Accidental Self-Disclosure

Dealing with your own reactions

- Off hours calls
- Late cancellations
- Examples:
  - Tiger Wood’s bulging disk
  - “Dr. Harmell Speaking…”
  - “My Pleasure!”
  - “President Elect…”
  - “Go A-head…”
  - Patient’s sister joined her to go out unexpectedly…
**Therapist Feelings: Ethics Codes**

AAMFT 3.3  http://www.aamft.org/
MFTs seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment

ACA A.1a  www.counseling.org
The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

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**Therapist Feelings: Ethics Codes**

www.socialworkers.org

NASW 2.09  Impairment of Colleague
Take action to help impaired colleagues

NASW 2.10  Incompetence of Colleague
Consult with colleagues who show signs of incompetence

NASW 2.11  Unethical Conduct of Colleagues
Social workers should seek resolution and take action when they receive knowledge of an unethical colleague.
Therapist Feelings:
APA 2.06(a) Personal Problems & Conflicts

2.06 Personal Problems and Conflicts
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

Client-Therapist Discussion
Racial and Ethnic Differences
Zhang & Burkard, 2008

“Perhaps the most significant factor in determining whether a client engages in counseling is the counseling relationship, particularly when the client and the counselor are racially and ethnically different.” (p. 77)
Difference Between Racism & Racial Prejudice

**Racism**
- Negative attitudes, thoughts, beliefs about entire category of people

**Racial Prejudice**
- Behaviors that perpetuate inequality such as microaggressions or assumptions

Addressing Client Racism and Racial Prejudice
Bartoli & Pyati, 2010, p. 146

**Invidivual Racism and Institutional Racism**

**Individual Racism**
- Perpetuated by a single person

**Institutional Racism**
- Perpetuated by an organization
Client Making Racially Charged Statement  
– Said to White Therapist  
– Depends upon stage of therapist’s cultural identity process  
  • Guilt  
  • Anxiety  
  • Embarrassment

Client Making Racially Charged Statement  
– Said to Therapist of Color  
– Depends upon stage of therapist’s cultural identity process  
  • Client invoking race as equalizer of power  
  • Consider if client is “testing” the therapist  
  • Client attempt to resist therapy process
• **Client makes racially charged statement**

**General Goal**
– Maintain nonjudgmental attitude
– Avoid desire to reprimand client
– Examine clinical needs of client
– Examine motivation of client
– Maintain clinical stance

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**Therapist Self-Disclosure with Diverse Populations**
Sunderani, 2016

**Therapist-Client Matching**
• Ethnic minority clients more likely to drop-out when paired with ethnically dissimilar therapist.
• Matching therapists to clients on language similarity predicted better outcomes
• No conclusive results with respect to better outcome with ethnic matching
Therapist Self-Disclosure with Diverse Populations  
Sunderani, 2016

• Research studies demonstrate  
  • Client’s perceive culturally-sensitive therapists as far more effective and helpful than non-culturally sensitive therapists

Therapist Self-Disclosure with Diverse Populations  
Lijtmaer, Moodley & Sunderani, 2016

• Recent Research Findings  
  • Minority clients disclose more to racially, ethnically, culturally similar therapists

• Major Influences on Relationship  
  • Trust and mistrust
  • Racism, sexism, lack of sensitivity
Therapist Self-Disclosure with Diverse Populations
Lijtmaer, Moodley & Sunderani, 2016

- Recent Research Findings
  - Less about “technique”
  - More about how therapists express information about themselves
  - Aids in the experience of “being with each other”

Assumptions About Self Disclosure
Sue & Sue, 2013

Generally:
- Patient making disclosures is essential to therapy
- Sharing intimate personal information is part of the process
Assumptions About Self Disclosure
Sue & Sue, 2013

**WESTERN Approaches Stress:**
- Directness
- Assertiveness
- Task oriented behavior
- Direct eye-contact
- Limited silences

WESTERN Assumptions:
- Patient S-D is characteristic of a “healthy personality”
- Patients reluctant to S-D are “guarded and mistrustful”
- Failure to S-D is a lack of motivation
Assumptions About Self Disclosure
Barnett & Johnson, 2010

**Reality in Some Cultures:**
- S-D is unacceptable and inappropriate
- Reflects negatively on family
- Keep problems within the family
- Rude to talk too much

Assumptions About Non Verbal Behavior
Ivey, Ivey, & Zalaquett, 2010

**Misinterpretation of Non Verbal Behavior:**
- Westerners are uncomfortable with silences
- Actually… in many cultures…
  - Silence is a sign of respect and politeness
  - Not unwillingness to share
Assumptions About Self Disclosure
Sue & Sue, 2013

Example:
• Latinos engage in “small talk” prior to addressing their concerns
  – Builds rapport and comfort
• Not evidence of pathology
• Sign of respect

