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# Student Risk-Taking Behaviors: When Do School Counselors Break Confidentiality?

*A total of 204 middle and high school counselors from across the United States responded to a survey in which they were asked to determine whether they view specific adolescent risk-taking behaviors of varying intensity, frequency, and duration as warranting parental notification. Results suggest that counselors' perceptions that it is ethical to break confidentiality and report the risk-taking behaviors increased when the behaviors were more intense, more frequent, and of longer duration. Further, although there was less ambiguity regarding the perceived dangerousness of some behaviors (e.g., suicidal ideation), all behaviors showed some variance or disagreement among respondents with regard to their willingness to break confidentiality. Implications and suggestions for school counselors are considered.*

School counselors have the daunting task of working with large numbers of students, parents, and administrators while at the same time conforming to one or more ethical codes, abiding by state laws, and following the guidelines of their local school board. When combined with these complicating factors, working with risk-taking students and maintaining confidentiality presents the school counselor with especially challenging ethical dilemmas (see Bodenhorn, 2006). When is it appropriate for a school counselor to contact parents about risky behaviors in which their son or daughter is engaging? To what extent do factors such as the frequency, intensity, and duration of risk-taking behaviors impact the counselor's decision to breach confidentiality? Is there agreement among school counselors regarding the meaning of "clear and imminent danger to the student or others" as described by the American School Counselor Association (ASCA, 2004, p. 2)?

School counselors are expected to respect their clients' right to privacy, but their clients most often are minors, and parents may be included in the counseling relationship (Ledyard, 1998). Isaacs and Stone (1999) described confidentiality as "the most

difficult ethical issue facing school counselors" (p. 258). Although ethical guidelines have been set forth, many times school counselors do not agree on when breach of confidentiality is appropriate. Further, legal and ethical guidelines sometimes are vague, and rarely offer a clear or ideal solution to ethical challenges (Lawrence & Kurpius, 2000). Remley and Herlihy (2001) argued that the best way for school counselors to defend their ethical decision-making is to act as a reasonable counselor would in a similar situation.

Although helpful, the idea of "reasonable counselor" potentially is subject to many interpretations, especially when it comes to breaching confidentiality with students. While research (e.g., McGuire, Parnell, Blau, & Abbot, 1994) suggests that adolescents understand there are limits to absolute confidentiality, they "value privacy ... and given the choice would typically prefer more privacy than they believe they will be afforded" (p. 78). Collins and Knowles (1995) found that minors even may be hesitant in visiting their counselor, with confidentiality being their most significant concern. Mitchell, Disque, and Robertson (2002) described the dilemma of whether or not to breach confidentiality as similar to a tightrope act between being an effective helper and acting as an informant to parents and administrators. School counselors frequently must decide between respecting the privacy and confidentiality of students while responding to the rights and concerns of others (Isaacs & Stone, 1999).

## CONFIDENTIALITY AND MINORS

In its ethical code, ASCA (2004) guides school counselors to keep information confidential (Section A.2.b) while at the same time respecting the rights of parents/guardians to care for their children (Section B.1.a). Similarly, Remley and Herlihy (2001) explained that students have an ethical right to confidentiality while also noting that parents have a legal right to their child's privacy. Thus, minors may have

the same *ethical* right to privacy as adults, but parents/guardians have a *legal* right to know what is discussed during the counseling relationship (Glosoff & Pate, 2002). Glosoff and Pate described this dilemma as a “fundamental conflict” that school counselors face (p. 22). Knowing this, school counselors must consider both their obligation to keep parents informed about their children and the possibility of betraying students’ trust if they breach confidentiality. A considerable amount of literature has been written focusing on the legal and ethical responsibilities of school counselors when it comes to responding to the demands of parents/guardians (Davis & Mickelson, 1994; Glosoff & Pate; Isaacs & Stone, 1999; Ledyard, 1998; Mitchell et al., 2002). Generally, if parents request information about a counseling session with their child, a school counselor is expected to provide some type of information in response. It also should be noted that complete disclosure of specific information is not required and school counselors are advised to use some discretion in the amount and details of the information provided (Corey, Corey, & Callahan, 1998; Mitchell et al.).

