

School Counselors and Nurses: Collaborative Best Practices for Maintaining  
Confidentiality with Pregnant Adolescents

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Abstract

The authors offer a best practices approach regarding pregnant adolescents revealing their circumstance to the school counselor. The counselor is often caught in a vexing conundrum; wanting to maintain confidentiality with the student and yet in many cases being compelled by the laws of their respective state to report the pregnancy to the student's parents. The authors give suggestions about how to partner with a school nurse who can then communicate with the parents, allowing the relationship between counselor and student to remain safe and confidential.

*Keywords: pregnancy, school counseling, school nurse, ethics, confidentiality*

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Historically, the United States has one of the highest teen pregnancy rates in the world. Though the teen pregnancy rate is dropping nation-wide (see Figure 1), the issue is still at the forefront of concerns for stakeholders in the education system, particularly the counselors and nurses working with adolescents in schools. School counselors fulfill a myriad of roles on their respective campuses as they work to meet the needs of not only students, but faculty, staff, and parents as well. As such, school counselors working with adolescents walk a fine line when it comes to maintaining a trusting, confidential relationship with their students while still upholding the parents' right to information about their children.

It can be challenging for an adolescent mother to raise a child. Indeed, the statistics are sobering. Not only does it impede the educational process of the mother, it also negatively affects their ability to raise the funds needed for child rearing. According to the National Campaign to Prevent Teen Pregnancy (2012) 30% of teen girls who dropped out of high school named pregnancy or parenthood as the cause, and 63% of teen mothers receive some type of public benefits within the first year of the child's birth. The hardships that dawn with teen pregnancy may create current as well as future unforeseen hardships. Researchers have also found that adolescent mothers have a higher possibility of getting pregnant with a second child quickly after the first. These mothers also have a poor understanding of effective contraception practices (Speroff &

Darney, 2005). Therefore, it may be incumbent on the school counselor and school nurse to work to inform adolescents about how to prevent these hardships – especially if there is a dearth of information coming from the family of origin. Unfortunately, nearly 20% of adolescents still engage in unprotected sex and may find themselves with an unwanted pregnancy (National Campaign, 2014).

To address those many challenges, adolescent mothers often turn to others for help, which can include school counselors. However, when faced with this situation, the school counselor may worry about the loss of confidentiality when working with a pregnant teen, especially if the district's policies compel the school counselor to report the pregnancy to the student's parents. Therefore, a communication format between the school nurse and the school counselor to assist the student in disclosing the impending birth could be beneficial. Finding a process to do so is the charge of the authors. Nonetheless, because of the different roles, the school counselor would be wise to have a methodology of working with the school nurse.

According to Gabzdyl (2010) it is imperative that when working with school nurses regarding pregnancy that we understand how our counterparts think and view this crisis. While many experts have cited the need for discussing contraception with children in middle school and high school, numerous state legislators have taken a hard line on abstinence-only sex education, rendering the discussion of contraceptives lifeless. This can be challenging for those in the medical field who then need to take into account the needs of the student as well as the fetus, should abortion not be the answer. Many nurses found it is of great benefit to have a list of providers who would be appropriate referrals for students who need gynecological services so that referrals can be made swiftly and quickly (Gabzdyl).

As it is true with school counseling, so it is with school nurses, the relationship with students is important. The nurse might be the one assisting the pregnant student in comprehending the gravity of the situation, as well as informing the parents who likely will have strong emotional reactions. If the student believes she (and possibly he, if the biological father is part of the discussion) can trust the nurse, the onerous task of notifying the parents of the teens might create less anxiety (Gabzdyl, 2010). A positive, non-judgmental attitude used by school nurses may be beneficial when facing an adolescent who is frightened and confused. It is here where the collaboration with a school counselor can be fruitful. Working together, the counselor and nurse can provide a safe and non-judgmental environment in which the adolescent can talk openly, receive support, and find assistance.

