Journal of Addiction Science

https://doi.org/10.17756/jas.2026-070

Case Study

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Respecting My Privacy, Ethically: Confidentiality, Cultural Context, and Ethical Decision-making in Adolescent Addiction Counseling

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Received: May 28, 2026
Accepted: July 03, 2026
Published: July 08, 2026

Citation: Drake CY. 2026. Respecting My Privacy, Ethically: Confidentiality, Cultural Context, and Ethical Decision-making in Adolescent Addiction Counseling. *J Addict Sci* 12(1): 10-19.

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Abstract

Adolescents experiencing addictive behaviors present unique ethical challenges for counseling professionals, particularly regarding confidentiality, parental rights, informed consent, and cultural context. Although protecting adolescent privacy can promote treatment engagement and disclosure, parents and guardians often have legal rights to information about their child's care. These competing interests create complex ethical dilemmas requiring counselors to apply professional ethical codes, legal frameworks, and structured decision-making models. This case-based article examines ethical considerations in adolescent addiction counseling through realistic clinical scenarios involving confidentiality, autonomy, parental involvement, and safety concerns. Ethical standards from the American Counseling Association (ACA) and National Association for Alcoholism and Drug Abuse Counselors (NAADAC) are examined alongside research on adolescent confidentiality and culturally responsive practice. Implications for counseling practice highlight the importance of ethical consultation, family engagement, and transparent communication when working with adolescents affected by addictions.

Keywords

Adolescent, Privacy, Addiction, Cultural context, Ethical

Introduction

Substance use and behavioral addictions among adolescents continue to represent significant public health concerns in the United States. Although much of the existing epidemiological research focuses on substance use disorders, emerging evidence suggests that adolescents also experience problematic engagement in behavioral addictions such as gambling, gaming, and other compulsive reward-seeking behaviors [1-3]. National epidemiological data estimate that approximately 2.2 million adolescents aged 12 - 17 meet criteria for a substance use disorder each year, underscoring the importance of early identification and intervention for addictive behaviors during adolescence [4].

Early initiation of addictive behaviors is strongly associated with increased risk for later addiction and related mental health problems. Research consistently demonstrates that individuals who begin using substances during adolescence are significantly more likely to develop substance use disorders in adulthood [5, 6]. Similarly, adolescents who engage in behavioral addictions such as gambling may experience significant academic, social, and psychological consequences that mirror those observed in substance-related disorders [2]. Indeed, nearly 90% of adults with substance use disorders report initiating substance use before the age of 18, highlighting adolescence as a critical developmental window for prevention and treatment efforts.

Despite the prevalence of addictive behaviors among adolescents, treatment utilization among youth remains strikingly low. Many adolescents do not seek treatment due to a combination of structural and psychosocial barriers, including stigma, limited access to specialized services, and concerns regarding confidentiality and parental involvement [7, 8]. Concerns about privacy appear to play a particularly important role in adolescents' willingness to seek care. Research has shown that adolescents are significantly more likely to disclose sensitive information, including substance use and other risky behaviors, when they believe their health information will remain confidential [9-11]. Contemporary confidentiality concerns have become increasingly complex because adolescents often access healthcare through electronic health records, patient portals, telehealth services, and family insurance plans, all of which may inadvertently compromise privacy if confidentiality protections are not carefully maintained [9].

Confidentiality is a cornerstone of adolescent healthcare and counseling practice. However, working with minors creates unique ethical challenges because parents or guardians often retain legal rights to aspects of their child's treatment information. Consequently, counselors must balance adolescent privacy with parental involvement, legal requirements, and client welfare. Recent position statements continue to identify confidential care as a fundamental component of high-quality adolescent healthcare and an essential strategy for promoting treatment engagement among youth [12].

Counselors working with adolescents experiencing addictive behaviors must therefore navigate a complex intersection of ethical principles, legal regulations, developmental considerations, and family dynamics. Professional ethical codes emphasize the importance of balancing adolescent autonomy with the responsibility to protect client welfare while also respecting family involvement in treatment decisions. This article explores these challenges through a case-based analysis that applies ethical decision-making frameworks to common dilemmas encountered in adolescent addiction counseling.

Literature Review

Adolescent addictions are best understood within a developmental, relational, and sociocultural framework. Although the literature has historically centered on adolescent substance use disorders, a growing body of research recognizes that adolescents may also experience clinically significant behavioral addictions, including gambling and problematic internet-based behaviors [1-3]. Early engagement in addictive behaviors is associated with a range of negative outcomes, including later dependence, academic disruption, family conflict, psychiatric comorbidity, and impaired psychosocial functioning. Research on adolescent gambling, for example, has shown that early onset is associated with later mental health and substance-related difficulties, underscoring the importance of addressing behavioral and substance-related addictions within a shared developmental lens [2].

A developmental perspective is especially important because adolescence is marked by heightened reward sensitivity, evolving executive functioning, and increased susceptibility to peer influence and risk-taking [5, 6]. These developmental features can increase vulnerability to both substance-related and behavioral addictions. At the same time, addictive behaviors in adolescence rarely occur in isolation. They frequently co-occur with anxiety, depression, trauma-related symptoms, family stress, and school difficulties, which can complicate identification, engagement, and treatment planning [8]. Family context is particularly important, as family relationships can function as either risk factors or protective factors across the course of adolescent addiction and recovery. Family-based treatment literature consistently emphasizes that caregiver involvement can strengthen outcomes, yet families are not always meaningfully integrated into services [13].