### CLEAR AND IMMINENT DANGER

Few empirical studies have examined the point at which a counselor voluntarily should offer information to parents/guardians regarding interactions between the counselor and student when the parent has not specifically requested this information from the counselor. Section A.2.b of the ASCA code of ethics states that the school counselor “keeps information confidential unless disclosure is required to prevent clear and imminent danger to the student or others or when legal requirements demand that confidential information be revealed” (ASCA, 2004, p. 1). However, as Isaacs (1997) noted, there are no clear guidelines or standards describing what is meant by “clear and imminent danger.” *Clear*, as defined by Merriam-Webster’s (n.d.) dictionary, means “free from ambiguity, or free from doubt” and *imminent* is defined as “ready to take place, or hanging threatening over one’s head.” Thus, *clear and imminent danger* would mean danger that is without a doubt ready to happen. Counselors’ interpretations of this standard and the situations that require them to breach confidentiality because of the duty to warn or duty to protect may vary based on their own religious beliefs, morals, and/or values (Isaacs & Stone, 1999), in addition to other variables such as training and years of experience.

### PREVIOUS RESEARCH CONCERNING STUDENT RISK-TAKING BEHAVIORS

Isaacs and Stone conducted two surveys in which they asked counselors how they handled confidentiality when working with minors. In their first survey, Isaacs and Stone (1999) asked counselors to respond to 22 scenarios covering situations such as drug/alcohol use, physical/sexual abuse, sexual activity, and criminal behaviors. The authors investigated under which situations counselors would breach confidentiality while at the same time considering students’ age and the school level at which the school counselor was employed. Results showed that school counselors’ decision to break confidentiality was based on the perceived degree of dangerousness of the behaviors (e.g., using cocaine was seen as more dangerous than smoking cigarettes). Their second project (Isaacs & Stone, 2001) expanded on the first, but surveyed mental health counselors regarding their feelings about breaching confidentiality. Similar to their findings with school counselors, Isaacs and Stone found that mental health counselors also tended to base their decisions on the perceived dangerousness of the behavior. Counselors also were willing to afford more autonomy to older clients.

Rae, Sullivan, Razo, George, and Ramirez (2002) conducted a survey with pediatric psychologists, and found that respondents were more likely to perceive it ethical to break confidentiality when risk-taking behaviors such as smoking, alcohol use, drug use, sexual behavior, and suicidal behavior were more intense, more frequent, and of longer duration. Similar research examining factors such as intensity, frequency, and duration needs to be conducted with other groups of mental health professionals, such as school counselors, whose ethical decision-making may vary from other professionals as a function of differences in training, work setting, and types of risk-taking behaviors encountered in daily practice. Further, the study by Rae et al. did not examine other risk-taking behaviors that may be especially salient for school counselors, such as self-mutilation and antisocial behaviors (e.g., theft and burglary), and did not examine differences in respondents’ perceptions based on age of the student or client. Thus, the purpose of this study was to investigate the influence of intensity, frequency, duration, and type of risk-taking behaviors on school counselors’ perceived appropriateness of breaking confidentiality to report the behaviors to parents.

### METHOD

#### Participants

A total of 2,000 randomly selected names were requested from the ASCA national membership

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database, including 1,000 names of members describing themselves as high school counselors and 1,000 describing themselves as middle school counselors. The reason for choosing these two levels and not the elementary level was because the risk-taking behaviors addressed in our survey seem to be most prevalent among middle and high school students. For example, early to mid-adolescence is a time when recreational drug use usually begins (Dowiko, 2002), as well as self-injurious behaviors (Froeschle & Moyer, 2004; Moyer & Nelson, 2007; Write Kress, Gibson, & Reynolds, 2004).

Soon after the request for randomly selected names was made, the authors were notified that there were only 602 names available of counselors describing themselves as middle school counselors. Due to a lack of available names in the middle school database along with several incorrect or undeliverable addresses, a total of 1,554 school counselors (586 middle school and 968 high school counselors) were mailed a survey designed to assess their attitudes and beliefs about breaking confidentiality with risk-taking adolescents. Overall, 204 school counselors responded to the survey (13.1% response rate). One hundred eighty of these participants responded to the paper version of the survey; 24 responded to the online version (see Procedure section below). Of the 204 completed surveys, 3 were removed from the statistical analyses due to a high number of incomplete items or inappropriate responding (e.g., marking more than one answer per question); the sample used for the statistical analyses included responses from the remaining 201 participants.

