

S2 Mini11: What Stays Confidential During Therapy? Transcript

That's A Hard No Podcast

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Heather: Welcome to That's a hard no the podcast about saying no and setting boundaries.

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Sarah: So you can become the authentic and empowered you that this world needs.

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Heather: Before we start, a quick reminder.

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Sarah: While I am a licensed professional clinical counselor, this podcast is in no way a replacement for one on one therapy with a mental health professional. If you notice the content in this podcast triggers some big feelings, visit our website hardnopodcast.com for mental health resources and other helpful links.

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Heather: In season two of that's a hard no we're making it a priority to dig deeper into the process of finding and utilizing the help you may need. We want to take the time to discuss with our in-house expert, Sarah Saunders, what to expect from therapy and all of its intricacies.

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Heather: Hi Sarah!

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Sarah: Hi Heather, How are you?

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Heather: I'm good, Thank you. So, throughout this Minisode series we've talked about all these different things, about how to find a therapist and what to expect and when you need a therapist, and we also had one even about what if therapy isn't an option and I think sometimes some people you know, the obstacle they face is the, that their deepest darkest secrets are going to have to be shared with a stranger. And what happens then? So I think it's important for us to talk about confidentiality.

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Sarah: Absolutely, and and you bring up a really valid point, because therapy can be very intimate and we are sharing things that are from our past, things that we have never brought up before, and sometimes there is even fears related to well, what, if I share this, am I going to be reported or is this?

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Heather: Is some one going to take my kid away?

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Sarah: Exactly exactly right. So client confidentiality is required for therapists, psychiatrists, psychologists, and most mental health professionals to protect their clients privacy. It's important to mention that all therapists you are required to provide in your informed consent there's a whole section on confidentiality, so there's not one size that fits all. But I'm going to be speaking based on the way that I run my practice and what is in alignment with

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the Marriage and Family Therapy Code of ethics as well as the laws in Ohio. But you always want to check with your therapist and ask any questions to get a better understanding of what that confidentiality looks like, based on the space that you're in. And there are exceptions around confidentiality when it comes to reporting if there's self-harm that you're going to harm yourself, if you report that you are going to harm someone else and if you're being harmed,

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Heather: oh sure.

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Sarah: and so if therapists noticed that a client shares something that may indicate one of those things, it is the therapist's responsibility to further ask some questions. It is not the therapist's responsibility to investigate in any way, but to just insure. Here is what had heard. Can you tell me a little bit more about that to ensure that they have the information correct. Because sometimes when we're in the heat of the moment or our emotional temperature is high, we may say something but don't actually mean that. So therapist would go through, especially if it is self-harm do you have a plan? What does that look like? You know things like that and then, from my experience, you tell the client. Based on what you had shared with me, I do feel it's best to report this so that you can get the adequate additional support that you need. So often, if confidentiality is breached, there is a conversation around that. So you're not completely blindsided.

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Heather: right.

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Sarah: And when it comes to minors, so upon the request of a minor 14 years of age or older, a mental health professional may provide outpatient mental health services, excluding any medication, but without having a parent consent, and so, if a child again is 14 years or older, they are able to seek therapy service without parent approval.

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Heather: That's interesting. I didn't know that.

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Sarah: However, if they're under the age of that, the parent would be the guardian who would have to give consent, but then also they would be able to talk to the therapist. The other thing is a release of information. So there are individuals that have other supports in place. So maybe it is a doctor that they're working on medication management, or, if it's a child working with the school. For communication to happen, you would have to fill out what is called a release of information and you would then have a direct conversation and there's little boxes that can be checked on. You know, is it phone communication? Is it written communication? Is it you know tests or assessments or things like that? With a therapist that has adequate training, it is always in the best interest of the client and so making sure that information that is shared is always done in a way that you're not sharing. You know a lot of these details, but really the symptoms that are presented, so that then

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now you can coordinate care the best way possible and I'm going to shift for a second for the couples and the families, because this is one where I think confidentiality can really be something that comes up a lot, fears around this. And so, when working with a couple or with a family, I view that family or that couple unit as the client, and so part of what I do in my practice is that there is no secrets policy, and so this no secrets policy was actually drafted by Richard Leslie. The policy is intended to inform the people working together, whether the couple dynamic or the family, that they're a unit of trust and within that they have to be honest with each other in those in those settings. And so, for example, if I am working with a couple, one of the partners reaches out to me and maybe shares with me that they're having an affair. So, based on the no secrets policy, I would explain to the couple that it is not my job to just sit them down in session and be like. Here's what so and so told me, but because I do know that it is something that would need to be discussed. So I would help the individual that shared that with me how we can do that as a unit, how that can be disclosed in a way that is going to best, be in alignment with the treatment goals and so same with working as a family. So, for example, if an email were to go out, one of the things that I always say, that each person that is part of that treatment, they all need to be CC'd on that email, and so all communication needs to happen within that confidentiality unit: yes.

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Heather: or bubble. Yeah, yeah, so those are kind of like exceptions to confidentiality. You know minors, imminent danger, you know confidentiality bubble, no secrets rule. But other than that right, whatever you disclose to your mental health professional, that is confidential. That's not something they can report or share, you know.

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Sarah: 100%.

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Heather: Right.

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Sarah: So when someone comes in, it is extremely important that they feel safe. We've talked about that in the beginning. They feel safe, they feel secure, they feel supported and what is said in the therapy session stays within this session.

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Heather: Those four walls.

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Sarah: exactly. And and if a client ever feels as though they can't be completely truthful, I would encourage them to either have that direct conversation with the therapist or maybe shop around for someone else, because it is important that you're able to share all of that. The other thing is, as the therapist, it's also there are no biases. You know there's no just because you share something that's happened, or especially women I work with. They share these intrusive thoughts and they're like, oh my gosh, i'm afraid to share this because I don't want to be judged. There is no judgment. You share what you need to share, to release what

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you need to release, so then you can heal and and do what you need to do to move forward with that.

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Heather: So it's a relationship of trust.

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Sarah: Absolutely.

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Heather: That's great advice, Sarah. I'm so grateful that you've shared all this knowledge and that we've taken the time to really explore the ins and outs of getting mental health support, and I'm really hopeful that people take it to heart. Thanks for listening.

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Sarah: Thank you for listening, everyone.