

# Effects of Client Confidentiality on Adolescents' Willingness to Attend Therapy

Rebecca Ardity<sup>1</sup> and Patricia Thompson<sup>1#</sup>

<sup>1</sup>Marjory Stoneman Douglas High School

#Advisor

## ABSTRACT

Adolescent mental health disorders are very prevalent and have a direct impact on their daily lives. Previous research has identified the importance of client confidentiality and adolescents' lack of willingness to attend therapy, but they have not been directly compared. This absence of this correlation led this research to question: To what extent does the lack of client confidentiality lead high school students to abstain from receiving necessary psychotherapy treatment? In conducting this research, a survey was sent to high schoolers and an interview with a practicing therapist was conducted. The information gathered was then analyzed using the correlational and descriptive methods. It was established that there was a positive correlation between the two variable and that an increase in promise of client confidentiality for high schoolers would lead to an increased willingness to attend therapy. The results of this study could be applied by therapists to make therapy more appealing and welcoming to adolescents, allowing them to have an outlet to share their struggles and receive professional help.

## Introduction

Adolescent mental health has become increasingly concerning to all of society. The adolescent stage of life is a crucial time for developing social and emotional practices that are essential for mental health and wellness. High school students who have not had the opportunity to establish said positive habits are likely to struggle with their mental well-being, school, grades, decision-making, and their physical health later in life. Thus, teenager suicide and other heavily concerning behaviors in individuals who struggle with mental health has become more and more common, which brings forth the question of why high school students who are suffering from mental health issues are not seeking help from a professional.

Mental illnesses have historically been overlooked and neglected. There were hardly any treatments or care, if any, for many people who needed help. Nevertheless, mental health concerns have been a growing issue among adolescents in today's society. Presently, teenagers are not receiving therapy that would greatly benefit their health, academic success, and their overall livelihood. This study aims to investigate the reasoning as to why adolescents, who are knowingly struggling with mental health issues, are refraining from receiving psychotherapy- a variety of treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behavior for mental illnesses such as depression and anxiety. The research is focused on the client confidentiality aspect of psychotherapy, and how it specifically affects high schoolers' views of therapy in Broward County. The term client confidentiality refers to personal information shared with a therapist that cannot be divulged to third parties without the express consent of the client. The information presented in this study will be especially valuable to parents, who can use this data to better understand their teenagers, and adolescent therapists, who can have a better insight of the effects of their confidentiality codes on high schoolers.

## Literature Review

### Effects of Mental Illnesses

Mental illnesses, especially depression, can have detrimental effects on high schoolers. Untreated mental health issues interfere with the individual's ability to focus in school, their academic success, social skills, and may even cause them to partake in risk-taking behaviors, even as far as suicide. An article written in the journal *Professional School Counseling Vol. 5, No. 3* by Julia R. Evans, Joseph E. Schumacher PhD, and Patricia Van Velsor PhD, establishes many of the effects that depression has on adolescents. In the academic scene, adolescent depression disrupts their ability to concentrate, causing them to perform poorly in school. "It interferes with the ability to concentrate and think quickly, causing school performance to decline" (Evans, Schumacher, Velsor, 2002, p. 211). This article further examines how depression among adolescents has become increasingly common, causing it to be a serious and pressing issue. It interferes with adolescents' daily lives and eventually can cause them to no longer function like an average high schooler without receiving outside help, meaning that they would greatly benefit from therapy. Similarly, a study by Frances L. Lynch PhD, John F. Dickerson PhD, David H. Feeny PhD, Gregory N. Clarke PhD, and Alex L. MacMillan BS in the journal *Medical Care* shares these views as well. This study was conducted in order to examine the correlation between depression and health-related quality of life, which consisted of assessing the health-related quality of life of both depressed and nondepressed adolescents. As predicted in the study, by simply examining measurements of health-related quality of life, the researchers were able to distinguish teenagers with and without depression, as well as determine differing severities of depression (Lynch, Dickerson, Feeny, Clarke, MacMillan, 2016). This research is especially helpful in providing a way to effectively identify and measure depression in teenagers. In that there are identifiable differences between adolescents with and without depression, it proves that depression takes a significant toll on teenagers' lives, highlighting the importance of professional aid. An article by Lisa S. Meredith PhD, Bradley D. Stein MD, PhD, Susan M. Paddock PhD, Lisa H. Jaycox PhD, Virginia P. Quinn PhD, Anita Chandra DrPH, and Audrey Burnamin PhD, in the journal *Medical Care* provides information on the impact of depression on teenagers that is also a parallel to the previous articles. Depression is extremely common in that "an estimated 15% to 20% of youth experiencing a depressive disorder by the age of 18" (Meredith, Stein, Paddock, Jaycox, Quinn, Candra, Burnam, 2009, p. 677). The article further explains that depression not only has a negative effect on academics, but also can result in negative "social, and health outcomes, including adult depression, suicide completed, substance abuse, pregnancy, [and] early parenthood" (Meredith, Stein, Paddock, Jaycox, Quinn, Candra, Burnam, 2009, p. 677). This information can help highlight reasoning to teenagers' parents as to why it is essential to get their depressed child help, and can also provide indicators of depression. These articles provide background knowledge on the numerous effects of depression and mental illnesses on teenagers, as well as emphasizing the need for depressed adolescents to get help.