A total of 33 respondents (16.4%) were male and 167 (83.1%) were female; 1 participant did not respond to this item. The average age of the participants was 43.28 with a range of 24 to 66 years ( $SD = 11.23$ ). With regard to ethnicity, the majority of participants were Caucasian/White ( $n = 176$ , 87.6%). Other ethnic groups were reported as follows: Hispanic ( $n = 8$ , 4.0%), African American ( $n = 7$ , 3.5%), Native American or Alaskan Native ( $n = 4$ , 2.0%), Asian or Pacific Islander ( $n = 1$ , 0.5%), other ( $n = 1$ , 0.5%), and missing ( $n = 4$ , 2.0%). Educational background (highest degree obtained) data were as follows: master's degree ( $n = 175$ , 87.1%), doctoral degree ( $n = 22$ , 11.0%), other ( $n = 3$ , 1.5%), and missing ( $n = 1$ , 0.5%). Finally, the participants' mean number of years as a school counselor was 9.35 with a range of 1 to 35 years ( $SD = 8.22$ ); 66.2% of the sample ( $n = 133$ ) had 10 or fewer years of experience as a school counselor, and 11.9% ( $n = 24$ ) reported only 1 year of experience.

### **Instrument**

Our measure was based on the survey developed by Rae et al. (2002), but adapted to more closely reflect

behaviors likely to be seen by school counselors in a school counseling setting. The survey was adapted in five major ways. First, we included self-mutilation behaviors among the risk-taking behaviors, as these are becoming more commonly encountered by school counselors (White Kress, Drouhard, & Costin, 2006). Second, we added an item about same-sex relationships in order to explore the potential dilemmas involved in reporting this behavior. Third, we eliminated two items from the Rae et al. survey in order to reduce the length of the instrument. One of these items involved engaging in sexual activity while HIV-positive; the other involved using hallucinogenic substances. Fourth, we modified the vignette slightly in order to increase its relevance for school counselors (see vignette below). Fifth, the phrasing of several items was changed (e.g., "client" was changed to "student," "therapy" and "treatment" were changed to "counseling"). Other than these modifications, the format and content of our survey were highly similar to the survey used by Rae et al.

Participants were presented with a vignette. The purpose of the vignette was to establish the age and sex of the student, and to provide participants with a context within which to respond to the survey items. Sex and age of the student in the vignette were manipulated as independent variables, resulting in four forms of the instrument: 13-year-old male, 13-year-old female, 15-year-old male, and 15-year-old female. These ages were chosen to represent students who would typically attend a middle school (13-year-old) and typically attend a high school (15-year-old). Other than these manipulations, all survey content was identical across the four forms. The following vignette is from the female high school form:

Terry is a 15-year-old female who was referred to your office by her teacher for acting out in class, which has gotten much worse in the last few weeks. Terry is an average student who is involved in several extracurricular activities at the school. As you and Terry begin to talk she seems somewhat reserved and mentions that she has some concerns about confidentiality. You assure Terry that you will only break confidentiality to her parents (or others) if she presents imminent danger to herself or others. During the course of your conversation Terry admits to some risk-taking behaviors.

This vignette was followed by a set of 18 items (see Table 1) in which participants were asked to consider specific risky behaviors that are unknown to Terry's parents. Each item varied in intensity of the specific risky behavior (e.g., number of cigarettes smoked, amount of alcohol consumption), in addi-

tion to frequency and duration of the behavior (i.e., once several months ago, monthly for several months, weekly for several months, nearly daily for the last year). The items were designed to help us discern the importance of intensity and frequency/duration of the behaviors in determining whether participants would find it ethical to break confidentiality. Participants rated their beliefs about the degree to which it was ethical to break confidentiality under these conditions using a 6-point scale ranging from 1, *unquestionably not ethical*, to 6, *unquestionably ethical*. A Likert scale was used instead of a binary choice format (i.e., “Yes” or “No”) in order to explore the strength of participants’ beliefs.