The literature also makes clear that treatment engagement among adolescents remains limited. Even when youth experience significant addiction-related impairment, they often do not enter care because of stigma, limited service availability, low perceived need, and concerns about what parents or guardians will be told [7, 8]. Reviews of adolescent confidential care have found that privacy protections increase adolescents' willingness to seek care, discuss sensitive behaviors, and participate more honestly in treatment [10, 14].

At the same time, confidentiality in adolescent addiction counseling is uniquely complex because minors often receive services within family, school, juvenile justice, medical, and insurance systems. Parents or guardians may expect broad access to treatment information, and in many cases, they retain legal authority over portions of the treatment process. Legal rules regarding minor consent and parental decision-making vary considerably across jurisdictions, especially for substance use treatment, creating uncertainty for practitioners and increasing the need for careful ethical decision-making. Existing reviews of United States laws demonstrate substantial variation in whether adolescents may independently consent to inpatient or outpatient treatment and in the degree of parental involvement required [7].

The literature further suggests that family involvement should not be framed as the opposite of confidentiality. Instead, the ethical task is to balance adolescent privacy with developmentally appropriate, clinically useful, and legally sound family engagement. When handled effectively, this balance can preserve therapeutic trust while also leveraging family support as a recovery resource. When handled poorly, it can undermine treatment engagement, weaken the therapeutic alliance, and discourage honest disclosure. Research on family involvement in youth substance use treatment supports the value of involving caregivers in ways that are intentional, collaborative, and responsive to the youth's developmental needs [13].

Another important theme in the background literature is that ethical decision-making with adolescents experiencing addictions must be culturally responsive. Adolescents do not experience confidentiality, family authority, help-seeking, or addiction in a cultural vacuum. Parental expectations, religious beliefs, gender norms, community stigma, and prior experiences with systems of care can all shape how youth and families

understand privacy and treatment participation. Emerging ethics research indicates that cultural and contextual factors influence how confidentiality dilemmas are experienced and managed in adolescent mental health practice [15]. These considerations are especially relevant in addiction counseling, where shame, fear of punishment, and moral interpretations of behavior can complicate disclosure and family collaboration.

Taken together, the literature supports three conclusions relevant to the present article. First, adolescent addiction should be conceptualized broadly enough to include both substance-related and behavioral addictions. Second, confidentiality is central to adolescent engagement in addiction treatment, yet it must be balanced with parental rights, safety obligations, and jurisdiction-specific law. Third, ethical practice with adolescents experiencing addictions requires a developmentally informed, family-aware, and culturally responsive decision-making process. The present case analysis builds on this literature by examining how counselors can apply ethical decision-making frameworks to complex dilemmas involving adolescent privacy, parental access, and professional responsibility.

Ethical considerations in adolescent addiction counseling

Counseling adolescents experiencing addictive behaviors requires careful attention to multiple ethical principles, including confidentiality, autonomy, beneficence, and nonmaleficence. Professional counseling codes emphasize that the primary responsibility of counselors is to promote the welfare of clients while avoiding actions that could cause harm [16, 17]. When working with minors, however, counselors must also consider the legal authority and involvement of parents or guardians, creating complex ethical tensions within the therapeutic relationship.

Confidentiality and therapeutic trust

Confidentiality is widely recognized as a cornerstone of effective counseling practice. Within addiction counseling, protecting client privacy is particularly important because stigma and fear of judgment can discourage individuals from seeking treatment or disclosing sensitive information. Research on adolescent healthcare has consistently found that confidentiality protections increase adolescents' willingness to disclose risky behaviors, including substance use, sexual activity, and mental health concerns [10, 14]. When adolescents believe that their disclosures will remain private, they are more likely to participate honestly in treatment and develop stronger therapeutic alliances with providers. Research examining adolescent and parent perspectives on confidentiality further suggests that adolescents who perceive greater risk or vulnerability may be particularly hesitant to disclose sensitive information when they fear automatic parental notification [18]. These findings highlight the importance of confidentiality protections in promoting honest communication and treatment engagement among adolescents experiencing addictive behaviors. Confidentiality concerns may be further complicated in telehealth environments, where adolescents may have limited privacy within the home, may participate in counseling sessions while caregivers are physically nearby, or may rely on shared devices and electronic health systems that create additional privacy risks [19].

However, confidentiality becomes more complex when counseling minors. Ethical codes acknowledge that parents and legal guardians often retain legal rights to information regarding their child's treatment. The ACA Code of Ethics states that counselors should inform parents or guardians about the nature of counseling services while also protecting the minor client's confidentiality when appropriate [16]. Similarly, NAADAC ethical standards emphasize that addiction professionals must clearly communicate the limits of confidentiality during the informed consent process and revisit these discussions as necessary throughout treatment [17]. Research by Wiebelhaus et al. [18] also demonstrated that adolescents and parents often differ in their expectations regarding disclosure and confidentiality, underscoring the complexity counselors face when balancing adolescent privacy with family involvement.

Balancing these responsibilities requires counselors to carefully consider what information should remain confidential and what information may need to be disclosed. Ethical practice involves explaining confidentiality boundaries clearly to both adolescents and their caregivers, helping families understand how privacy can support treatment engagement while still allowing appropriate parental involvement. Counselors must also recognize that rigid or overly broad disclosure practices may unintentionally discourage adolescents from participating openly in counseling services, particularly when discussing highly stigmatized or sensitive behaviors [18].

Informed consent and minor assent

Informed consent represents another critical ethical consideration in adolescent addiction counseling. Because minors often lack full legal authority to consent to treatment, parents or guardians typically provide formal consent for services. Ethical guidelines nevertheless emphasize the importance of obtaining the adolescent's assent—meaning the youth's voluntary and developmentally appropriate agreement to participate in counseling [16].

