important because the challenges of consent and confidentiality in high school settings differ in every province and with every school board. School psychologists and school counsellors play two very different roles as well. In general, as a program specific psychologist when you see a student you need the students’ parents to sign a consent form stating that you will be seeing their child and you will need the student to sign as well (Calgary Catholic School Board, 2018). Many laws recognize that you can be considered a mature minor over the age of 14 can sign consent over to a psychologist for their services (Truscott, 2013). However, most school boards would never let a minor see a school psychologist without the parents’ consent. For example, in Calgary Catholic there is a school psychologist, but only a number of specified students are eligible to see them and with their parents’ consent. However, all students have access to free counselling services (Calgary Catholic School Board, 2018). School counsellors make ethical decisions in an environment where there is often conflict between the age of majority, parents requesting information from counsellors, and each school board has rules and regulations that counsellors must follow (Lehr, Lehr, and Sumarah, 2007). For example, a parent’s ‘right to know’ must be balanced with the benefits and risks involved to invade the child’s privacy (Lehr, Lehr, and Sumarah, 2007). Another example, in the Calgary Catholic School Board, a counsellor must report if they think student is pregnant, however many counsellors go against this rule and do not report it to their superiors and parents as they believe this harm the child because is it not known for sure. However, in the Calgary Public School Board there is no obligation for a counsellor to report if they think a student is pregnant. If the counsellor at the school believes the student is in need of further assistance they could send them to any of the free counselling services in the student’s area, give them numbers to crisis lines and send in a request to Instructional Services (IS) to which the school board would determine if the student should see a school psychologist (Calgary Catholic School Board, 2018). If a student did want their parents to know that they are seeing a psychologist, the school board would not be the place. Counsellors are often conflicted on issues pertaining to the student’s right to privacy and autonomy, and with many stakeholders in this one setting, such as principles, school board members, parents, and follow colleagues, counsellors often navigate through a conflictual web of responsibilities (Lehr, Lehr, and Sumarah, 2007)

**Relevant Ethical Principles and Standards of Practice**

Consent is based on the ethical principle of respect for the dignity of persons (Truscott, 2013). Under Principle I, it is crucial that both parties, guardian / student, understand what they are signing. Obtaining informed consent in a process that involves a trusting relationship between the psychologist, client, and since most clients in high school are minors, to obtain the parents’ consent (CPA, 2017). In addition, under Principle I, protections for vulnerable individuals and groups, psychologists would strive to seek to use methods that maximize understanding, carry out the consent process with those persons who are legally responsible, and seek willing informed participation from any person of diminished capacity to give consent (CPA, 2017).

Confidentiality is based on the ethical principle of respect and dignity and is central to the relationship between a client and psychologist (CPA, 2017). Legally, the parent or guardian that consents to the services that the child is in has the right to know the content (Truscott, 2013). However, within a high school setting, a program psychologist usually determines whether or not the child is a mature minor and therefore can withhold private information, except in cases where the student is at harm or harming others, or participating in illegal activities (Truscott, 2013). Under Principle I, confidentiality, a psychologist must share confidential information with others only to the extent reasonably needed for sharing and only with the informed consent of those involved (CPA, 2017). However, a psychologist may come across a child whose parents are physically abusive and therefore the psychologist must break confidentiality because the child is in need of protection (Truscott, 2013).

Under the Standards of Practice in Professional Responsibility, A.1 General Responsibility, this standard applies because counsellors are responsibility for familiarizing themselves with the provincial and federal legislation, especially in school settings pertaining to mental health acts, child protection acts, privacy acts, and youth/criminal acts (CCPA, 2008). Under the Standards of Practice in Counselling Relationships, B.1 Primary Responsibility, this standard applies because counsellors have the responsibility to respect the integrity and promote the welfare of their clients (CCPA, 2008). Furthermore, under B2 Confidentiality, this standard applies because the counsellor is expected to respect the confidentiality of their clients. However, there are exceptions to confidentiality such as, imminent danger to the client or third party, when the counsellor suspects neglect or abuse, and when the child is in need of protection (CCPA, 2008). In addition, under B.4 Client’s Rights and Informed Consent, this standard applies because of the processes involved with obtaining informed consent to provide psychological services to the minor such as, informing the clients on goals, techniques and purposes of counselling and making sure clients understand the limits of confidentiality (CCPA, 2008). Finally, under B.5 Children and Persons with Diminished Capacity, this standard applies because the counsellor assumes responsibility to remain informed of legislation regarding the child’s growing capacity to provide informed consent (CCPA, 2008).