The National Association of School Nurses (NASN) does not have a pregnancy policy statement in their code of ethics, but a search of the NASN website resulted in a position statement regarding pregnant students. It can be beneficial for a school counselor be aware of what NASN recommends a school nurse do when confronted with such a situation (NASN, 2015).

Those creating the NASN policy (Johnson, 2013) noted that educational success

may likely be negatively affected by adolescent childbearing, with minority youth and lower SES being the most negatively impacted. It is also noted that the school nurse's role in pregnancy outcomes is one that is central. The position statement provided a list of strategies from Johnson (2013) that might be commissioned when the nurse is able to recognize signs of pregnancy;

- Discuss reproductive options with the student;
- Intervene to counter pregnancy denial;
- Assist students and their families in making healthy choices;
- Offer emotional support by fostering communication between parent and [pregnant and/or parenting] student;
- Advocate for comprehensive human development and sex education;
- Develop activities that build on student assets;
- Enhance student connections to school;
- Link students to reproductive health services;
- Connect to community education regarding the consequences of adolescent pregnancy;
- Build a support network for students including the core services of: developmentally appropriate childcare, preventive healthcare for infants and children, case management, and economic assistance.

Within the framework of these responsibilities, the adept school counselor will note the need for offering emotional support between parent(s) and the pregnant student.

## **Literature Review**

### **Pregnancy Statistics**

According to the CDC (2015), teen pregnancy in the United States hit an all-time high in 1990 with more than 115 pregnancies per 1,000 teenaged girls age 15-19. Since 1990, there has been a fairly steady decline in pregnancy rates across the country. According to The National Campaign to Prevent Teen Pregnancy, by 2010 the numbers dropped to 57 pregnancies per 1,000 girls, yielding about 614,000 pregnancies nationwide. The numbers have continued dropping in the previous four years as well. Slightly fewer than 250,000 teen pregnancies were reported in 2014, dropping to 24 pregnancies per 1,000 teen girls. The Center for Disease Control collects data on teen birth rates over time as well (see Table 1 and Figure 1) (<http://www.cdc.gov/teenpregnancy/about/birth-rates-chart-2000-2011-text.htm>).

Though the teen pregnancy rate has been steadily declining, pregnancy is still a concern for students in schools today. Texas in particular has the fourth highest teen pregnancy rate in the nation at nearly 38 per 1000 teen girls. (National Campaign, 2015). Considering these statistics, there is a high probability that school counselors working with adolescents will work with one or more pregnant teens at some point in their career. As such, maintaining confidentiality while meeting ethical and legal obligations is paramount to the school counselor.