Seeking assent respects adolescents' emerging autonomy and encourages collaboration in the counseling process. Research suggests that adolescents who feel included in treatment decisions are more likely to remain engaged in services and demonstrate improved therapeutic outcomes [7]. Counselors should therefore provide adolescents with clear explanations of the counseling process, encourage questions, and allow opportunities for the youth to express concerns about treatment participation.

Duty to protect and safety considerations

Although confidentiality is fundamental to counseling practice, it is not absolute. Counselors have ethical and legal responsibilities to protect clients and others from serious harm. Professional ethical codes permit breaches of confidentiality under specific circumstances, including situations involving imminent risk of harm to the client or others or cases of suspected abuse or neglect [16, 17].

Adolescents experiencing addictive behaviors may also face co-occurring mental health challenges such as depression, trauma, or suicidal ideation. These factors can

further complicate ethical decision-making when determining whether confidentiality should be maintained or disclosure is necessary to ensure safety. Ethical frameworks emphasize that counselors must carefully weigh potential risks and benefits when considering disclosure and should consult with supervisors or colleagues when faced with complex ethical dilemmas [20]. In adolescent addiction counseling, safety concerns may extend beyond traditional suicide or homicide risk assessments. Adolescents experiencing addictive behaviors may be vulnerable to financial exploitation, victimization, cyberbullying, coercion by peers, or significant emotional distress associated with academic, social, or athletic consequences. Counselors should therefore routinely assess co-occurring concerns such as depression, anxiety, trauma exposure, self-harm, suicidal ideation, and interpersonal violence, particularly when addictive behaviors have resulted in significant functional impairment.

Mandatory reporting obligations may also intersect with addiction counseling. If an adolescent discloses experiences of abuse, neglect, exploitation, or circumstances that place the youth at imminent risk of harm, counselors are legally and ethically obligated to follow applicable state reporting laws. For example, if an adolescent's gambling behavior is accompanied by evidence of parental neglect, financial exploitation by adults, physical abuse related to gambling losses, or suicidal ideation associated with mounting debt or loss of athletic opportunities, the counselor may have an obligation to breach confidentiality to protect the client. Such disclosures should be limited to information necessary to ensure safety and should be communicated to the adolescent whenever clinically appropriate.

Within the present case, the adolescent reports declining academic performance, increased stress, and concerns regarding future athletic opportunities. Although these concerns alone do not necessarily justify breaching confidentiality, they warrant ongoing assessment. Counselors should continuously evaluate whether the adolescent's gambling behavior has progressed to the point of creating substantial psychological distress, self-harm risk, severe financial consequences, or exploitation by others. Ethical decision-making is therefore not a single event but an ongoing process that requires continual reassessment of risk throughout treatment.

Cultural and family context

Ethical decision-making in adolescent addiction counseling must also consider cultural and family contexts that influence treatment expectations, help-seeking behaviors, confidentiality preferences, and family involvement. Cultural norms surrounding parenting, authority, privacy, religion, gender roles, and addiction may shape how adolescents and caregivers interpret counseling and disclosure. Research suggests that culturally responsive counseling approaches improve engagement and trust among adolescents and families from diverse backgrounds [15]. For example, in some families, addiction may be understood primarily as a health condition requiring professional intervention, whereas in others it may be viewed as a moral, spiritual, or disciplinary concern. These beliefs can influence whether adolescents feel safe disclosing addictive behaviors and whether parents view confidentiality as clinically appropriate or as a threat to parental authority.

Counselors should avoid assuming that all adolescents or families understand confidentiality in the same way. In families that emphasize collectivism, shared decision-making, or strong parental authority, caregivers may expect to be closely involved in treatment and may interpret adolescent privacy as exclusion from the helping process. In families that place greater emphasis on individual autonomy, adolescents may expect more control over personal disclosures and treatment decisions. Religious or spiritual beliefs may also shape family responses to addiction, particularly when behaviors such as gambling, sexual activity, or substance use are understood through moral frameworks. These differences do not eliminate the counselor's ethical responsibilities, but they do require culturally responsive communication and careful exploration of family expectations. Practicing cultural humility requires counselors to engage adolescents and families as experts on their own cultural experiences and values rather than relying on assumptions or stereotypes about cultural group membership [21].

A culturally responsive approach begins with assessment. Counselors may ask adolescents and caregivers questions such as: "How does your family usually handle private concerns?", "Who is typically involved in important decisions about health or counseling?", "How is addiction or gambling understood in your family or community?", "What concerns do you have about what is shared or not shared in counseling?", and "Are there cultural, spiritual, or family values that I should understand as we discuss confidentiality?". These questions allow the counselor to elicit cultural values without stereotyping the family or assuming that cultural identity alone determines treatment expectations.

Family dynamics can function as both risk and protective factors in adolescent addiction. Supportive parental involvement may include transportation to treatment, emotional encouragement, accountability, assistance with limiting access to gambling or gaming platforms, and participation in family sessions. However, parental involvement may become harmful when it includes excessive monitoring, punishment, humiliation, coercion, threats, or disregard for the adolescent's developmental need for privacy. Ethical practice therefore requires counselors to assess the quality of family involvement rather than simply assuming that more parental involvement is always beneficial.

Counselors can tailor family engagement by distinguishing between information that parents need to support treatment and information that may remain confidential to preserve therapeutic trust. For example, a parent may need to know that the adolescent is receiving support for gambling-related concerns and may benefit from guidance on limiting access to funds or online betting platforms. However, the counselor may not need to disclose every statement made by the adolescent in session. This balanced approach supports family participation while maintaining an appropriate zone of privacy for the adolescent client.