### Procedure

Following approval by the institutional review board, participants were mailed a packet containing the survey, a cover letter explaining the purpose of the study, and a self-addressed, stamped return envelope. Middle school counselors were sent the 13-year-old forms, and high school counselors were sent the 15-year-old forms. Male and female forms were assigned randomly after the surveys were divided into the middle and high school groups. This process resulted in 180 surveys completed and returned. After this initial round, the survey was formatted for online distribution using Survey Monkey in an attempt to increase the response rate. All of the participants in the sample were then mailed a reminder asking them to either complete the paper version of the survey, or to access and complete the survey online. This process resulted in 24 online surveys completed. Across paper and online versions, all responses were anonymous. Chi-square tests and analysis of variance (ANOVA) tests indicated that there were no significant differences (at the  $p \leq .01$  level) in terms of participants’ demographic characteristics using survey mode as the independent variable (i.e., based on whether participants completed the paper or online version of the survey).

### RESULTS

The distribution of returned surveys was as follows: Middle School Male Form ( $n = 34$ , 16.9%), Middle School Female Form ( $n = 52$ , 25.9%), High School Male Form ( $n = 71$ , 35.3%), and High School Female Form ( $n = 44$ , 21.9%). Table 1 provides the mean rating of ethicality for each item across all four forms of the survey.

Examination of Table 1 shows a linear pattern of increases in participants’ beliefs in the ethicality of breaking confidentiality with commensurate increases in intensity and frequency/duration of the risk-taking behaviors. Interestingly, the three items

under the Suicidal Behavior domain (items 13, 14, and 15) demonstrated the highest means and lowest standard deviations of all the items, suggesting that these items resulted in the most agreement among participants: most felt that it was ethical to break confidentiality when the student was engaging in suicidal behaviors, even at the lowest levels of intensity and frequency/duration. The Self-Mutilation, Substance Use, and Antisocial Behavior items also demonstrated high means, particularly at the highest levels of frequency/duration. However, these items also had high standard deviations, suggesting more variability (or less agreement) among respondents on whether it was ethical to report these behaviors. With the Sexual Behavior and Alcohol domains, participants generally did not believe it was ethical to break confidentiality at low levels of intensity and frequency/duration, but ratings of ethicality increased at the higher levels of intensity and frequency/duration. Finally, with the Smoking domain, respondents were unlikely to find it ethical to break confidentiality even at the highest levels of intensity and frequency/duration.

Next, overall means and standard deviations were computed for each of the seven behavior domains by creating new variables that summed all of the responses within each domain. For example, with the Smoking domain, items 1a, 1b, 1c, 1d, 2a, 2b, 2c, and 2d were summed and then divided by the number of items (eight) in order to facilitate interpretation using the 6-point Likert-type scale. All participants’ mean scores for the Smoking domain were then summed and divided by the number of participants in order to calculate the overall mean score for that domain. These descriptive statistics are provided in Table 2 and serve as the basis for the next step of analysis examining the influence of several independent variables on participants’ responses.

Table 2 shows that, overall (i.e., when we combined all levels of intensity and frequency/duration within the same behavioral domain), participants were most likely to believe it ethical to break confidentiality to report suicidal behavior, followed by self-mutilation behaviors. Participants rated the lowest levels of ethicality for smoking, sexual behavior, and alcohol use, suggesting that participants generally did not find it ethical to break confidentiality for these behaviors under most circumstances. Further, consistent with the pattern seen in Table 1, the standard deviation for the Suicidal Behavior domain was much lower than the other standard deviations, suggesting much more agreement among participants about breaking confidentiality to report suicidal behaviors as compared to the other behaviors under study.

We conducted several analyses in order to examine the influence of independent variables on differences

**Ethical and legal obligations do not always coincide, oftentimes leaving professionals to choose the best course of action while balancing ethical and legal standards.**