Figure 1

Teen Live Birth Rates by Demographic Group

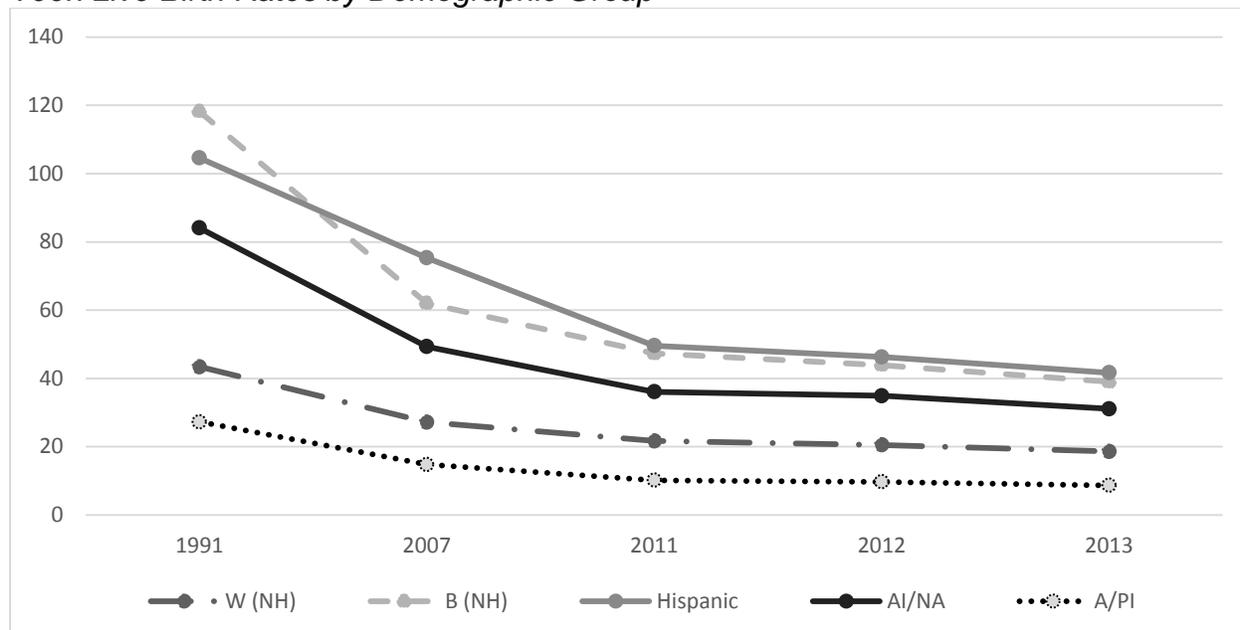


Figure 1. Teen live birth rates by demographic group. From Martin, Hamilton, Osterman, Curtin, & Mathews, 2013, retrieved from [www.cdc.gov/teenpregnancy/about.index.htm](http://www.cdc.gov/teenpregnancy/about.index.htm).

Table 1  
Teen Live Birth Rates by Demographic Group

Year	Teen girls	Non-Hispanic White	Non-Hispanic Black	Hispanic	American Indian/ Native Alaskan	Asian/Pacific Islander
	(Per 1,000 girls ages 15-19)					
<b>1991</b>	61.8	43.4	118.2	104.6	84.1	27.3
<b>2007</b>	41.5	27.2	62.0	75.3	49.3	14.8
<b>2011</b>	31.3	21.7	47.3	49.6	36.1	10.2
<b>2012</b>	29.4	20.5	43.9	46.3	34.9	9.7
<b>2013</b>	26.5	18.6	39.0	41.7	31.1	8.7

Table 1. Data retrieved from [www.cdc.gov/teenpregnancy/about.index.htm](http://www.cdc.gov/teenpregnancy/about.index.htm).

**Relationships with Adolescents**

A positive therapeutic relationship can be conceptualized in different ways depending on the perception of an individual. Bachelor (1995) found that a good therapeutic relationship exists when: (a) the therapist was respectful, nonjudgmental, and competent, listened to and understood them, and facilitated understanding; (b) the client disclosed about him/herself and shared emotions; and (c) the climate was one of trust. The relationship built between a counselor and an adolescent is imperative but vulnerable to any perceived slights or betrayals. In a study conducted by Eyrich-Garg (2008), adolescent girls were asked about their views on confidentiality. The girls interviewed in this study perceived confidentiality as meaning “what is said in the room stays in the room” and similar concepts. While this is true to an extent, there are limits to confidentiality with minors that should be clearly explained to the adolescents in advance.

Adolescents develop their own understanding and perspective on the trustworthiness of a school counselor based on a variety of factors that may include the history or reputation a counselor has built for him/herself on the campus (Roe, 2013). When a counselor is perceived as biased, untrustworthy, or judgmental, adolescents will refrain from interactions and are less likely to disclose difficult information including pregnancy. It is therefore beneficial for school counselors to build a climate that is safe, non-judgmental, and transparent when it comes to the limits of confidentiality when faced with complicated issues like pregnancy.

### **Legal and Ethical Obligations Regarding Confidentiality, Pregnancy, and Minors**

When school counselors work with young clients, confidentiality may be a difficult challenge to navigate (Jenkins, 2010). This struggle stems from balancing the importance of confidentiality to the therapeutic relationship and rights of other parties involved, such as parents. Because the client is a minor, who typically lacks emotional maturity and tends to be in a more vulnerable state, the legal limits of confidentiality extend to the parent or guardian (Jenkins, 2010). Regarding confidentiality, school counselors are bound to the American School Counselor Association’s Ethical Standards regarding confidentiality: A.2.c, A.2.d, A.2.e, B.2.c, C.2.b, C.2.e, and D.1.b. (2010). (See Appendix A).