Taken together, cultural and family considerations require counselors to approach confidentiality dilemmas with cultural

humility, developmental awareness, and clinical flexibility. Rather than applying a uniform disclosure rule across all families, counselors should explore cultural meanings, assess family safety and support, clarify legal and ethical responsibilities, and involve adolescents in decisions about how and when family members are engaged in treatment.

Case Presentation

The following case illustrates the ethical challenges counselors may encounter when working with adolescents experiencing addictive behaviors. The scenario presented is adapted from ethical consultation cases frequently used in counseling ethics education and is intended to highlight tensions involving confidentiality, parental rights, and adolescent autonomy.

A 17-year-old high school junior seeks counseling services at a local outpatient clinic for concerns related to problematic gambling behavior. Over the past six months, the adolescent reports increasing involvement in online sports betting and wagering on local high school athletic events, including games in which he participates. He describes spending significant portions of his day monitoring betting platforms and placing wagers. As a result, his academic performance has declined, and he reports missing assignments and performing poorly on recent exams. His coaches have also expressed concern regarding reduced engagement in team practices and athletic training.

The client explains that he receives financial compensation through name, image, and likeness endorsement opportunities associated with his athletic performance and has been using these funds to support his gambling activities. He reports increasing stress related to the potential consequences of his behavior, including the possibility of losing his starting position on the team and jeopardizing future collegiate athletic opportunities.

During the intake process, the adolescent requests that his parents not be informed of his participation in counseling services. He expresses concern that disclosure of his gambling behavior could negatively affect his family relationships and damage his chances of receiving athletic scholarships. The counselor explains the general limits of confidentiality and the circumstances under which information may need to be disclosed.

During subsequent counseling sessions, the adolescent reports increasing symptoms of anxiety, sleep disturbance, and feelings of hopelessness related to mounting gambling losses and fears about disappointing his family. He discloses that he has withdrawn from several social activities and has become increasingly isolated from teammates and friends. The adolescent also reports significant pressure from family members to obtain an athletic scholarship and indicates that discussions regarding academic performance and athletic success frequently result in conflict within the home. Although the client denies current suicidal ideation, he acknowledges experiencing periods of emotional distress and expresses concern about how his family would react if they learned about the extent of his gambling behavior.

Two weeks after the initial session, the client's mother contacts the counseling clinic requesting information about insurance claims submitted under the family health insurance policy. She asks whether her son is receiving counseling services and requests additional details about the nature of the treatment.

This situation presents a complex ethical dilemma for the counselor. On one hand, maintaining confidentiality is essential for preserving the therapeutic relationship and supporting the adolescent's willingness to seek treatment. On the other hand, the client is a minor, and the parent may have legal rights to certain treatment information depending on jurisdictional regulations and insurance disclosure requirements. The counselor must therefore determine how to balance the adolescent's request for privacy with parental authority and applicable legal and ethical obligations.

The following section applies an ethical decision-making framework to analyze this dilemma and identify potential courses of action for the counselor.

Ethical Decision-making Framework

When counselors encounter complex ethical dilemmas, professional ethical codes recommend the use of structured ethical decision-making models to guide clinical judgment and ensure responsible practice. Ethical decision-making models provide a systematic process for identifying ethical conflicts, consulting relevant ethical standards and laws, considering potential courses of action, and selecting the option that best protects client welfare [20]. Applying such models is particularly important when counseling adolescents, as practitioners must balance multiple competing responsibilities involving client autonomy, parental rights, and legal requirements.

Step 1: Identify the ethical problem

The central ethical dilemma in this case involves balancing the adolescent client's request for confidentiality with the parent's potential legal right to access treatment information. Confidentiality is essential for maintaining therapeutic trust and encouraging adolescents to disclose sensitive information related to addictive behaviors. However, because the client is a minor, parents or guardians may have legal authority to access certain aspects of their child's healthcare information depending on state law and insurance regulations.

Step 2: Review relevant ethical codes

Professional counseling ethical codes provide guidance for navigating situations involving minors and confidentiality. The ACA Code of Ethics emphasizes that counselors have a primary responsibility to promote the welfare of clients while protecting their privacy whenever possible [16]. The code also states that when working with minors, counselors should inform parents or guardians about the nature of counseling services while maintaining the confidentiality of the minor client when appropriate and consistent with legal requirements.

Similarly, the NAADAC Code of Ethics stresses the importance of protecting client confidentiality and clearly communicating the limits of confidentiality during the informed consent process [17]. Addiction professionals are expected to disclose confidential information only when legally required or when necessary to prevent serious harm. These ethical guidelines highlight the importance of balancing adolescent privacy with parental involvement in a manner that supports treatment engagement.

Step 3: Consider legal and developmental factors

Ethical decision-making must also consider relevant legal requirements and developmental considerations. Laws governing adolescent consent for substance use or behavioral addiction treatment vary considerably across jurisdictions. In some states, adolescents may independently consent to certain forms of treatment, which may limit the extent to which parents or guardians can access confidential treatment information [7]. Kerwin et al. [7], in a comprehensive review of state laws governing adolescent substance abuse and mental health treatment, found substantial variation across the United States regarding minor consent authority. Their review indicated that a majority of states did not specify a minimum age for adolescent consent to either inpatient or outpatient substance use treatment. Among states that established a minimum age for consent, age 12 was the most commonly identified threshold. The review also found that some states permitted minors to independently consent to treatment, whereas others required parental consent or allowed either the adolescent or parent to authorize services depending on the treatment context [7]. These inconsistencies create significant ethical and legal challenges for counselors attempting to balance adolescent confidentiality with parental rights and involvement in treatment.