**Table 1. Mean Ratings of Ethicality to Break Confidentiality for Individual Items Within Each Behavioral Domain**

Behavioral Domain	N	M	SD
<i>Smoking</i>			
1. Terry admits to smoking one cigarette:			
a. Once several months ago.	201	1.48	0.95
b. Monthly for several months.	201	1.83	1.30
c. Weekly for several months.	201	2.14	1.53
d. Nearly daily for the last year.	200	2.53	1.80
2. Terry admits to smoking more than a pack of cigarettes:			
a. Once several months ago.	200	1.64	1.09
b. Monthly for several months.	199	2.15	1.52
c. Weekly for several months.	200	2.49	1.72
d. Nearly daily for the last year.	200	2.87	1.91
<i>Sexual Behavior</i>			
3. Terry admits to having a steady boyfriend and engaging in sexual activity:			
a. Once several months ago.	200	2.09	1.43
b. Monthly for several months.	199	2.43	1.57
c. Weekly for several months.	199	2.66	1.69
d. Nearly daily for the last year.	199	2.96	1.84
4. Terry admits to having homosexual relationships:			
a. Once several months ago.	201	1.86	1.34
b. Monthly for several months.	200	2.18	1.50
c. Weekly for several months.	200	2.38	1.60
d. Nearly daily for the last year.	199	2.65	1.79
5. Terry admits to having multiple sexual partners and engaging in sexual activity:			
a. Once several months ago.	201	2.53	1.62
b. Monthly for several months.	200	3.06	1.68
c. Weekly for several months.	200	3.39	1.76
d. Nearly daily for the last year.	200	3.63	1.81
<i>Alcohol</i>			
6. Terry admits to using a small amount of alcohol (one drink):			
a. Once several months ago.	201	1.72	1.23
b. Monthly for several months.	201	2.44	1.64
c. Weekly for several months.	201	3.05	1.81
d. Nearly daily for the last year.	200	3.72	1.91
7. Terry admits to using a large amount of alcohol (four or more drinks):			
a. Once several months ago.	201	2.35	1.57
b. Monthly for several months.	201	3.30	1.69
c. Weekly for several months.	200	3.94	1.71
d. Nearly daily for the last year.	200	4.52	1.65
<i>Substance Use</i>			
8. Terry admits to using marijuana:			
a. Once several months ago.	200	2.20	1.57
b. Monthly for several months.	200	3.07	1.80
c. Weekly for several months.	200	3.65	1.80
d. Nearly daily for the last year.	200	4.19	1.75
9. Terry admits to using amphetamines (e.g., speed):			
a. Once several months ago.	200	2.77	1.74
b. Monthly for several months.	200	3.79	1.77
c. Weekly for several months.	200	4.31	1.65
d. Nearly daily for the last year.	200	4.75	1.53
10. Terry admits to using inhalants (e.g., sniffing gasoline/petrol):			
a. Once several months ago.	197	3.16	1.86
b. Monthly for several months.	198	4.19	1.69
c. Weekly for several months.	199	4.62	1.55
d. Nearly daily for the last year.	199	4.94	1.43

(continued on next page)

Behavioral Domain	N	M	SD
<i>Self-Mutilation</i>			
11. Terry admits to self-mutilation (cutting, scratching, or burning that does not break the skin or cause bleeding):			
a. Once several months ago.	201	3.02	1.95
b. Monthly for several months.	201	3.86	1.87
c. Weekly for several months.	201	4.24	1.80
d. Nearly daily for the last year.	201	4.56	1.72
12. Terry admits to self-mutilation (cutting, scratching, or burning that does break the skin and causes bleeding):			
a. Once several months ago.	201	3.78	1.94
b. Monthly for several months.	201	4.59	1.64
c. Weekly for several months.	201	5.01	1.41
d. Nearly daily for the last year.	201	5.27	1.21
<i>Suicidal Behavior</i>			
13. Terry has never attempted suicide, but reports suicidal ideation (e.g., she tells her friends, "I wish I was dead"):			
a. Once several months ago.	201	4.17	1.74
b. Monthly for several months.	201	5.14	1.21
c. Weekly for several months.	201	5.49	0.93
d. Nearly daily for the last year.	201	5.66	0.83
14. Terry reports a suicide gesture (e.g., taking pills):			
a. Once several months ago.	201	5.14	1.39
b. Monthly for several months.	201	5.71	0.74
c. Weekly for several months.	201	5.87	0.50
d. Nearly daily for the last year.	201	5.91	0.45
15. Terry reports a suicide attempt (e.g., trying to hang herself):			
a. Once several months ago.	201	5.62	0.99
b. Monthly for several months.	201	5.87	0.61
c. Weekly for several months.	201	5.92	0.52
d. Nearly daily for the last year.	201	5.94	0.51
<i>Antisocial Behavior</i>			
16. Terry has admitted to stealing clothing from a store:			
a. Once several months ago.	200	2.24	1.59
b. Monthly for several months.	200	3.18	1.80
c. Weekly for several months.	200	3.67	1.84
d. Nearly daily for the last year.	200	4.00	1.87
17. Terry has admitted to stealing a car for a joyride with friends:			
a. Once several months ago.	201	3.25	1.93
b. Monthly for several months.	200	4.04	1.78
c. Weekly for several months.	200	4.41	1.73
d. Nearly daily for the last year.	200	4.66	1.71
18. Terry has admitted to breaking into homes and stealing valuables:			
a. Once several months ago.	201	3.53	1.98
b. Monthly for several months.	199	4.16	1.79
c. Weekly for several months.	199	4.47	1.71
d. Nearly daily for the last year.	199	4.67	1.69