When breaking confidentiality, Moyer, Sullivan and Growcock (2012) found that school counselors find it more ethical to do so when harmful behaviors are directly observed, more frequent and intense, or if the client was younger, specifically referring to elementary and middle school age students, as opposed to older, high school level students. However, from a therapeutic perspective, Jenkins (2010) found that students believe the two most important things in school counseling are being listened to in a confidential setting and gaining feedback from the counselor. This is where a potential dilemma can arise.

According to Froeschle Hicks, et al. (2014), school counselors must also consider the laws of their state related to potentially harmful behaviors, especially in reviewing sexual behavior and the ages of clients involved. The authors noted the

importance of involving the student in any necessary breach of confidentiality in an attempt to keep the therapeutic relationship intact.

### **Ethical Decision Making Model**

With a plethora of ethical decision making models at the disposal of counselors, selecting an appropriate model to use can be a daunting, confusing task. The most difficult dilemmas that school counselors face involve student confidentiality of personal disclosures, student record confidentiality, reporting danger to self or others, parental rights, and dual relationships with faculty (Luke, Goodrich, & Gilbride, 2013). School counselors are expected to adhere to *The American School Counseling Association Ethical Standards* that outlined in standard G.3 to utilize an ethical decision making model such as Solutions to Ethical Problems in Schools (STEPS; Froeschle Hicks et al., 2014). The American School Counselor Association STEPS model (Stone, 2001) is described as follows:

1. Define the problem emotionally and intellectually
2. Apply the ASCA Ethical Standards and the law
3. Consider the students' chronological and developmental levels
4. Consider the setting, parental rights and minors' rights
5. Apply the moral principles
6. Determine your potential courses of action and their consequences
7. Evaluate the selected action
8. Consult
9. Implement the course of action

Even with this model as a reference, it is noted that contextually specific guidelines remain an unmet need (Luke, Goodrich, Gilbride, 2013). This lack of resources exists because of the complex nature of school counseling that involves not only ethical and legal issues, but also school policy considerations and communication with various stakeholders. Often these various standards and rules are in conflict with one another, leaving school counselors with an unclear solution to many of the ethical student issues with which they are presented while keeping the students' interests at the forefront of their obligation. Consistency amongst these forums for handling ethical issues faced by school counselors would be beneficial for creating a uniform standard of care for students.

### **Author's Experience**

For the lead author, her first experience working with a pregnant teen induced anxiety for her as the counselor. She had done such a thorough job in building a safe, confidential environment that she worried about how this situation would cause it to unravel. During her conversation with the student, several health related questions came up to which she did not have the answers. In order to ensure that her student was getting the best information possible, she brought the nurse in to meet and answer the

pregnant teen's questions. As the trio talked, they discussed the fact that her parents would have to be notified, and they worked together to develop a plan of action.

This incident led to the school nurse and the lead author sitting down to discuss some of the issues that surface for students, and how those serving in these roles can work together to facilitate some of the situations. During the discussion the lead author's concern for the vulnerability of the counseling relationship came up. As a team, they developed procedures to help mitigate this issue, and plans for moving forward in handling pregnancy, as well as many other situations with which our students are faced.

A case that stands out in particular was a 15-year-old adolescent girl in the eighth grade; for the purposes of this example, she shall be assigned the pseudonym Eliana. Eliana came to the counseling office wanting to discuss an issue she was having with her boyfriend at the time, 13-year-old Jorge. During this discussion, Eliana disclosed that she was pregnant, and that her parents did not know. Eliana and the lead author discussed some of the immediate concerns she was having, and one of the concerns required bringing in the school nurse to help answer health related questions.

