



The Power of Informed Consent: A Valuable Component in the Treatment of Minors

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Treatment of children and adolescents in an outpatient setting, as individual patients or within the context of family therapy, requires special attention to the process of informed consent. Informing and educating patients about the process is a fundamental component of psychotherapy. The 2002 APA *Ethical principles of psychologists and code of conduct* details the core elements of informed consent (APA 2002). California law determines the specific situations in which minors can consent to treatment, without parental permission, otherwise minors can only assent and parents or guardians must be involved. The Ethics Code provides a framework for psychologists to develop and establish their own guidelines and standards for working with youth. Depending on theoretical approach, philosophy and experience, psychologists develop different strategies to deliver treatment. The process of explanation and the specific content of consent vary depending on whether the minor is treated individually or only in the family context. Having a solid understanding of one's therapy approach allows the psychologist to know how to communicate effectively with patients and families, and how to provide education about therapy and promote knowledgeable agreement to interventions.

The treatment approach should be described early during the initial phone consultation or parent meetings. In addition to information about the benefits and risks of psychotherapy, psychologists can clarify what parents can expect and cannot expect from the psychologist, as well as roles and agendas. In family treatment, the psychologist must make clear who the patient is, how the psychologist will relate to each family member and how the information will be used. (APA, 10.02, Informed Consent Involving Couples or Families).

During the evaluation process, psychologists must take the time necessary to provide enough information so that patients and families can make a thorough informed consent. Often, in an effort to establish rapport, address a crisis, minimize a potential patient's discomfort or collect diagnostic information for a third party payor, clinicians neglect critical information. They may assume that information was given over the phone, provided in written documentation or can be provided later. The psychologist must discuss the treatment plan, financial cost, the limits of confidentiality, mandated reporting — especially suspected child abuse, disclosures, record keeping, fees and financial arrangements and therapy termination.

Relevant information must be given at a developmentally appropriate level. Involvement of minors is crucial, even if they can only assent. Policies should be explained verbally so that a discussion

can take place, followed with a written summary for reference. Although significant information is provided during the initial stages of therapy, the process of informed consent and assent is ongoing throughout treatment.

In addition to clarifying permitted and mandated confidentiality issues, it is important to discuss the parameters of confidentiality within the family. Privacy and autonomy, valued components of psychotherapy, are limited when working with children. Minors usually have limited control of their lives because parents are ultimately responsible. Generally, parents decide where children live, attend school and participate in extracurricular activities. Many minors enter psychotherapy because an adult has decided it is necessary based on familial discord, teacher concerns, peer problems or lack of academic progress. It is not unusual for parents and minors to have dif-

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ferent goals or agendas. There must be clarification of and agreement about the participants' roles and the parameters of psychotherapy, specifically, who is the patient and who are the collaterals, as well as the frequency and detail of information that will be exchanged about therapy sessions. Offering complete confidentiality to a minor (in an effort to establish rapport and trust) and refusing to involve parents may increase the likelihood of an abrupt termination. Furthermore, that commitment to the minor may sabotage treatment when issues of child abuse, sexual activity, drug use or gang involvement surface.

Balancing protecting the minor's privacy with educating and engaging the parents helps avoid unnecessary obstacles in treatment such as parents being unavailable for sessions, parents monopolizing session time, or parents leaving provocative information on voicemails. Frequently, the psychologist is able to educate parents about their child's temperament, personality and vulnerabilities without revealing private information. Parents who have been fully informed regarding the limits of confidentiality, the value of privacy and what situations merit parent notification, may be more accepting of general reports of themes or information.

Psychologists working with children and adolescents must inform and educate minors and parents or guardians about psychotherapy parameters. Informed assent and consent is largely educating individuals about what to expect and what is expected of them. Providing sufficient information at the initiation of therapy and throughout treatment limits disruption to the therapeutic process that is inherent in working with minors. 

References

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. Washington, D.C.: APA.

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