To make this legal review more clinically useful, counselors may benefit from organizing state-law variation into practical categories. For example, some states allow minors to consent independently to substance use treatment, some require parental consent, and others permit either the minor or the parent to authorize services depending on the setting or type of care. Kerwin et al. [7] found that nine states required only minor consent for adolescent substance use treatment, including Alabama, Colorado, Indiana, Louisiana, Minnesota, New Mexico, Oklahoma, South Carolina, and Vermont. Five states allowed either minor or parental consent, including Idaho, Nebraska, New York, Pennsylvania, and Texas. Utah was identified as requiring parental consent for drug treatment. These differences demonstrate why counselors should avoid assuming that minor consent and parental access rules are consistent across jurisdictions.

A practical legal review process may include five steps. First, counselors should identify whether the presenting concern involves substance use, behavioral addiction, co-occurring mental health symptoms, or safety concerns, because different laws may apply depending on the type of service provided. Second, counselors should review current state statutes and licensing board guidance regarding minor consent and confidentiality. Third, counselors should examine federal privacy regulations, including protections related to substance use treatment records when applicable. Fourth, counselors should consult agency policy, supervisors, risk management personnel, or legal counsel when uncertainty exists. Finally, counselors should document the legal and ethical rationale for decisions regarding disclosure, non-disclosure, or collaborative family involvement.

This process is especially important because adolescent addiction counseling often occurs across multiple systems, including outpatient counseling clinics, schools, athletic programs, juvenile justice settings, medical practices, and family insurance plans. Each system may create different pressures for disclosure. For example, a parent may request treatment information because of insurance claims, a school may request information related to academic or athletic performance, or a coach may seek clarification about the adolescent's functioning. Counselors should respond to these requests by reviewing consent forms, applicable law, releases of information, and the minimum necessary standard before disclosing any information.

In addition to state-specific regulations, counselors must also consider applicable federal privacy protections, including regulations related to substance use treatment confidentiality. Federal protections governing substance use treatment records may restrict disclosure of treatment information without the adolescent client's consent under certain circumstances, particularly in states where minors are legally permitted to consent to treatment independently. Consequently, counselors must remain informed regarding both state laws and federal privacy regulations when determining whether disclosure of treatment information is ethically and legally appropriate.

Developmental considerations further complicate ethical decision-making when counseling adolescents experiencing addictive behaviors. Adolescence represents a developmental period characterized by identity formation, increased desire for autonomy, heightened sensitivity to peer influence, and ongoing cognitive and emotional maturation [5]. Although adolescents increasingly seek independence in decision-making, they often continue to rely heavily on family systems for emotional, financial, and practical support. Ethical frameworks therefore emphasize the importance of respecting adolescents' emerging autonomy while simultaneously recognizing the protective role families may play in supporting treatment engagement and recovery. Counselors must carefully balance these developmental realities when determining how to involve parents or guardians in treatment while still preserving the adolescent client's trust and willingness to participate honestly in counseling services.

Step 4: Generate possible courses of action

Several potential responses may be available to the counselor in this situation. One option would be to disclose information about the client's treatment to the parent upon request. A second option would be to refuse disclosure and maintain the adolescent's confidentiality if legally permissible. A third option would involve encouraging the adolescent to participate in a collaborative conversation with the parent regarding treatment involvement while still protecting sensitive details disclosed during counseling.

Step 5: Evaluate potential consequences

Each potential course of action carries distinct ethical, legal, and clinical implications. A rigorous ethical analysis requires counselors to evaluate both the probability and severity of potential harms and benefits associated with each option.

The first option involves disclosing treatment information to the parent without the adolescent's consent. Potential benefits of this approach include increased parental involvement, enhanced family support, and opportunities for parental monitoring of the adolescent's gambling behavior. Parents may also be better positioned to assist with financial oversight, monitor online activities, and support treatment adherence. However, involuntary disclosure carries substantial risks. Disclosure without the adolescent's permission may significantly damage the therapeutic alliance, reduce trust in the counselor, and increase the likelihood of treatment disengagement. Adolescents who perceive breaches of confidentiality may be less willing to disclose sensitive information in future sessions or may terminate counseling prematurely [10, 18].

A second option involves maintaining strict confidentiality and refusing to disclose information to the parent if legally permissible. This approach preserves the therapeutic relationship and supports the adolescent's autonomy and willingness to engage honestly in treatment. Maintaining confidentiality may be particularly important for adolescents who fear punishment, shame, or negative consequences following disclosure [18]. Nevertheless, strict confidentiality may also limit opportunities for family support and could create tension between the counselor and the parent. In addition, if an adolescent's gambling behavior escalates or results in significant psychological distress, financial harm, or safety concerns, maintaining complete confidentiality may no longer be clinically appropriate.

A third and potentially more balanced approach involves collaborative disclosure. Under this approach, the counselor would work with the adolescent to identify information that could be shared with the parent while preserving the confidentiality of highly sensitive disclosures. The counselor might facilitate a joint meeting in which the adolescent discloses concerns regarding gambling behavior with the counselor's support. Collaborative disclosure allows the adolescent to maintain a sense of autonomy while simultaneously engaging family members as potential recovery supports. Research consistently demonstrates that family involvement can improve treatment outcomes for adolescents when implemented in a supportive, developmentally appropriate, and culturally responsive manner [13].