It was at this time that the nurse was called, using a previously agreed upon phrase (e.g. "Ms. X, could you come to my office and meet with a student and me"), and asked to come to the counselor's office. When the nurse entered the room, the lead author shared with her the situation, and the student was allowed to ask questions and discuss possible resources. Together, the nurse and the lead author let her know that her parents would need to be informed, and Eliana was given options about how that could be accomplished.

Eliana was afraid of the reaction her step-father would have, and decided that she wanted the team's support in telling her parents about the pregnancy. The school nurse let Eliana know that she would call the parents and ask that one or both come to the school to meet as a group, but she did not let the parents know about the pregnancy over the phone. Upon their arrival, all parties met as a group in the counseling office, and Eliana chose to tell her parents that she was pregnant.

Different reactions came from this conversation. Eliana's mother, who had been a teenage mother herself, was outwardly supportive. She let Eliana know that she would help in whatever way she could, however, she was visibly upset and in tears. Eliana's step-father did not react in a similar fashion. He was quite angry and left the room for about 15 minutes. Upon his return, he was able to sit down and ask questions about resources, options, and how the pregnancy would impact her schooling.

Having the nurse and the counselor meet together served several purposes. By working as a team, the student and parents were able to ask questions relating to the physical and emotional well-being of Eliana, as well as questions about the academic impacts ahead. Secondly, the team was able to build for the student and parents a support team within the school that they could go to for help and direction. Lastly, the nurse was the campus person who reached out and made initial contact with the parent.

By handling the chain of communication in such a fashion, the counselor was not the person breaching the confidentiality of the discussion with the child. The nurse and student were the conversation participants that disclosed information and the counselor was there as an emotional support for Eliana, and to answer questions that came up.

Handling this situation in such a manner allowed for trust to be maintained, while still meeting all legal obligations to the parent. Following this conference, Eliana still felt secure in the counseling relationship and continued to come to the counseling office throughout her eighth grade year.

### **Best Practices**

There are many situations that may develop in a middle-school or high-school setting that would be best served through a collaborative intervention with the nurse and school counselor. Some such situations may include: hygiene issues, somatic symptoms from emotional stress, abuse, sexual activity, and pregnancy. Regarding pregnancy, there are several steps the authors recommend based on their experiences.

The first step a school counselor should take in establishing a collaborative procedure is to meet with the nurse. During this meeting, the two professionals should discuss what situations might arise that they would be willing to handle as a team. Once possible issues are outlined, the authors recommend outlining (a) simple codes or cues, (b) boundaries for discussions with the student, (c) how parents will be notified, (d) resources provided, and (e) follow up procedures.

When establishing simple codes and cues, the pair is looking to determine how the other will be brought into the conversation. For example, on one author's campus, a student indicating she was pregnant, resulted in the counselor calling the nurse (or vice versa) with the simple sentence: "Ms. X, could you come to my office and meet with a student and me." The phrasing of the phone call is very generic, which helps maintain the confidentiality of the situation should anyone in the other office overhear the call. However, having agreed upon the phrase in advance allows the other person to know what they are walking into, and allows them to gather any necessary resources before joining the meeting.

Both the nurse and the counselor should have resources available for a variety of student issues that arise. Having easy access to this information allows for efficiency of movement when one is called suddenly to join a meeting. Discussing these resources together provides the opportunity for both professionals to build their referral lists while also building a variety of resources that do not overlap.

It is important in these meetings to take the time to discuss conversation boundaries, parent contact, and follow-up procedures. Some nurses will be more comfortable than others at handling different conversations. It is best for the school counselor to know in advance what some of the challenges may be, and to know what to expect from the conversation. Establishing the follow-up procedures is in the best

interest of the student. Having a plan in place for which aspects of the pregnancy the nurse and the counselor will address will provide a stronger support system for the student and their family.

After a student discloses pregnancy and the counselor has used the agreed upon phrase to have the nurse join the conversation, a meeting with the student takes place. During this discussion, the student is given the opportunity to voice any concerns they have and ask any questions they feel comfortable asking. The nurse discusses with the student important information regarding their activity levels, eating and sleeping habits, and other relevant health information. As this part of the conversation is wrapping up, the nurse lets the student know that it is necessary for her to call the student's parent(s).