**Dilemma**

Lucy, a 16-year-old student, has come into school approximately 30 minutes late for three days in a row. On the forth day that she is late again and she tells the program psychologist that she is late because she has to walk her little brother who is 6 years old to school in the morning since her mother and step father are too drunk to do it. Lucy demands that we do not tell anyone because just a few days prior she signed a consent form stating anything she tells the psychologist is confidential and will never come back to school if we tell anyone because she is not in any harm or doing anything illegal and that she is fine. Lucy goes to class and the psychologist calls Lucy’s mother (Jane) to check in as this is a regular occurrence to check in with parents. The psychologist does not say anything about Lucy being late but just wanted to check in and see how Lucy is at home since summer break has just ended and a new school year is always stressful at the beginning. Jane states that she is not feeling well and has the flu and apologizes for Lucy being late. The psychologist says that it is important for Lucy to be at school on time as this is her final year of school. Jane gets angry says that she guesses that she (the psychologist) is calling because Lucy has probably lied about her being drunk because she wants attention and tells the psychologist not to take this issue any further as will report her to the school board because this is a private matter and she will deal with Lucy’s lies and hangs up the phone.

**Background on student**

Lucy attends high school in Edmonton and is registered in a mental health program for students in grades 10 to 12 who have been diagnosed with anxiety and/or depression. Lucy has been diagnosed with, Attention Deficit Hyperactivity Disorder and Anxiety Disorder. Lucy lives with her mother, step father and younger brother. In addition, on Lucy’s Individualized Program Plan for school it states under administrative comments that Lucy is known for lying to teachers and her peers to get attention and sympathy from them. Lucy also smokes weed regularly and has been caught for cocaine use many times the previous school year.

**Resolve the Dilemma**

The individuals that could be affected would be Lucy, her brother, mother, step father, Lucy’s friends and other family members, the psychologist (me), teacher, Lucy’s teachers, and Social Services.

There are a number of ethically relevant issues and practices to be discussed and reviewed for this dilemma. According to Principle I, I have an ethical obligation to demonstrate respect for the dignity of my client (CPA, 2017). In addition, I am obligated to respect the expressed wishes of the individual to involve or not involve others (CPA, 2017). My client does not want anyone to know this information because she states that she is not in any harm and that we are obligated to keep her privacy. However, if I do believe that my client is in any harm and her little brother is being neglected it is my ethical obligation in accordance to Principle II to protect and promote the well-being and best interests of my client and report what I believe would be child neglect/abuse. (CPA, 2017).

In accordance to Principle II, as previously stated I am obligated to protect and promote my client’s best interests and avoid doing any harm (CPA, 2017). If I do believe that calling Child and Family Services is best to protect my client from harm and potentially her younger brother that is what I would do. However, in contrast with Principle II, I can only share confidential information with others only with the informed consent of the client (CPA, 2017). If my client does not consent I would be breaking confidentiality and also breaking the trust between us and risk her not coming back to school.

According to Principle III, Integrity in Relationships, I need to evaluate how my beliefs, and external pressures influence the decision I make whether or not I call Social Services (CPA, 2017). I may think that Lucy is lying to get attention from her teachers and peers since she is known to lie about family matters. I also might feel pressure from her because if she says she is fine and threatens that if I tell anyone she will never come back to school I would not want that either. In addition, I might feel pressure from Jane because I would not want her to complain about me to the school board and if I do not tell anyone it may be easier not to deal with it. However, I also may find it weird that Jane got very angry for no apparent reason and may wonder why she doesn’t want me to be involved in this issue, especially since she claims there is no issue. If I take in account these external pressures of Lucy not coming to school if I tell anyone and Jane complaining about me to the school board I may not do anything. However, in contract to Principle III, straightforwardness / openness, I could tell my client that I need to call Social Services not just for her sake but for her brother’s well-being (CPA, 2017). I could fully explain my reason for breaking her trust and explain why I need to make that call. I could tell her that the call is going to happen regardless and I could let her call as well with me in the room if she feels more comfortable with. However, it is not an obligation or a requirement to tell a client that you are calling social services if I decide to call I could do it and not tell Lucy and lie is she asks me if I did.

In adhering to Principle IV, I would take responsibility of the general welfare of society by calling Social Services because I would believe family as a whole needs help (CPA, 2017). However, in contrast to Principle I, I would be going against respecting her wishes to keep this private and I would be breaking confidentiality (CPA, 2017).

Consideration of my own biases, external pressures and self-interest may influence the development of choice between which course of action I decide to take. First of all, may be biased in believing Lucy because my father is an alcoholic and since she tells me that her mother is, I may feel more attached to her because in some points in my childhood I was neglected when both of my parents were drinking. I also may believe her story because when I called her mother she reacted strangely and became very angry which did not seem appropriate. However, I may think that her mother was angry because Lucy has a history and is known for lying and perhaps her mother is sick and is also sick of hearing about Lucy’s lies. I also do not want her mother to call the school board on me and make me look foolish if I am wrong.

