A Child Psychotherapy Primer

Confidentiality

Josiah B. Dodds PhD

CONFIDENTIALITY

Josiah B. Dodds Ph.D.

e-Book 2016 International Psychotherapy Institute

From *A Child Psychotherapy Primer* Josiah B. Dodds Ph.D.

Table of Contents

WHAT DO YOU TELL THE CHILD ABOUT BEING TAPED OR OBSERVED?

Some feel that in this electronic age personal privacy is in danger of being completely eroded. Orwell's *1984* is at hand. Those who feel strongly about this might argue that observation by unseen and unknown persons through one-way glass and electronic devices can *never* be justified. Observation and recording can, however, be extremely valuable for training purposes (students observing senior clinicians, either directly or on tape, and supervisors observing supervisees' work). In addition to these uses many clinicians, myself included, have found videotape a useful medium for having a family see themselves in action in order to help them understand and change interactions within the family. I feel that the potential benefits of taping and observing child psychotherapy outweigh the erosion of privacy *if* each of the following conditions is met: (a) telling the child at the beginning of the session or, if possible, at the previous session, that you are planning to tape or have observers; (b) telling the child the purpose of taping or observation, including who will and who will not have access to it; (c) showing the child how the machinery works; (d) introducing the observers and/or camera operators to the child; and (e) asking the child's permission for the taping or observation to proceed.

One could argue that what the child does not know will not hurt him/her, but ethical principles aside, that stance has a serious danger. If the child learns by some accident midway in the session that he/she is being observed, the child's trust in the therapist could be shattered beyond repair. Thus, it is safer to tell the child of your plans for taping or observing at the very beginning of the session. Of course such knowledge changes the behavior of the child and the therapist, sometimes very little but sometimes a great deal. The argument that the child's knowledge of being observed spoils his/her natural behavior is fallacious, since there is nothing natural in the child therapy setup anyhow. Finally, most psychologists agree that spying on people without their awareness is simply unethical (see APA Ethical Standards).

It is probably easier not to record or have observers at the first session because too many new things are happening too fast and the relationship between therapist and child is too tentative to start right off

with the business of explaining the observations, introducing the observers, and securing the child's permission. As the child encounters the one-way glass in his/her explorations of the playroom, I explain what it is and take the child to the other side to see how it works and to show that no one is watching. If, in fact, there were someone observing, I would not wait for the child to discover the observer but would have gone through the steps outlined in the first paragraph.

If taping and observing are used solely for training purposes, then the child's relatives, teachers, or friends will not have access to the sessions. This should be made clear to the child, since unknown trainees and supervisors would probably present less of a threat to the child's sense of privacy than would significant people in the child's life.

Most children of any talking age are interested in how one-way glass and the video system work. Letting the child turn the lights off and on for the one-way glass or see him/ herself on TV is fun and helps remove some of the mystery of these devices. The child also gains a bit of a sense of control that could be important to the child who generally feels powerless. Introducing the child to the observer(s) and/or camera operator(s) both removes the mystery of the unknown observer and demonstrates to the child that he/she is not being observed by anyone the child knows.

I generally comment to the child that being taped or observed makes me a bit nervous at first but that I usually get used to it and that probably the same will be true for the child. However, I continue, if the taping or observing makes the child too upset, then it will be stopped. If the therapist takes this final step of securing the child's permission, it will help safeguard against an unwanted invasion of the child's privacy. However, the therapist must be prepared to accept the consequences of the child's "stop" decision, which is that one cannot absolutely count on using the tape or observation for teaching or supervision purposes.

HOW MUCH OF WHAT YOU LEARN ABOUT THE CHILD SHOULD YOU REVEAL AND TO WHOM: CHILD, PARENTS, SUPERVISOR, AUTHORITIES?

The simplest answer to this question would be to reveal nothing about the child to anybody. If this principle is stated to and demonstrated to the child, a climate of trust and openness between child and therapist should be established in the shortest order. However, the position of the absolutely closed

child-therapist system is legitimately assailed from many quarters. The commonly accepted violation of the confidentiality between a therapist and an adult client occurs when someone's life is in danger, usually a threat of suicide or murder. The same principle should apply to the child client-therapist relationship. That is, outside help would be sought if the child were threatening suicide, murder, or the undertaking of a venture that would be hazardous to someone's safety. When applying this simple exception principle, however, gray areas are soon encountered. What would you do, for example, if you learned that your 11-year-old client was planning to take an unknown dose of Quaaludes? Would you watch him/her play chemical roulette? What would you do if your child client told you he/she was planning to run away? Do you say something if you suspect your child is being abused? These latter two issues are discussed further in Chapter 9.