### Perceptions of Others

An extremely common reason that mentally struggling high schoolers do not seek help in therapy is that they worry about the perceptions of others. Teenagers do not want to be looked down upon by their friends, peers, or family, and also may feel embarrassed to admit they are receiving therapy. An article written by Patrick W. Corrigan, from the Illinois Institute of Technology, Benjamin G. Druss, from Emory University, and Deborah A. Perlick, from Mount Sinai Hospital, in the journal *Psychological Science in the Public Interest* discusses how there are many treatments available to people who suffer from mental illnesses. It further discusses how many individuals choose to not seek help for their mental health issues. The authors additionally explain how in today's society, mental illness is something to be ashamed of. "...Many people with serious mental illness do not seek out treatment when in need or fully participate once interventions have begun. The prejudice and discrimination that comprise the stigma of mental illness

is one important reason for the disconnect between effective treatments and care seeking” (Corrigan, Druss, Perlick, 2014, p. 37). It is crucial to understand why mental health treatments have this negative connotation in order to reverse the impact it has on mental health care seeking. This stigma affects people who suffer from mental illnesses, as well as health care providers themselves. The article suggests that programs and policy changes are essential in order to overcome these views. This information is especially useful for therapists because it allows them to understand why people who need help may not come to them, and how to overcome these barriers. The article mentioned previously by Lisa S. Meredith, Bradley D. Stein, Susan M. Paddock, Lisa H. Jaycox, Virginia P. Quinn, Anita Chandra, and Audrey Burnam discusses similar negative connotations regarding receiving therapy through a study. The authors emphasize that even when therapy is recommended by professionals, adolescents rarely actually seek this help. It is mentioned that a prominent reason for this is that teenagers feel that they will be judged by their peers or family members for going to therapy. The study also found that adolescents with depression are more likely to perceive judgment as a barrier to therapy than non-depressed adolescents (Meredith, Stein, Paddock, Jaycox, Quinn, Candra, Burnam, 2009). This data is extremely helpful to therapists and parents to help them understand why adolescents may be refraining from using therapy as a way to cope with mental illnesses. A major reason as to why adolescents may choose not to seek help for their mental health issues through therapy is because they are worried about the perceptions of their peers.

## Client Confidentiality Debate

Client confidentiality is a debated topic amongst therapists, parents, and clients. Therapists must respect the wishes of their adolescent clients to keep their information private, while also handling their parents who want to know what their child is saying. In the *Journal of Child & Adolescent Counseling*, Jessica Lloyd-Hazlett and Michael Shufelt Moyer discuss how confidentiality is an essential aspect of adolescent counseling. It mentions that it is generally agreed upon by therapists to breach confidentiality if their client could possibly get harmed. However, therapists tend to disagree on the specific definition of what could be used to break confidentiality. They have varying definitions of what exactly is considered harmful and how much a person has to be at risk of it for it to be considered ethical to talk to a third party (Lloyd-Hazlett and Moyer, 2017). The study explained in the article was to test to see how likely a student counselor was to break confidentiality when their client seemed to be at risk. This data is important for therapists to understand that their code of confidentiality is likely different from other therapists’ codes, and that it may be beneficial to look into the varying codes to see if they could improve their own. An article by Clifton W. Mitchell PhD, J. Graham Disque PhD, and Patricia Robertson EdD in the *Professional School Counseling* journal also discusses similar issues with confidentiality in therapy practices. It focuses on the struggle that counselors have with issues regarding the confidentiality rights of minors and the rights of parents. “Conflicts arise with regards to information shared in counseling sessions because, historically, parents or legal guardians control the legal rights of their children, while the ethical codes extend confidentiality to all clients” (Mitchell, Disque, Robertson, 2002). Therapists have little to no guidance in how to respond to parental demands for confidential information about their children. “Neither the law nor the ethical codes provide specific and consistent guidance as to what school counselors should do in all situations where considerations of breaches of confidentiality are relevant” (Mitchell, Disque, Robertson, 2002, p.156). The article elaborates upon the points that there are difficulties regarding the rights of parents and students in confidentiality because children’s rights are not always clearly stated in the law, ethical codes, or social standards. Therapists struggle because they do not want to lose the trust of their clients, while they also want to keep parents moderately informed and happy. This information is significant to counselors because they can understand that they need to find a balance between parents and their clients when it comes to confidentiality. Client confidentiality is a heavily debated topic in therapy and is an aspect that many therapists struggle with determining how to approach.