At this point in the conversation, the authors recommend that the school counselor steps in and provides the student with three basic options. The first option is that the student is allowed a time of one to two days to tell her parent(s) on her own with the understanding that the nurse and counselor will follow up with the student at the end of that time period. The student is also informed that the nurse will be calling the parent to follow-up with them and provide resources at the end of the time period. This gives the student time to disclose on her own if she so chooses, but also lets her know that the school will be notifying the parent(s) either way.

The second option is that the nurse and/or counselor, depending on whom the student chooses, will make the phone call and tell the parent(s) about the pregnancy. Allowing the student to choose who calls allows the counselor to call if necessary, but maintains the relationship because it was the student's choice. The final option is that the nurse will call and ask the parent(s) to come to the school and meet. This option is one many students choose, because they are unsure of how to have the conversation. Having the school nurse and counselor present during the disclosure also provides a measure of safety for the student. Some anxiety is relieved because they know there are adults in the room not only to keep them safe, but to help facilitate a difficult conversation.

Regardless of the selected disclosure method, following the conversation, both the school counselor and the school nurse document the process. Any available resources are shared with the parent and student as well. Suggested resources include both counseling and medical services. At this time it is also important to let the parent(s) and the student know that both the counselor and the nurse will continue to check on the student and that they are both available as questions and concerns arise.

Establishing a school counseling program with a foundation of trust, respect, and confidentiality is essential when working with adolescents. Confidentiality can be difficult to manage when the legal obligation is to the parents but the ethical obligation is to the student. Building a collaborative system with the school nurse when specific situations arise, particularly pregnancy, may help maintain the relationship the school counselor has endeavored to establish. Having a school nurse who is willing to participate in these conversations, and willing to make first contact with the parent, the school counselor

can ensure that all legal obligations to the parent are met while maintaining the confidentiality and trust of the student.

### References

- American School Counselor Association (2010). *Ethical standards for school counselors*. Retrieved from [www.schoolcounselor.org/asca/media/asca/Resource%20Center/Legal%20and%20Ethical%20Issues/Sample%20Documents/EthicalStandards2010.pdf](http://www.schoolcounselor.org/asca/media/asca/Resource%20Center/Legal%20and%20Ethical%20Issues/Sample%20Documents/EthicalStandards2010.pdf)
- Bachelor, A. (1995) 'Clients' perception of the therapeutic alliance: A qualitative analysis'. *Journal of Counseling Psychology*, 42, 323–337. <http://dx.doi.org.ezproxy.shsu.edu/10.1037/0022-0167.42.3.323>
- Center for Disease Control and Prevention (2015). *Birth rates (live births) per 1,000 females aged 15-19 years, by race and Hispanic ethnicity, select years*. Retrieved from <http://www.cdc.gov/teenpregnancy/about/birth-rates-chart-2000-2011-text.htm>
- Eyrich-Garg, K. M. (2008). Strategies for engaging adolescent girls at an emergency shelter in a therapeutic relationship: Recommendations from the girls themselves. *Journal of Social Work Practice*, 22(3), 375-388.
- Froeschle Hicks, J., Noble, N., Berry, S., Talbert, S., Crews, C., Li, J., & Castillo, Y. (2014). An ethics challenge for school counselors: Part 2. *Journal of School Counseling*, 12(1), 1-23.
- Gabzdyl, E. M. (2010). Contraceptive care of adolescents: Overview, tips, strategies, and implications for school nurses. *The Journal of School Nursing*, 26(4), 267-277. doi: 10.1177/1059840510374459
- Jenkins, P. (2010). Having confidence in therapeutic work with young people: Constraints and challenges to confidentiality. *British Journal of Guidance & Counselling*, 38(3), 263-274. doi:10.1080/03069885.2010.483128
- Johnson, G. (2013). Pregnant and parenting teens. In J. Selekman (Ed.), *School nursing: A comprehensive text* (2<sup>nd</sup> ed.) (pp. 1155-1188). Philadelphia, PA: F.A. Davis Company.
- Luke, M., Goodrich, K., & Gilbride, D. (2013). Intercultural model of ethical decision making: Addressing worldview dilemmas in school counseling. *Counseling and Values*, 58, 177-194. doi:10.1002/j.2161-007X.2013.00032.x
- Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Curtin, S. C., & Mathews, T. J. (2013). Births: Final data for 2013. *Natl Vital Stat Rep*. 2015, 64(1). Retrieved from [www.cdc.gov/teenpregnancy/about/index.htm](http://www.cdc.gov/teenpregnancy/about/index.htm).
- Moyer, M., Sullivan, J., & Growcock, D. (2012). When is it ethical to inform administrators about student risk-taking behaviors: Perceptions of school counselors. *Professional School Counseling*, 15(3), 98-109.