The child's therapist or the clinic where the therapist works is generally not the agent of the child. The psychologist who works for the court or the school or the parent is the agent of the court, school, or parent. These contractors have some legitimate claim to information from the therapist about the child.

Therapists who see children in a training clinic are obliged, for the sake of teaching and learning, to reveal information about a child and the process of therapy to the trainers or the trainees. Most of these clinics explain the educational nature of the clinic and the client or client's agent (e.g., parent) signs a waiver giving permission for recording and observing the therapy sessions. In this case the clinic as whole could be considered the therapist, and confidentiality is held between client and clinic.

Through a phone call from a teacher or through a whispered contact from the parent in the waiting room, the therapist might learn something about the child such as some recent (usually "bad") behavior. Is the therapist then under any obligation to tell the child what was just learned? Certainly, if the therapist were modeling openness of communication, the pressure would be high to do so. If the therapist models openness in communication from parent to therapist to child, wouldn't the child expect the communication to flow freely in the opposite direction also?

In the face of these and other pressures, it is tempting to view seriously the other end of the confidentiality spectrum and keep *no* secrets from anybody. In fact, this position characterizes many children's experiences with adults: mothers who tell fathers, teachers who tell mothers, neighbors who

tell parents, and so on. From such experiences the child has learned *not* to expose vulnerable areas either to others or to the self. But for therapy to achieve the goal of helping the child feel secure enough to open up intrapsychic areas for exploration and change, such a nonconfidential relationship would be counterproductive.

So what do you do? I will offer here the position I have come to take, recognizing that any position is arbitrary and will neither completely safeguard the confidentiality between therapist and child nor allow for complete revelation of therapy process and content to anyone who asks.

If you gave the whole load to the child at once you might say something like, "What we do and say in here remains private between you and me, unless I learn that you are going to really hurt yourself or someone else. Then I will try to stop you, and I will obtain help from others in doing so. Your mother and father will want to know how you are getting along here. I will not tell them any specific secrets I learn from you but will give them very general statements. In any case, I will tell you first what I plan to say to them and see if that is OK with you. You could even sit in on the session I have with your parents if you wish. The same thing is true with your teachers [and other agencies with a vested interest in the child], I will tell you what I plan to say and get your reaction. Also, we are being observed by some of my students. They are interested in how I work and will be watching me more than you. You won't ever be observed by anyone you know; I'll introduce you to whoever is observing each time. Then too we are making a videotape of these sessions so I can use it for teaching another group of students. If being observed or taped makes you too nervous, we can stop it, but it will really help out the students here who are learning to work with children. Oh, by the way, I have a supervisor with whom I will be talking about our sessions."

You should be laughing by now. No child is going to comprehend this speech, and if he/she did, he/she would think you were crazy to talk about confidentiality with all those exceptions. The child will understand one element at a time and will build trust in you more through your actions than your words. At the first session you might make the point about private time between you and the child. If the session is observed or taped, introduce that to the child at that time, as discussed above. Before a conference with the parent comes up, you explain that part to the child. In other words, small doses of explanation are needed, and your demonstration of keeping confidence within the limits defined to the child will be the

way in which the child may start building trust in you enough to begin revealing psychologically significant material. Complete, unconditional trust should not be expected, since there are realistic limits to preserving complete confidentiality.

What do you tell the child about him/herself? There are two sources of information you have about the child: from your observations (including perhaps assessment material from the initial and subsequent evaluations) and from the parent, teacher, or other persons in the child's life. Information and conclusions you have about the child should be imparted to the child from time to time in my opinion. I have found the natural occasion for giving my opinions to the child is when telling the child the summary statements I plan to give, with the child's permission, to the parent or teacher in progress-reporting conferences.

The material the therapist knows about the child from the referring problem or from the parent, teacher, or other adult should be told to the child immediately. If the therapist seeks out further information, the child might feel as if he/she were being checked up on. I discourage the parent from calling between sessions and reporting on the child's recent behavior, but if the parent does so (there are times when the therapist needs to be advised of *major* events in the child's life), I inform the parents that I will tell the child what was just learned. At the beginning of the next session the information may be introduced with a statement such as "Your mother called me and was really upset about your having skipped school. I told her that I couldn't make you go to school, and wouldn't even if I could, but that I'd let you know she called. If you want to talk about it, fine, but if not, that is OK too. I'm just sorry it is such a hassle for you."