There is an abundant amount of research focused on mental health and therapy. Nonetheless, there is a gap in this research that this study intends to fill. The previous research presented is missing information that is focused on therapists used specifically for psychotherapy and how client confidentiality directly affects the high schoolers’

willingness to receive this therapy. This study will also be focused specifically on high school subjects attending public schools in Broward County. The missing information led this research to the question, “To what extent does the lack of client confidentiality lead high school students to abstain from receiving necessary psychotherapy treatment?” Based on information from the given studies, the hypothesis going into this research is that client confidentiality is a major reason as to why adolescents do not attend therapy, and an increase in promise of client confidentiality, the higher the likeliness the adolescent would attend therapy. This study will also be focused specifically on high school subjects attending public schools in Broward County. This study intends to find the correlation between high schooler willingness to attend therapy and their views on client confidentiality using previous studies as well as further research that will be conducted.

## Methodology

This research explores the effects that a guarantee, or lack, of client confidentiality has on high schoolers’ willingness to attend therapy. This study used correlational and descriptive methods to analyze data. The correlational method was used to determine how one variable- level of confidentiality- interacted with another- adolescent willingness to attend therapy- and to identify what a change in one would do to the other. The descriptive method was used to describe and explain the data collected through the research. In order to retrieve this information, surveys and interviews were conducted. A multi-question survey was sent out to high school students ages 15-17 who attend schools across Broward County. The survey was created on the platform Google Forms and was sent out online via social media and private messaging. Seventy-five students are intended to be surveyed. This survey included questions that pertained to factors about client confidentiality in therapy and how it would/currently affects their views of attending therapy. Participants were asked if they currently attend therapy, if they have ever felt their confidentiality was compromised, and what they believed to be an appropriate level of confidentiality. In order to ensure the data collected was not influenced or biased by confidentiality concerns, all responses to the survey were completely anonymous, at no point did it ask for any identifying details. A consent form was also included in the survey to confirm that all participants were aware and comfortable with their entries being used for this research and that they would answer all questions truthfully, to the best of their abilities. The informed consent notice also asked participants to confirm that they were ages 15-17 and attend Broward County High School.

To collect varying perspectives, an interview was conducted with a therapist to collect their views on the controversial topic of client confidentiality. The interview took place virtually through the Zoom application, where it was also recorded to provide the option of playback. Conducting an interview with a therapist themselves enabled the research to provide viewpoints from the individuals who, to some degree, control the level of confidentiality themselves. Before carrying out the interview, the interviewee had to virtually sign a waiver stating that they understood that the interview would pertain to client confidentiality in their therapy practice. It also stated that all information they say during the specified interview time could be used for this research unless explicitly stated not to. They were further asked to sign if they were comfortable with their names being used in this paper, however this was not mandatory. In this interview, the therapist was asked for data such as their personal view on client confidentiality, the code of confidentiality they follow in their practice, and examples of situations they felt they needed to breach client confidentiality with a minor, and if they did so.

After all data was collected from the survey and interview, it was then organized and analyzed through correlational and descriptive research. Correlational research allowed for the identification of how the variable of client confidentiality affects the variable of willingness to attend therapy. Using this method of analyzing data, the correlational coefficient between the two variables was able to be calculated. The descriptive method of analyzing data enabled the data to be condensed to be more easily organized and interpreted. The data from the surveys and interviews were also able to be conveyed in the form of charts. Information that was collected for this research was divided into meaningful units to be more thoroughly interpreted. These methods were the ideal way to synthesize the information collected as they allotted for the comparison and meaningful analysis of it.

## Findings/Analysis

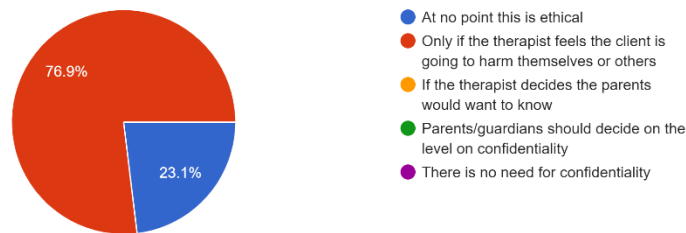
### Survey

A combined total of 43 responses were submitted to the survey that was sent out to high schoolers at public schools across Broward County. Of the 43 respondents, 30 indicated that they do not currently attend therapy, 6 responded that they do not attend therapy regularly, but go if needed, and 7 replied that they do currently attend therapy. Those who replied that they do attend therapy or irregularly attend it were grouped together because they were directed to answer further questions pertaining to someone who has attended therapy. Respondents who indicated that they do not attend therapy were directed to separate set of questions.