*Note.* Rating scale: Is it ethical to break confidentiality? 1 = unquestionably not ethical; 2 = ethical under almost no circumstances; 3 = ethical under rare circumstances; 4 = ethical under many circumstances; 5 = ethical under almost all circumstances; 6 = unquestionably ethical.

in beliefs about ethical decision-making. ANOVA was used when the independent variable was categorical (i.e., form of the survey), and regression was used with continuous independent variables (i.e., respondents' age and years of experience as a school counselor). The dependent variables included mean

scores on the seven behavioral domains listed in Table 2. For all analyses, alpha was set at .01 in order to account for multiple comparisons. For the ANOVAs, when the homogeneity of variance assumption was not violated (i.e., when the Levene test was not statistically significant), Bonferroni

**Table 2. Overall Mean Ratings of Ethicality to Break Confidentiality Across Each Behavioral Domain**

Behavioral Domain	<i>N</i>	<i>M</i>	<i>SD</i>
Smoking	198	2.13	1.35
Sexual Behavior	196	2.63	1.46
Alcohol	199	3.13	1.42
Substance Use	195	3.79	1.43
Self-Mutilation	201	4.29	1.46
Suicidal Behavior	201	5.54	0.65
Antisocial Behavior	198	3.85	1.59

*Note.* Rating scale: Is it ethical to break confidentiality? 1 = unquestionably not ethical; 2 = ethical under almost no circumstances; 3 = ethical under rare circumstances; 4 = ethical under many circumstances; 5 = ethical under almost all circumstances; 6 = unquestionably ethical.

post-hoc analyses were conducted in order to detect significant differences among the multilevel factors. When the homogeneity of variance assumption was violated, however, the Games-Howell post-hoc test was used instead, as this test does not assume equal variances.

The first set of ANOVAs used the form of the survey (i.e., Middle School Male, Middle School Female, High School Male, High School Female) as the independent variable. These analyses found significant main effects for the form variable for the Smoking [ $F(3, 194) = 9.18, p < .001, \text{partial } \eta^2 = .124$ ], Sexual Behavior [ $F(3, 192) = 9.74, p < .001, \text{partial } \eta^2 = .132$ ], and Alcohol [ $F(3, 195) = 5.46, p = .001, \text{partial } \eta^2 = .077$ ] domains. Significant main effects for the form variable were not found for the Substance Use, Self-Mutilation, Suicidal Behavior, or Antisocial Behavior domains. Games-Howell post-hoc analyses with the Smoking domain revealed that participants were significantly more likely to find it ethical to break confidentiality with the middle school male student and middle school female student as compared to the high school male student. Bonferroni post-hoc analyses with the Sexual Behavior domain revealed that ethicality for breaking confidentiality was significantly higher for middle school male and middle school female students than for high school male students; this same significant difference also was found between middle school female students and high school female students. Bonferroni post-hoc analyses with the Alcohol domain indicated that participants were significantly more likely to find it ethical to break confidentiality with middle school male students as compared to high school male students.