I have developed two courses of action that I would take with this client. First of all, I could assume that Lucy is lying because she has a history of lies and trust mother when she states that she has the flu and that is why Lucy was late for school. I would not do anything different but my usual follow-ups with the family and continue my usual sessions with Lucy. I am also pleasing Lucy and Jane’s wishes not to involve anyone else in this matter. The second course of action would be to assume that Lucy is correct in stating that her mother and father are too drunk to take her brother to school and call Social Services. This with decision I could either tell her I am calling or not, but for sake of time and space in this paper I will decide to tell her I am calling and allow her to call herself if she feels more comfortable.

A short-term analysis of the first option not to call Social Services would be that Lucy’s parents continue to drink and neglect both of their children. Lucy may be happy that she is not in trouble because no one was told. On-going, parents could still be drinking and Lucy would continue to be late for school and her grades would be affected and Lucy may come depressed with her declining grades and lack of parental support and love. Lucy’s brother’s care would also be negatively affected since he is only 7 and cannot take care of himself. Long-term her parents may never get better since they rely on Lucy to take care of her brother. Lucy would be at risk of failing her morning class as she would be consistently late and her little brother’s well-being and mental health could be negatively affected.

Finally, a short-term analysis of calling Social Services would that Lucy’s parents would be angry at Lucy for telling on them but once they were sober hopefully they could see the damage that they were causing. Lucy could be very upset that I called but it would be my hope that since I was honest with her she would try to understand where I am coming from and that I only have her and her brothers best interest at heart. On-going Lucy’s parents would continue to get help by attending counselling or rehab. Lucy hopefully would not feel the burden of taking caring care of her brother and would make it to school on time. Lucy and her brother may be temporarily placed with a foster family or family members until her parents were able to care for them. Long-term my hope would be that Lucy’s parents are sober and can care for them again but if they did not get better, Lucy and her brother would be in a stable home where they would not be neglected. Lucy would continue to do well in school be in a safe environment to thrive.

My choice of action would be to call Social Services as it is not necessary that I am certain that the children are being neglected but it is my ethical duty to report a child that is in need of protection (Truscott, 2013).

I will show respect of the dignity of my client and promote and protect her best interests (CPA, 2017). I will take responsibility for the consequences of this action whatever they may be as I will reflect on the choice I made and come up with solutions and ways to help Lucy through this process. I will evaluate the results of this action and reflect back on if I could have done something differently for future reference. One suggestion is that when I get a client to sign a consent form I would clarify what harm is and that I have consent to call their parents or Social Services if I believe there is any physical or emotional harm or neglect. I would also re-engage in the decision-making process if this ethical issue was not resolved. Finally, to prevent future occurrences of any issue similar to this one I would consult my follow psychologists and the Canadian Psychological Association.

**Personal and Professional Values**

Counsellors often experience conflict between their duty to clients, pressure from parents and administration, their professional ethics, and disagreements with follow counsellors, and responsibility to inform the students teachers (Lehr, Lehr, and Sumarah, 2007). In regards to the dilemma, there are many factors that went into the decision to call Social Services. First of all, knowing the students background affected the decision because Lucy was an unstable student who abused drugs in the past and we knew there was family history of alcoholism. However, throughout for previous two years of high school, she did lie about her family a lot and we knew her mother and step-father became very frustrated with her lies. In this dilemma, Lucy told the psychologist and the program teacher (which was me). I did not want to call Social Services because I felt that I was betraying her trust and I thought that she would never trust us again and never come back to school. I think in this dilemma the psychologist should have been clearer with the rules of confidentiality as Lucy did not understand the limits of this. The psychologist told her she would only break confidentiality if Lucy was in harm, but she did not explain what they meant in full detail. The psychologist also realized this as well. I remember the psychologist almost forcing me to call (which I am grateful for now) but at the time she said I need to learn and it was my first time ever calling Social Services and I vividly remember crying while reporting this incident. It is extremely hard to break confidentiality with a student who trusts you but, in the end, you need to remember that it is for their own benefit and that you are protecting them if they are in harm. Counsellors and psychologists in school settings deal with an immense amount of pressure from their employers, as every school board and province have its own rules and regulations to follow. Many times, you will get that parent that demands to know what their child says in counselling and times when you will have to break confidentiality if you believe that it is necessary.

**Conclusion**

High school counsellors follow the Code of Ethics and use their best judgement on whether or not they inform a student’s parents on what is said in a counselling session. Again, every situation and counsellor are different and there is no strict rule book that states then to call or not to call a student’s parent, except when a child is in harm, in need of protection, or engaging in illegal activities where local enforcement would need to be involved. Working for a school board is challenging because each school board has their own set of rules and regulations that counsellors need to follow, especially in the Calgary Catholic School Board where there are many rules for counsellors reporting pregnancy, sexual intercourse, and sexuality. Counsellors can follow the *CCA Code of Ethics* (2017) and *CCPA Standards of Practice* (2008) to help guide them in decision making and develop policies on informed consent and confidential through dialogue on what they believe are the rights of students entering counselling services in the school environment (Lehr, Lehr, and Sumarah, 2007).

References

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