#### *Responded yes or irregularly attend (Group 1)*

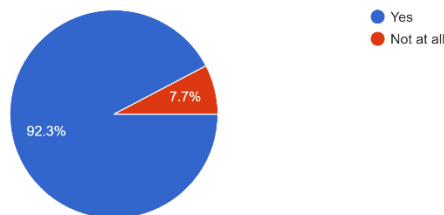
When asked if they believe the information shared with their parents is completely confidential, 10 respondents replied yes and 3 indicated that their parents have been told something they discussed once or twice. Of the respondents, 6 indicated that they have not ever questioned the level of confidentiality between them and their therapist, 4 said that they have questioned the confidentiality once or twice, and 3 responded that they question confidentiality very often. When asked if any information they have told their therapist has been exposed to their parents or anyone else in their life (unless explicitly stated that it was not confidential), 9 responded no, and 4 responded yes, their parents were told. Participants were further asked if they have ever switched to a new therapist because of a breach of confidentiality with a past one; 8 responded yes and 5 responded no.

When do you believe it is ethical for therapists to break client confidentiality?  
13 responses



**Figure 1.**

Do you feel that client confidentiality affects high schooler's willingness to attend therapy, even if not for you personally?  
13 responses



**Figure 2.**

### Responded no (Group 2)

The first question participants were shown after responding that they do not attend therapy was if a more assured level of client confidentiality would influence them to attend therapy; 19 responded yes, 9 responded that confidentiality has no effect on them, and 2 responded no. When asked if client confidentiality is a reason they do not attend therapy, 9 participants responded yes, 3 indicated that it is partially a reason, 7 responded not at all, and 11 responded that it has no effect on them and they have not considered it. Of the respondents, 3 indicated that a breach of confidentiality was the sole reason they stopped attending therapy, 1 indicated it was one of the reasons, 4 responded it was a completely separate reason, and 22 replied that they have never attended therapy.

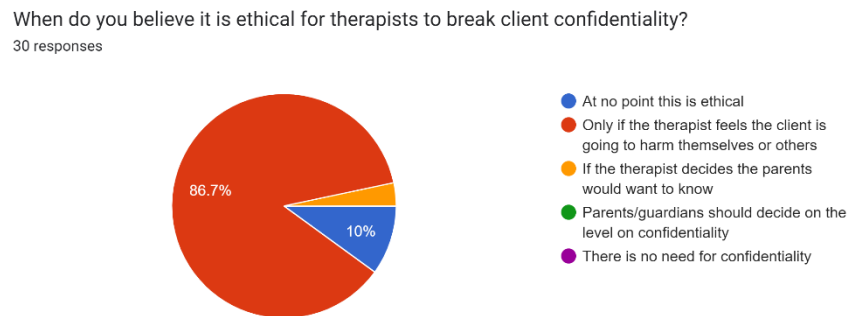


Figure 3.

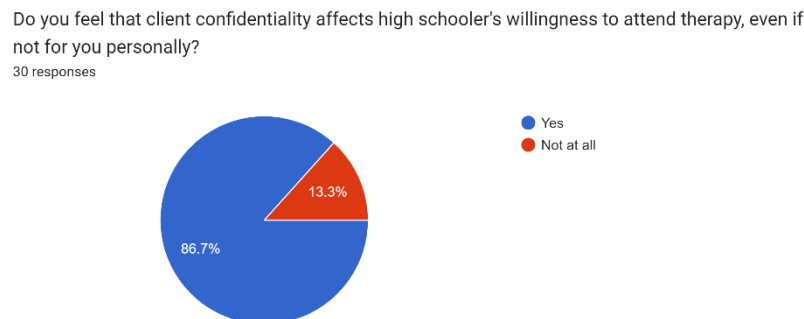


Figure 4.

It is notable to mention that in the open response question in which participants were encouraged to reply with any additional information to the researcher, a respondent replied that they would attend school offered therapy if parents were not notified, parents are notified at the respondent's school.

### Interview

The interview was conducted virtually using the Zoom application and was recorded audibly to be transcribed. The interviewee is a practicing therapist for all ages, who has requested to remain anonymous.