In practice, collaborative disclosure appears to represent the most ethically defensible option in this case, provided that no imminent safety concerns exist and that disclosure is legally permissible. This approach balances the ethical principles of autonomy, beneficence, and nonmaleficence while preserving therapeutic trust and promoting family engagement. However, counselors should continually reassess risk throughout treatment and be prepared to modify their approach if new information emerges regarding suicidality, abuse, exploitation, or other threats to client safety.

Step 6: Consultation and professional reflection

Ethical codes emphasize the importance of seeking consultation when counselors encounter complex ethical dilemmas. Consulting with supervisors, colleagues, or legal professionals can help counselors evaluate potential risks and ensure that their decisions are consistent with ethical standards and legal requirements [20].

Step 7: Implement the ethical decision

Based on the available ethical guidance, the counselor may determine that maintaining the adolescent's confidentiality—while encouraging appropriate family involvement, is the most ethically defensible course of action if it is legally permissible. The counselor may also work collaboratively with the client to explore ways to involve the parent in treatment in a manner that supports the adolescent's recovery while respecting the client's request for privacy.

Applying a structured ethical decision-making model allows counselors to carefully evaluate competing responsibilities and select a course of action that prioritizes client welfare while remaining consistent with professional ethical standards.

Discussion

The case presented in this article illustrates the complex ethical tensions counselors encounter when balancing adolescent confidentiality with parental involvement. Although confidentiality promotes treatment engagement and honest disclosure, counselors working with minors must simultaneously consider legal requirements, family dynamics, and client safety when determining whether disclosure is appropriate.

At the same time, counselors working with minors must navigate legal and ethical responsibilities involving parents or guardians. The ethical dilemma presented in this case demonstrates the tension between protecting adolescent confidentiality and acknowledging parental authority in treatment decisions. Counseling ethical codes emphasize that practitioners should respect the rights of parents or guardians while also protecting the minor client's privacy whenever possible and appropriate [16, 17]. This balance can be particularly difficult to achieve in addiction counseling, where behaviors such as gambling or substance use may have financial, academic, and family consequences.

Digital and emerging addiction-related concerns

The case also reflects broader ethical concerns associated with emerging behavioral addictions, particularly those involving digital platforms. Adolescents may engage in sports betting, online gambling, gaming, social media use, or other reward-based digital behaviors through devices and platforms that create additional confidentiality challenges. Unlike many traditional substance-related concerns, digital behaviors may leave electronic records, including browser histories, account

activity, payment records, geolocation data, screenshots, or platform notifications. Parents may also attempt to monitor these behaviors through parental control software, shared devices, financial accounts, or access to gaming and betting platforms.

These digital features complicate confidentiality because information about the adolescent's addictive behavior may be discovered outside of the counseling relationship. For example, a parent may identify gambling activity through bank statements, app notifications, or device monitoring rather than through counselor disclosure. Counselors should therefore discuss digital privacy, parental monitoring, and online safety as part of informed consent and treatment planning when behavioral addictions involve technology. These conversations may include clarification that the counselor cannot control what parents discover independently through devices or financial records, while also explaining that counseling disclosures remain subject to ethical and legal confidentiality protections.

Emerging digital addictions also raise questions about accountability and harm reduction. In cases involving online gambling or gaming, counselors may need to help adolescents and families develop strategies to limit access to high-risk platforms, manage financial exposure, reduce impulsive use, and establish developmentally appropriate digital boundaries. When clinically appropriate, these strategies can be incorporated into family engagement without requiring disclosure of every detail shared in individual counseling.

The case also highlights the importance of applying structured ethical decision-making frameworks when addressing complex ethical dilemmas. Ethical decision-making models provide counselors with a systematic approach for identifying ethical conflicts, reviewing relevant standards, evaluating possible actions, and selecting responses that prioritize client welfare [20]. In situations involving adolescent addiction, these models help counselors carefully consider the developmental stage of the client, the role of family systems, and the potential impact of disclosure on treatment engagement.

The case also underscores the importance of developmentally appropriate family engagement. Although family participation may enhance treatment outcomes, counselors must tailor caregiver involvement to the adolescent's clinical needs, cultural context, and confidentiality concerns.

Cultural and contextual factors further complicate ethical decision-making in adolescent addiction counseling. Cultural norms related to parenting authority, privacy, and moral interpretations of addictive behaviors may influence how families respond to treatment. For some families, addiction may be viewed primarily as a behavioral problem requiring discipline, whereas others may interpret it through a medical or psychological lens. Counselors must therefore approach ethical dilemmas with cultural humility and sensitivity to the values and expectations of the family system [15].

Overall, this case demonstrates the need for counselors to balance confidentiality, parental involvement, safety obligations, and developmental and cultural considerations. Structured ethical decision-making models can help counselors navigate these competing responsibilities while prioritizing adolescent client welfare.

Implications for counseling practice

The ethical dilemmas illustrated in this case highlight several important considerations for counselors working with adolescents experiencing addictive behaviors. First, counselors should clearly explain confidentiality and its limits during the informed consent process. Adolescents and their parents or guardians should receive developmentally appropriate explanations regarding what information may remain confidential and what circumstances may require disclosure. Establishing these expectations early in the counseling relationship can reduce misunderstandings and strengthen therapeutic trust.