Finally, we conducted a series of regression analy-

ses in order to determine whether relevant participant characteristics were able to predict their ratings of ethicality. In all of these analyses, the independent variables included respondents' age and years of experience as a school counselor, with the supposition that counselors who were younger or had fewer years of experience may be more likely to find it ethical to break confidentiality and report the risk-taking behaviors. Again, the dependent variables included mean scores on the seven behavioral domains listed in Table 2. Results of the regression analyses indicated that neither respondents' age nor years of experience as a school counselor were able to significantly predict their ratings on any of the behavioral domains (all  $p \geq .01$ , highest  $R^2 = .025$ ).

## DISCUSSION

While the risk-taking behaviors examined in this study may be considered normative during adolescence, they still have the potential to cause harm to the adolescent, or others. School counselors, therefore, must determine whether the behaviors are of sufficient intensity, frequency, and duration to pose an immediate threat, and whether the threat warrants breaking confidentiality to report the behaviors. Our results suggest that among most of the behavioral domains under investigation, there was a high degree of variance in responses as indicated by the standard deviations for each item. One notable exception was the Suicidal Behavior domain, which was perceived most unanimously as presenting clear and imminent danger, resulting in the lowest standard deviations, meaning that school counselors showed the highest agreement for this behavior with most considering it ethical to notify parents if a student

reported any type of suicidal ideation or behavior.

For the other behavioral domains, there seems to be more subjectivity or ambiguity in determining “clear and imminent danger,” and less agreement among school counselors as to whether or not it is ethical to breach confidentiality and voluntarily notify parents of their child’s behaviors. This lack of agreement suggests that counselors may need or want more concrete guidance in terms of ethical decision-making, and in determining how a “reasonable counselor” would act in a similar situation. At the same time, such concrete guidance is difficult to come by, as it would be impossible to provide counselors with firm guidelines for all ethical dilemmas due to the unique and unpredictable intricacies involved in each case.

Ethical and legal obligations do not always coincide, oftentimes leaving professionals to choose the best course of action while balancing ethical and legal standards. Some situations may be more easily addressed than others because strict legal guidelines reduce the need to interpret ethical codes. For example, our participants’ high level of agreement on the suicidal behavior domain may be explained by the clear and imminent danger posed by these behaviors, and the clear legal obligation to report such behaviors. In the case of suicidal behaviors, there is very little room to involve one’s own value or belief system, and legal obligations override ethical decision-making. This is not meant to imply that one would purposefully impose his or her own morals and values onto a student, but acknowledges the possibility that our interpretation of ethics codes may be impacted by our own values and belief systems, whereas laws are more concrete. Decision-making related to other behaviors included in our survey (sexual behaviors, antisocial behaviors, self-mutilation, substance use, alcohol), however, may be less guided by strict legal obligations and more dependent on ethical interpretations, thus being susceptible to personal values and beliefs. The variance in whether or not to voluntarily notify parents may be explained by the variance in values and belief systems of those responding to the survey and how those values and beliefs interact with interpretations of the codes of ethics.

A linear progression in how school counselors view the ethicality of breaching confidentiality was seen across all behavioral domains. That is, as the risk-taking behaviors increased in intensity (e.g., from using a small amount of alcohol to using a large amount of alcohol) and frequency/duration (e.g., from once several months ago to monthly for several months), so did participants’ belief that it was ethical to break confidentiality to report the behaviors to parents. These findings are consistent with previous research (e.g., Rae et al., 2002) and the

results point to the importance of school counselors assessing and documenting the intensity, frequency, and duration of risk-taking behaviors in order to act as a reasonable counselor would act when faced with a similar decision.

All significant differences among the four forms of the survey were in the direction of participants perceiving it was more ethical to break confidentiality with the younger (middle school) students than the older (high school) students; such differences were found for the Smoking, Sexual Behavior, and Alcohol domains. These risk-taking behaviors may be perceived as more typical or developmentally appropriate with older students and thus, school counselors are not as likely to view them as warranting breach of confidentiality when revealed by older students. This pattern follows results from the Isaacs and Stone (1999) study, in which more autonomy was given to older students to make their own decisions concerning notifying parents and/or guardians. Notably, such form effects were not found for the Substance Use, Self-Mutilation, Suicidal Behavior, or Antisocial Behavior domains, suggesting that participants’ willingness to break confidentiality for these behaviors was not influenced by the age or sex of the student. These behaviors are likely perceived as dangerous regardless of the student’s age or sex.