- National Campaign to Prevent Teen Pregnancy (2012). *Why it matters: Teen childbearing, education, and economic wellbeing*. Retrieved from <https://thenationalcampaign.org/sites/default/files/resource-primary-download/childbearing-education-economicwellbeing.pdf>
- National Campaign to Preen Teen and Unplanned Pregnancy (2014). *Teen sexual behavior and contraceptive use: Data from the youth risk behavior survey, 2013*. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fast-facts-teen-sexual-behavior-and-contraceptive-use-yrbs-aug2014.pdf>
- National Campaign to Prevent Teen Pregnancy (retrieved September 2015). *National & state data*. Retrieved from <https://thenationalcampaign.org/data/landing>
- National Association of School Nurses. (2015). *Pregnant and parenting students—The role of the school nurse (Position Statement)*. Silver Spring, MD: Grubbs, L.
- Roe, S. R. (2013). Put it out there that you are willing to talk about anything: The role of school counselors in providing support to gay and bisexual youth. *Professional School Counseling, 17*(1), 153-162.
- Speroff, L., & Darney, P. D. (2005). *A clinical guide for contraception* (4<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins Stone, C. (2001). *School counseling principles: Ethics and law*. Alexandria, VA: The American School Counselor Association.

## Appendix A

### American School Counselor Association's Ethical Standards (2010)

#### Selected Ethical Standards for School Counselors

A.2.c. Professional school counselors recognize the complicated nature of confidentiality in schools and consider each case in context. Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student. Serious and foreseeable harm is different for each minor in schools and is defined by students' developmental and chronological age, the setting, parental rights, and the nature of the harm. School counselors consult with appropriate professionals when in doubt as to the validity of an exception.

A.2.d. Professional school counselors recognize their primary obligation for confidentiality is to the students but balance that obligation with an understanding of parents'/guardians' legal and inherent rights to be the guiding voice in their children's lives, especially in value-laden issues. Understand the need to balance students' ethical rights to make choices, their capacity to give consent or assent and parental or familial legal rights and responsibilities to protect these students and make decisions on their behalf.

A.2.e. Professional school counselors promote the autonomy and independence of students to the extent possible and use the most appropriate and least intrusive method of breach. The developmental age and the circumstances requiring the breach are considered and as appropriate students are engaged in a discussion about the method and timing of the breach.

B.2.d. Professional school counselors provide parents/guardians with accurate, comprehensive, and relevant information in an objective and caring manner, as is appropriate and consistent with ethical responsibilities to the student.

C.2.b. Professional school counselors provide professional personnel with accurate, objective, concise, and meaningful data necessary to adequately evaluate, counsel, and assist the student.

C.2.e. Professional school counselors recognize the powerful role of ally that faculty and administration who function in personal/social developmental skills can play in supporting students in stress, and carefully filter confidential information to give these allies what they “need to know” in order to advantage the student. Consultation with other members of the school counseling profession is helpful in determining need-to-know information. The primary focus and obligation is always on the student when it comes to sharing confidential information.

D.1.b. Professional school counselors inform appropriate officials, in accordance with school policy, of conditions that may be potentially disruptive or damaging to the school’s mission, personnel and property while honoring the confidentiality between the student and the school counselor.