

Introduction

Engage your team in a discussion on how to handle the challenges of providing confidential care for clients under the age of 18 in your practice.

Objectives

By the end of this Spark training, participants will be able to:

1. Identify strategies for communicating with parents and minor clients regarding consent and confidentiality policies.
2. Identify barriers, challenges, and strategies for protecting privacy with confidential services.

Preparation

Prepare these supplies prior to facilitating this Spark.

- Laptop with PowerPoint presentation
- Projector and speakers for videos
- Paper and pens

Prior to facilitating this training, ask your participants if they have any accessibility needs such as translation services, audio/visual accommodations, and physical space adjustments for those with mobility concerns.

Additional Resources

- You can access AHI's MI confidentiality and minor consent laws here: <https://umhs-adolescenthealth.org/wp-content/uploads/2020/09/confidentiality-laws-mi-spark-handout.pdf>
- Health Rights for Teens handouts here: <https://umhs-adolescenthealth.org/wp-content/uploads/2020/10/mm-health-rights-for-teens.pdf>
- Review the Society for the Advancement of Psychotherapy's [Informed Consent with Children and Adolescents](#) for more information on explaining informed consent to adolescents.
- Check out this [resource](#) from Good Therapy for more information on minor's rights to privacy and confidentiality in behavioral health care.

Citation

Please cite or credit as: Behavioral Health Confidentiality Best Practices. Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; August 2022; Ann Arbor, MI.

Key of Icons

 = Slide change  = Estimated duration of topic  = Script for facilitator  = Note for facilitator

Intro/Hook  (5-8 minutes) 1 – TITLE SLIDE

 Before beginning, do introductions including name, role and pronouns if needed.

 Today we are going to do a 15-20 minute mini-training, also called a Spark, to discuss best practices to ensure confidentiality for clients under the age of 18 at our practice.

 2 – LAWS, POLICIES, & BEST PRACTICES

 Many people say that confidentiality laws can be confusing. Often what happens is that people confuse laws for policies and best practices. **With confidentiality, we need to be clear about the difference between law, policy, and best practice.**

- Minor consent and confidentiality laws allow youth to consent to specific health services without parental/legal guardian involvement. These laws vary by state.
- Policies are set by health centers, practices, or institutions.
- Best practices are evidence-based recommendations or guidelines for how to handle situations. These are often nuanced, which can allow providers and managers to make decisions on a case-by-case basis.

 Review your institution's relevant policies and procedures on confidentiality. If there are any policies or procedures, consider revising them after your team completes the Spark.

For more information on Confidentiality Laws in your state, check out the Adolescent Health Initiative's [Confidentiality Laws Spark Trainings](#).

 3 & 4– YOUTH PERSPECTIVES

 To kick off today's training we are going to watch two short videos of youth discussing their confidentiality concerns when it comes to behavioral health.

 5 – DISCUSSION

 What resonated with you from these videos?

What other concerns about confidentiality have you heard from your clients who are minors?

 Take a few minutes and discuss as a team.

 Research has shown that youth have a very limited understanding of their rights to confidential services. Multiple studies demonstrated that youth are more likely to disclose and discuss sensitive information surrounding their mental health and substance use only after they have been assured of confidentiality.

Now let's look at best practices for discussing confidentiality with youth and their caregivers.

Key Concepts (10 minutes)

6 – DISCUSSING CONFIDENTIALITY

 When working with a client who is a minor, one of the challenges faced by clinicians is helping the client and their caregivers understand what information discussed be will be kept confidential and what information the provider will share with the caregiver.

 Give participants time to read the slide text to themselves or invite a volunteer to read it out loud.

 It is best to discuss these items with the client and their caregivers at your first visit together AND to reiterate to the client regularly throughout their treatment period.

7 – THE INFORMED CONSENT PROCESS

 Although a minor's right to consent to behavioral health treatment without a parent or legal guardian's permission varies by state, it is considered best practice that youth are treated as active partners in the decision-making and informed consent process.

Including clients who are minors in these conversations is important because:

- It helps promote the therapeutic alliance and relationship
- It helps youth to advocate for themselves and it demonstrates respect for the client and their autonomy
- It communicates the message that the youth will be an active participant in their own treatment

In your role, what can you do to help youth know about your organization's confidentiality practices?

 Take a few minutes and discuss as a team.

8 – HOW DO WE TALK TO YOUTH?

 As we discussed in the previous slide, it is important that clients who are minors understand their right to confidentiality and any limitations. Here is a sample script on how to talk to youth about confidentiality in behavioral health care.

 Ask for a volunteer to read the script on the slide.

9 – CAREGIVERS AS PARTNERS

 The relationship between a client and their caregiver varies drastically from case to case. In some instances, the caregiver may be absent or wish not to be involved in care. In other cases, the caregiver might want to be overly involved in the process. When caregivers do want to be involved, the key is to partner with them in a way that still allows youth to gain independence and have confidentiality.

 Give participants time to read the slide text to themselves or invite a volunteer to read it out loud.

 While our client is the youth, it is important we acknowledge the fears and concerns their caregivers may have. We still need to respect the youth's privacy and confidentiality but find ways to partner with the caregiver to help them feel like a part of their child's care.

10 – HOW DO WE TALK TO CAREGIVERS?

 Here is an example of how you could talk to a caregiver about confidentiality.

 Ask for a volunteer to read the script on the slide.

11 – CONFIDENTIALITY PRACTICES FOR TELEHEALTH

 Since the COVID-19 pandemic began, the number of behavioral health appointments conducted through phone or on camera have increased exponentially. While telehealth has been shown to increase accessibility to behavioral health services, securing privacy and confidentiality has been an emerging challenge.

However, there are numerous steps we can take to promote confidentiality in virtual environments.

 Give participants time to read the text on the slide silently to themselves or invite a volunteer to read it out loud.

 What else can we do to create a confidential virtual environment for youth?

 Take a few minutes and discuss as a team.

12 – ADDITIONAL PRACTICES THAT SUPPORT CONFIDENTIALITY

 There are many things we do and can do better to support confidentiality at our practice. Take a moment to read through this list to yourself.

 Pause to allow for reading.

I would like to take a moment to highlight the last bullet point, “consider identities young people hold (gender, race, ethnicity, ability, etc.) that may affect what information they feel safe to share with you.” The young people we work with have varying relationships with behavioral health care depending on the identities they hold and the cultures and systems that influence them. This may affect the information that they feel safe sharing with us. It should also be something we consider

when navigating situations in which we feel confidentiality needs to be breached. For example, many youth of color have negative experiences or cultural mistrust of law enforcement and other government agencies. They may be less likely to share information with you if they believe there is any possibility of law enforcement involvement. How would this change how you discuss confidentiality with youth of color?

Would anyone like to share ideas on how we can better support confidentiality with youth that hold identities that are marginalized by systems of power?

 **Pause and allow for individuals to share. If anyone is interested in diving into this topic more, AHI has a Spark training on [Cultural Responsiveness](#). You can access AHI's MI confidentiality and minor consent laws [here](#) and the Health Rights for Teens handouts [here](#).**

Application (5-7 minutes)

13 –PROVIDER VIGNETTES

 To wrap up today's training we are going to watch a few videos from behavioral health providers discussing how they talk to caregivers and their clients who are minors about confidentiality.

 **Pause to play the videos.**

 What do you like about their approaches? What do you dislike?

What are some things you could improve about the way you address confidentiality with clients in your role?

14 –THANK YOU!

 To keep this conversation going, we will regularly discuss our confidentiality policies and practices to best serve our clients. Thank you for your participation!