In conclusion, I take the position that the therapist establishes the realities of confidentiality and its limitations a step at a time. The child's growing attachment to the therapist and feeling of trust that the therapist will not indiscriminately reveal psychologically significant and perhaps painful material will develop slowly out of the child's experiences with the therapist's actions, not words. I believe that introducing exceptions to the confidentiality of the child-therapist relationship should be done as the occasion for revealing information about the child arises and should be done with the child's permission, if possible, or at least his/her knowledge of what will be revealed, to whom and why. Such exceptions to keeping strict confidence will necessarily slow down the establishment of trust the child has in the

therapist but that is a condition of the realities of therapy with which the child and the therapist must live.

HOW DO YOU ANSWER THE CHILD WHO ASKS IF HE/SHE CAN TELL THE CONTENT OF THE SESSIONS TO SOMEONE?

If the child really wants to tell his/her parents or anyone else what goes on in the therapy sessions, that should be the child's right. In any case, the therapist can do little to prevent it except with psychological pressure of some kind on the child, which the child certainly does not need.

HOW DO YOU HELP A CHILD DEAL WITH PRESSURES FROM PARENTS TO REVEAL WHAT HAPPENS IN A THERAPY SESSION?

There are many reasons why parents may pressure the child to tell the contents of the therapy session. The parents may simply be curious or there may be one or more of the following motives: protectiveness of their child, jealousy of the special attention and nurture the child is receiving, jealousy of the parental role that they feel is being usurped by the therapist, need to control the life of their child, fear of the child's growing independence from them, or the belief that children should have no secrets from their parents. At the time the treatment plan is made with the parents, when the goals and techniques of therapy are explained to them, the therapist should include an explanation of the confidential nature of the therapy relationship. The explanation might run something like "One of the goals of my work with Helen will be to help her discover some of the things that are bothering her. Children, and we adults too for that matter, often keep things bottled up inside because they are too painful to talk about or even think about. As she comes to feel comfortable with and trust me, she might begin to explore some of those sensitive areas. Of course you will be curious about what is going on in our sessions and will want to ask here about it. If she doesn't volunteer to tell you about these things, it is probably best not to persist in asking her because that will just be one more pressure on her that she does not need."

You might then go on to tell the parents what you plan to tell the child as to your understanding of the presenting problem. Also, this is a good time to discourage frequent reports from the parents on the child's behavior at home, with the proviso that you will be having periodic progress meetings with them,

possibly with the child present.

But what if the parents persist in pressuring the child to reveal the contents of the therapy sessions? First, the parents should be helped by whoever is working with them to understand the motives behind their persistent need to know, to understand the pressures this creates for their child, and finally (one hopes), to change their behavior and cease asking the child to tell all.

Second, the child may be helped by two general approaches: understanding the parents' need to know and learning some general responses that could be used in answer to the parents' questions. It is inadvisable to tell the child to refuse to tell the parents what happens in the sessions because few children can stand up to their parents with a flat refusal, and your encouraging the child to do so places him/her in the middle of a direct conflict between your wishes and the parents'. However, the child probably already knows how to be evasive; remember that wonderful book title, *"Where did you go?" "Out." "What did you do?" "Nothing."?*

Here are some words the therapist might use with the child. "I understand that your parents keep asking you to tell them what we do in here. Of course you can tell them if you want to, but if you don't, then that must really put pressure on you. I wonder why they persist so in asking. Naturally, they are curious, but maybe also they think their children should have no secrets from them. Maybe they are jealous of the time we spend together. In any case, I guess they have their reasons. As far as I'm concerned, you don't have to tell them anything, but that is probably hard to say directly to your parents. Perhaps you could just give them general answers like 'We just talked—about stuff or perhaps you could tell them some of the unimportant stuff and skip the really private things we do and talk about." Naturally you would not give this speech in toto, but it may contain some useful notions if they fit your particular situation. In general, it would be best for the child if the therapist did not cross that very thin line between helping the child cope with parental pressure and giving the child the notion that the therapist is trying to pressure him/her not to tell what happens in therapy.