## LIMITATIONS

Our results must be interpreted in light of several limitations with this study. First, we had a very low response rate, although the total number of participants was adequate for the analyses we used. One possible reason for the low response rate was the timing of the mailings. With the many different school schedules and calendars, it is difficult to know exactly when the forms reached the school counselors, or to identify an “ideal” time when most school counselors would have more time to complete the survey. Regardless of the reason for our low response rate, the rate limits the extent to which we can generalize from our results to the ASCA membership, and certainly to the population of middle school and high school counselors. It is highly likely that many school counselors were left out of the sample either because they are not ASCA members or have chosen not to have their names listed in the database. Second, we asked about participants’ *beliefs* about breaking confidentiality under different conditions, and their responses don’t inform us about their ultimate decisions or *behaviors* (i.e., would they break confidentiality or not?) within the context of actual practice with students. Third, frequency and duration were combined on each item (e.g., nearly daily for the last year), making it impossible to determine the relative and independent

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influence of each of these factors on participants' decision-making.

Fourth, our instrument was not piloted or externally validated before we administered it to our sample. Going through a process of piloting and validation may have resulted in a stronger or more clearly written set of items. For example, on item 4, which is related to same-sex relationships, we did not clearly specify whether or not we were referring to sexual relationships. Thus, participants may have interpreted this item in different ways, which limits our interpretation of the results of this item. Finally, the survey format did not allow respondents to obtain additional information about the student, such as history of risk-taking behaviors, academic and social characteristics, family variables, and the context surrounding the risk-taking behaviors. All of these (and other) pieces of information would likely play a part in school counselors' ethical decision-making in actual practice.

## IMPLICATIONS FOR SCHOOL COUNSELORS

Based on the results presented above, the following recommendations are given to school counselors for best preparing themselves and colleagues to deal with these unavoidable ethical dilemmas. (a) School counselors should attend school, district, and statewide pre-service trainings to better familiarize themselves with ethical codes, state statutes, and district policies. (b) School counselors should consider how their own experiences, morals, values, and spiritual beliefs affect how dangerous they perceive a student's behavior to be (Glossoff & Pate, 2002). Although it may be impossible to completely remove our own values from the counseling relationship, we can continuously challenge our tendencies and perceptions so that we do not impose our own values on the student (ASCA, 2004). (c) School counselors should seek consultation with colleagues and/or supervisors and engage in open dialogue with others in the school counseling profession discussing the different ethical dilemmas that each may face. Reviewing pertinent information with other professionals may be helpful in getting school counselors closer to identifying how a "reasonable counselor" would act in difficult situations. (d) School counselors should consider all of the possible ramifications of their disclosure or lack of disclosure. School counselors should take into consideration both legal and ethical requirements when deciding the best possible course of action.

Ultimately it is the school counselor's decision to make whether to notify parents/guardians or keep information confidential. Whichever route is chosen, it is essential to document the decision-making

process including various pieces of information that contributed to the decision. These pieces of information may include such factors as the age of the student; frequency, intensity, and duration of the behavior; the potential impact of the behavior on the student's physical health, psychological health, and academic functioning; and the context within which the student reported the risk-taking behavior. Taking the time to document the decision-making process can provide school counselors with some support should their professional judgment be called into question.

## CONCLUSION

There is a great deal of ambiguity concerning the issue of confidentiality and when or when not to breach that confidentiality with risk-taking students. The results of this study show that there was some consensus among school counselors with regard to breaking confidentiality to report suicidal ideation, but there was much less consensus with the other risk-taking behaviors. However, ethical decisions must be made on a daily basis and the most ambiguous or most difficult areas may be the ones that we are forced to navigate the majority of the time (Millstein, 2000). For example, self-mutilation is becoming a more common behavior observed in schools (White Kress et al., 2006), yet the counselors in our sample didn't agree on how to respond to this behavior.

This study sought to shed some light on the difficult ethical decisions that professional school counselors must make on a daily basis. However, additional research is needed in this area to offer better guidelines and standards for counselors to follow. For example, more information is needed to identify factors that contribute to school counselors' decision to break confidentiality. By understanding the decision-making process and the considerations that school counselors must navigate before finalizing a decision, counselor educators and supervisors will be better equipped to provide support and direction to new professionals. ■

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