Second, counselors should actively seek the adolescent client's assent and encourage collaborative participation in treatment decisions. Respecting adolescents' emerging autonomy can promote engagement and strengthen the therapeutic alliance. When adolescents feel that their perspectives are valued and their privacy is respected, they are more likely to disclose sensitive information related to addictive behaviors and remain engaged in counseling services [10]. Importantly, adolescents who are most vulnerable to harm may also be the least likely to support automatic parental notification when disclosing sensitive concerns, highlighting the need for counselors to make careful, individualized decisions regarding confidentiality and disclosure [18].

Third, counselors should consider the role of family systems in adolescent addiction treatment while distinguishing between supportive and potentially harmful forms of parental involvement. Supportive family involvement may include providing transportation to counseling, encouraging treatment participation, helping reduce access to gambling or gaming platforms, monitoring financial resources in a nonpunitive manner, and participating in family sessions when clinically appropriate. In contrast, parental involvement may become harmful when it includes coercion, threats, humiliation, excessive surveillance, punishment, or demands for full access to all counseling disclosures. These responses may increase shame, weaken therapeutic trust, and discourage adolescents from honestly discussing addictive behaviors.

Counselors should assess family dynamics before determining the level and type of caregiver involvement. Useful assessment questions may include: "How does your family typically respond when there is a serious concern?", "What kind of support from your parent or caregiver would feel helpful?", "What kind of involvement would make it harder for you to participate honestly in counseling?", and "Are there safety concerns related to involving a parent or caregiver?". These questions can help counselors determine whether family involvement is likely to support treatment engagement or increase risk.

When family involvement is appropriate, counselors may facilitate structured conversations that promote collaboration while protecting sensitive disclosures that are not necessary for parental support. For example, the counselor may help

the adolescent identify what information can be shared, prepare language for disclosure, and clarify what support is requested from the caregiver. This approach allows the family to participate meaningfully in treatment without eliminating the adolescent's developmentally appropriate need for privacy.

Fourth, counselors should develop familiarity with state and federal laws governing minor consent and confidentiality in addiction treatment. Because legal requirements vary across jurisdictions, practitioners must remain informed about applicable regulations and organizational policies. Consultation with supervisors, colleagues, or legal professionals may be necessary when counselors encounter situations involving uncertainty regarding confidentiality or parental access to treatment information.

Finally, ongoing ethics training and supervision are essential for preparing counselors to navigate complex ethical dilemmas involving adolescents. Graduate counseling programs and professional development initiatives should provide opportunities for practitioners to practice ethical decision-making through case-based learning and consultation exercises. Developing competence in ethical reasoning can help counselors respond effectively to situations involving competing responsibilities related to confidentiality, family involvement, and client welfare.

Practical strategies for discussing confidentiality

Counselors may benefit from using structured language when discussing confidentiality with adolescents and their caregivers. Early conversations regarding confidentiality should clearly explain what information remains private, what circumstances may require disclosure, and how parents or guardians will be involved in treatment. The following examples illustrate developmentally appropriate language that counselors may use during the informed consent process:

To the adolescent client: "Most of what we discuss in counseling will remain private. My goal is to create a space where you can speak openly and honestly. There are, however, some situations in which I may need to share information, such as if you are at risk of seriously harming yourself or someone else, if someone is hurting you, or if the law requires me to disclose information. Whenever possible, I will talk with you first before sharing information".

To parents or guardians: "Your involvement is important to the counseling process, and we will work together to support your adolescent. At the same time, adolescents are often more willing to discuss sensitive concerns when they know that some aspects of counseling remain private. I will keep you informed about significant safety concerns and treatment progress while also maintaining an appropriate level of confidentiality to support your adolescent's engagement in treatment".

Counselors may also find it helpful to use a confidentiality checklist during intake that includes: (a) review of the limits of confidentiality, (b) discussion of state laws regarding minor consent, (c) explanation of mandatory reporting requirements, (d) discussion of telehealth and electronic communication privacy concerns, and (e) clarification of expectations regarding parental involvement and access to treatment information.

Limitations

Several limitations should be considered when interpreting this case analysis. First, the case scenario presented in this article is illustrative and intended to highlight common ethical dilemmas encountered in adolescent addiction counseling. Although the scenario reflects issues frequently discussed in clinical practice and ethics education, it does not capture the full complexity that may arise in real-world counseling settings. Individual cases may involve additional legal, cultural, or contextual factors that influence ethical decision-making.

Second, legal regulations regarding minor consent, confidentiality, and parental access to treatment information vary across states and jurisdictions. As a result, the ethical considerations discussed in this article may require different practical responses depending on local laws and organizational policies. Counselors must therefore remain informed about applicable legal requirements within their specific practice settings.

Finally, this article focuses primarily on ethical decision-making processes rather than detailed clinical interventions for adolescent addictions. Although ethical considerations are central to effective practice, additional research examining evidence-based treatment approaches for adolescents experiencing both substance-related and behavioral addictions would further strengthen the integration of ethical and clinical perspectives.

Conclusion

Adolescent addictions present complex clinical and ethical challenges for counseling professionals. Issues involving confidentiality, parental rights, informed consent, and cultural context frequently intersect in ways that complicate treatment decisions. While maintaining confidentiality is essential for building trust and encouraging adolescents to disclose sensitive information, counselors must also navigate legal responsibilities and family involvement in the treatment process. Contemporary adolescent health organizations continue to identify confidential care as a critical component of developmentally appropriate and ethically sound healthcare delivery.

This case analysis illustrates how structured ethical decision-making models can assist counselors in navigating these competing responsibilities. By carefully reviewing ethical standards, considering legal requirements, consulting with colleagues, and prioritizing client welfare, counselors can make informed decisions that support both ethical practice and effective treatment engagement.

