

Title:

“Between Confidentiality and Duty to Protect: The Case of Jordan”

Background:

Jordan is a **16-year-old high school student** who was referred to the school-based health clinic after a teacher noticed increased irritability and several missed assignments. As part of a routine behavioral-health visit, the clinician administers **SBIRT (Screening, Brief Intervention, and Referral to Treatment)** to assess for substance use and related risks.

Case Narrative

Jordan arrives alone and appears anxious but cooperative. During the **screening** conversation, Jordan reports:

- Occasional marijuana use on weekends with friends
- No alcohol use
- No use of other substances

During the **brief intervention** portion, the clinician explores Jordan’s mood and stressors. Jordan eventually shares:

“Sometimes I think about what it would be like if I wasn’t around anymore... but I’m not planning to do anything. I’m not trying to hurt myself. I just... think about it.”

Jordan clarifies:

- No suicidal plan
- No intent to act
- No preparatory behaviors
- Feels “overwhelmed” by school and conflict at home
- Has not told any adults because “they’ll freak out”

When the clinician explains the limits of confidentiality—particularly related to safety—Jordan becomes visibly distressed.

“Please don’t tell my parents. They’ll overreact, and it’ll make everything worse. I just needed to say it out loud to someone.”

The clinician now faces a dilemma:

Ethical Tension

- **Confidentiality** is crucial for trust, especially for adolescents seeking help.
- **Safety** must be prioritized, and any disclosure of suicidal thoughts can fall within mandatory-reporting or protective-action thresholds depending on jurisdiction and organizational policy.
- Jordan insists that disclosure to parents will worsen their emotional state and prevent them from seeking help in the future.
- The clinician must determine how to honor Jordan's autonomy while ensuring legally and ethically appropriate steps to assess and protect safety.

The Ethical Dilemma

The clinician must decide:

1. **Should confidentiality be preserved?**
Jordan is stable, denies any plan or intent, and appears future-oriented, suggesting low immediate danger. Breaking confidentiality may harm therapeutic rapport and Jordan's willingness to seek future help.
2. **Should the clinician notify a guardian despite Jordan's objections?**
Many policies require notifying a guardian for any suicidal ideation, even passive. The clinician worries that Jordan's parents may respond harshly, potentially increasing distress.
3. **Are there alternative actions?**
 - a. Conduct a more thorough risk assessment
 - b. Consult a supervising clinician
 - c. Offer Jordan options for voluntary involvement of a trusted adult
 - d. Develop a safety plan with Jordan
 - e. Connect Jordan to counseling resources without immediate parental disclosure (if legally permissible)

The clinician faces competing ethical principles:

- **Autonomy:** Respecting Jordan's request for confidentiality
- **Beneficence:** Supporting Jordan's emotional well-being
- **Non-maleficence:** Avoiding harm that could occur from parental involvement
- **Justice:** Following institutional and legal mandates for safety
- **Fidelity:** Maintaining trust and a therapeutic relationship

Discussion Questions for Students

- 1. Confidentiality:**
What are the ethical and legal boundaries of confidentiality for minors in your practice setting?
- 2. Risk Assessment:**
Is Jordan's disclosure sufficient to warrant breaking confidentiality? Why or why not?
- 3. Alternatives:**
What intermediate steps could the clinician take before deciding to involve parents or guardians?
- 4. Ethical Principles:**
Which ethical principle carries the most weight in this scenario?
How do you balance autonomy and safety?
- 5. SBIRT Context:**
How does the SBIRT model support early identification of emotional and behavioral risks beyond substance use?
How might the brief intervention need to be adapted for a sensitive disclosure like this?
- 6. Cultural / Family Dynamics:**
How might the clinician approach the situation if parental reaction is likely to increase Jordan's risk?
- 7. Clinician Support:**
When should a clinician seek consultation, supervision, or a multidisciplinary team review in cases like this?