### *View on client confidentiality in adolescent therapy (under 18)*

When asked about their view on client confidentiality in therapy, the interviewee responded, “You know, that is a very tough subject. I think it is extremely important that clients feel comfortable opening up to you. But at the same time, it is also my job to ensure their safety. If I ever think that a client could harm themselves, I feel it is my job to alert their parents.” They then further explain that they have learned it is important to “find a happy medium” between parents and children when it comes to confidentiality. The interviewee notes on the importance of confidentiality for high schoolers. “My clients should feel comfortable opening up to me and not have to worry about what their parents will think. A large part of my job is to be a safe space for people to talk without worrying about the outside world”.

### *Thoughts on adolescents’ views on client confidentiality*

In the next portion of the interview, the interviewee was questioned about their thoughts on adolescents’ views on client confidentiality. They began by saying “I think a big worry for therapy for teenagers is their parents finding out something that would get them punished. They are probably scared to fully open up if they do not trust their therapist.” The interviewee further explains that for children that are not at risk of hurting themselves or others, it is essential for the therapist to prove that the client’s information being shared will remain confidential.

### **Analysis**

Through analyzing all 43 responses to the survey, a strong overall correlation between assurance of confidentiality and willingness to attend therapy was shown. After completing all previous questions of the survey, of 13 respondents in Group 1, about 92% indicated that they believe that client confidentiality affects high schoolers’ willingness to attend therapy (see Figure 2). In examining this along with all previous questions asked on the survey, a strong positive correlation between an aspect regarding confidentiality and willingness to attend therapy was shown numerous times. In analyzing the 30 responses from Group 2, almost 87% of respondents indicated that they feel that client confidentiality affects high schoolers’ willingness to attend therapy (see Figure 4). All of Group 2’s responses to the survey also present a strong correlation between client confidentiality and attending therapy. As this group of participants does not attend therapy, they also responded that almost 37% would attend therapy if there were an assurance of complete confidentiality. This implies that client confidentiality was an important factor while deciding whether or not to attend therapy. Interpreting and analyzing the interview performed with a therapist has further supported the correlation between client confidentiality and willingness to attend therapy.

### **Conclusion**

The adolescent stage of life is a critical period of the development of social and emotional practices. High school students who have not had the opportunity to establish positive health and wellness habits are more susceptible to struggle with their mental well-being, school, grades, and their physical health. The findings of this research were collected through a survey sent to high school students and an interview with a practicing therapist to best answer the question of high school students’ views on client confidentiality in therapy. Through analyzing these findings, it is apparent that an increased promise in client confidentiality by therapists would result in more high schoolers attending therapy. The survey results indicated that students who are currently in therapy strongly value the confidentiality kept between them and their therapist. Students who are not in therapy revealed that they would be more willing to attend with an increase security in confidentiality. The interview provided qualitative support of the importance of client confidentiality to build a trusting client-therapist relationship. The initial hypothesis of this research was proven to be accurate.

## Implications

The results of this study could be used to alter the way therapists incorporate client confidentiality in their practice and could further lead more adolescents to attend therapy. Adolescents' therapists could use this research to obtain a better understanding of their young clients. Even if therapists are confident in their current client confidentiality standards for high schoolers, they could still improve the way it is presented to their clients, so it seems less intimidating. Practicing therapists could learn which aspects of their client confidentiality code are least appealing to their adolescent clients. With this information, they could decide the most appropriate way to improve their practice to allow high schoolers to feel more welcomed. As adolescents feel more comfortable with sharing information in therapy, their mental and emotional well beings could be substantially improved. High schoolers attending therapy would have an outlet to vent and get feedback while feeling confident from their therapist that their information will stay confidential.

## Limitations

As mentioned in the methods, this research had originally planned to interview numerous therapists for data. While collecting data, only one interview with a practicing therapist had been conducted. Had interviews with more than one therapist taken place, they could have been compared to one another. Comparing views of client confidentiality from practicing therapists would have allowed for the researcher to locate areas of confidentiality that differ the most from one therapist to another. Even with this considered, important and valuable information was collected from the interview that helped further the research and draw effective conclusions.

A further limitation in this research is that there were 43 responses of the desired 75 to the survey. Having 75 responses to the survey would have helped to eliminate bias and have greater accuracy in drawing the conclusion. When more responses are received, the sample is more diverse, helping to remove some bias. Additionally, some respondents could have not been truthful with their responses. To try to eliminate this factor, participants were asked to indicate that they were answering all questions truthfully in the survey. However, as the survey was distributed online and the results were anonymous, the researcher had no way of knowing if the responses were reliable.

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