Ultimately, counseling adolescents experiencing addictive behaviors requires a developmentally informed, culturally responsive, and ethically grounded approach. As adolescent addiction patterns continue to evolve, including the increasing presence of behavioral addictions such as gambling, gaming, and digital media use—counselors must remain prepared to address emerging ethical challenges related to confidentiality, parental access, digital privacy, and family involvement. Future research should examine how counselors make confidentiality and disclosure decisions in adolescent addiction counseling

across different legal, cultural, and clinical contexts. Additional studies are also needed to evaluate the effectiveness of ethics training models that include state-law mapping exercises, role-play of adolescent-parent confidentiality conversations, and structured ethics consultation templates. Continued professional education, consultation, and research will play an essential role in supporting counselors as they navigate the ethical complexities of adolescent addiction counseling.

Acknowledgements

None.

Conflict of Interest

None.

References

1. Montag C, Wegmann E, Sariyska R, Demetrovics Z, Brand M. 2021. How to overcome taxonomical problems in the study of internet use disorders and what to do with "smartphone addiction"? *J Behav Addict* 10(4): 908-914. https://doi.org/10.1556/2006.8.2019.59
2. Derevensky JL, Gupta R. 2007. Internet gambling among adolescents: a growing concern. *Int J Ment Health Addic* 5(2): 93-101. https://doi.org/10.1007/s11469-007-9057-9
3. Winters KC, Botzet A, Fahnhorst T. 2011. Advances in adolescent substance abuse treatment. *Curr Psychiatry Rep* 13(5): 416-421. https://doi.org/10.1007/s11920-011-0214-2
4. Substance Abuse and Mental Health Services Administration. 2023. Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health.
5. Gray KM, Squeglia LM. 2018. Research review: what have we learned about adolescent substance use? *J Child Psychol Psychiatry* 59(6): 618-627. https://doi.org/10.1111/jcpp.12783
6. Jordan CJ, Andersen SL. 2017. Sensitive periods of substance abuse: early risk for the transition to dependence. *Dev Cogn Neurosci* 25: 29-44. https://doi.org/10.1016/j.dcn.2016.10.004
7. Kerwin ME, Kirby KC, Speziali D, Duggan M, Mellitz C, et al. 2015. What can parents do? a review of state laws regarding decision making for adolescent drug abuse and mental health treatment. *J Child Adolesc Subst Abuse* 24(3): 166-176. https://doi.org/10.1080/1067828X.2013.777380
8. Winters KC, Tanner-Smith EE, Bresani E, Meyers K. 2014. Current advances in the treatment of adolescent drug use. *Adolesc Health Med Ther* 5: 199-210. https://doi.org/10.2147/AHMT.S48053
9. Agostino H, Toulany A. 2023. Considerations for privacy and confidentiality in adolescent health care service delivery. *Paediatr Child Health* 28(3): 172-183. https://doi.org/10.1093/pch/pxac117
10. Ford CA, Millstein SG, Halpern-Felsher BL, Irwin CE. 1997. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care. A randomized controlled trial. *JAMA* 278(12): 1029-1034.
11. Gilbert AL, Rickert VI, Aalsma MC. 2014. Clinical conversations about health: the impact of confidentiality in preventive adolescent care. *J Adolesc Health* 55(5): 672-677. https://doi.org/10.1016/j.jadohealth.2014.05.016
12. Society for Adolescent Health and Medicine. 2025. Confidential healthcare for adolescent minors and young adults: a position paper of the Society for Adolescent Health and Medicine. *J Adolesc Health* 77(4): 791-796. https://doi.org/10.1016/j.jadohealth.2025.06.006
13. Liddle HA, Dakof GA, Parker K, Diamond G, Barrett K, et al. 2001. Multidimensional family therapy for adolescent drug abuse: results of a randomized clinical trial. *Am J Drug Alcohol Abuse* 27(4): 651-688. https://doi.org/10.1081/ada-100107661
14. Santelli JS, Klein JD, Song X, Heitel J, Grilo S, et al. 2019. Discussion of potentially sensitive topics with young people. *Pediatrics* 143(2): e20181403. https://doi.org/10.1542/peds.2018-1403
15. Yao E, Li Y, Wang C, Hui J. 2020. Understanding confidentiality breach in adolescent mental health sessions: an integrated model of culture and parenting. *Ethics Behav* 31(4): 245-256. https://doi.org/10.1080/10508422.2020.1719105
16. American Counseling Association. 2014. ACA Code of Ethics.
17. NAADAC: The Association for Addiction Professionals & NCC AP: The National Certification Commission for Addiction Professionals. Code of Ethics (Effective from January 1, 2021).
18. Wiebelhaus JN, Miller MK, Sherman AK, Pickett ML, Jackson J, et al. 2021. Adolescent and parent perspectives on confidentiality after adolescent relationship abuse disclosure. *J Adolesc Health* 69(2): 242-247. https://doi.org/10.1016/j.jadohealth.2020.09.042
19. Perry MF. 2023. Confidential telehealth care for adolescents: challenges and solutions identified during the COVID-19 pandemic. *Curr Pediatr Rep* 11: 78-85. https://doi.org/10.1007/s40124-023-00288-1
20. Corey G, Corey MS, Cindy C. 2019. Issues and Ethics in the Helping Professions (10th Edition). Cengage Learning.
21. Mosher DK, Hook JN, Captari LE, Davis DE, DeBlaere C, et al. 2017. Cultural humility: a therapeutic framework for engaging diverse clients. *Pract Innov* 2(4): 221-233. https://psycnet.apa.org/doi/10.1037/pri0000055