Cultural Conflicts
Knapp & VandeCreek, 2011

Cultural Conflicts Similar to Ethical Conflicts
Case example: “A Mexican-American family is in turmoil because of a recent family argument. The 17-year-old daughter attended a service at an Evangelical Protestant Church, went on a date with a non-Hispanic student, and expressed the intent of going to a college farther away from home than the one her parents want her to attend.” (p. 662)
Cultural Conflicts
Knapp & VandeCreek, 2011

Cultural Conflicts are Similar to Ethical Conflicts
• Daughter more acculturated than parents want
  Issues: Therapist values may differ from client
• European-American therapists
  – Place value on independence and autonomy
  – May readily accept intercultural dating
  – May accept exploring various religious experiences

Clarifying Values with Respectful Dialogue
• Open style allows flexibility and comfort
• Listening attitude facilitates client non-defensiveness
• Avoid confrontational, accusatory stance
• Example: Patient-Therapist Relationship development:
  “This is what I want you to know about me…”
Clarifying Values with Respectful Dialogue

- Careful listening
- Two-way communication

Case example: “Parents from a Middle Eastern culture insist that their daughters, aged 7 and 10 act with such modesty that they do not respond publicly in class and they express a desire to never excel in any subject.” (p. 664)

Clarifying Values with Respectful Dialogue

From Previous Example:
- Caution having automatic negative reactions
- Maintain patient, open style
- Continue respectful dialogue
- Avoid stereotyping parents or children
- Restructure the therapy to fit needs of all
- Empower parents to think for themselves
Cultural Conflicts
Knapp & VandeCreek, 2011

Use a Soft Universal Perspective

• When confronted with values that collide
  – Eg: Children’s autonomy vs. parental control
• Some practices offend therapist’s values
• Example:
  – Parents using harsh disciplinary practices
  – Explain limits of confidentiality regarding child abuse
  – Respect for family values
  – Blend with legal/ethical constraints

Cultural Conflicts
Beauchamp & Childress, 2001

When Pt-Therapist Moral Principles Conflict

The option chosen should:

1. Uphold the most salient moral principle
  – Why act on one moral principle as opposed to another
2. Only use less culturally responsive option if no other option available
  • Having to report child abuse
Cultural Conflicts
Beauchamp & Childress, 2001

When Pt-Therapist Moral Principles Conflict

The option chosen should:

3. Uphold the cultural norm as much as possible
   – Continue to build relationship

4. Minimize the negative cultural effects of treatment
   – When therapist has to choose a path that offends cultural values of patient
   – Eg. Abuse report, Tarasoff, hospitalization

Diversity and Self Disclosure
Gallardo, 2006

Therapy Goal - General
• Understanding the client within the context of a social relationship

Ethical Goal – Cultural Responsiveness
• To build a relationship that reinforces credibility, rapport and trust by choosing an active stance including the use of appropriate self disclosure
Diversity and Self Disclosure
Gallardo, 2006

Within Group Variability
• Avoid belief all groups are homogenous
• Within group variability exists
• Particularly with:
  – Class
  – Education
  – Level of acculturation

Assume Less-traditional Stance
• To gain trust
• To promote credibility
• To provide foundation for connecting
• Demonstrate therapist is not part of “untrustworthy” establishment
Diversity and Self Disclosure
Gallardo, 2006

Less-traditional techniques
• Advantageous with culturally diverse clients
• Self disclosure of personal experiences
• Advice giving
• Consultant
• Advocate
• Community activist

Mistrust of Traditional Society and Therapy Techniques
• History of oppression examples:
  • American Indian population
    – History of genocide
  • African-American population
    – History of slavery
  • Jewish population
    – History of anti-semitism
Diversity and Self Disclosure
Gallardo, 2006

Unwillingness for Patient to Self Disclose
• Blank slate technique fails
• Specific interpretations may offend
• Understanding of “Collective” experience
  – Any intervention effects entire system
  – Inquire regularly

Diversity and Self Disclosure
Gallardo, 2006

Cultural Belief System of Patient

- Collective Groups
  - Value group & family over personal or individual needs
  - Prefer active approaches, advice-giving, personal relationships

- Individual Worldview
  - Value personal insight through methods to become autonomous
  - Prefer traditional approaches, insight oriented, firmer boundaries
Groups More Comfortable with “Collective” Worldview Include:

- African-American
- Asian American
- Latina/o
- American Indian
- Middle Eastern Origin

Sample Vignette – Lunchtime Session

Therapist fits Latina client in during his lunch hour. Knowing it is his lunch hour, she brings food to the session for the therapist in order to show her understanding of his commitment to her.
Diversity and Self Disclosure
Gallardo, 2006

Sample Vignette – Lunchtime Session
• Therapist accepts food graciously
• Does not “interpret” its meaning
• Therapist’s self disclosure is…
  –Behavioral… rather than verbal communication

Self-Disclosure
Psychiatric Service, 2001; Zur, 2009a

Three Categories of SD
1. Inescapable/Unavoidable Disclosures
   –Wide range of possibilities
   –Unavoidable events and situations
     • Pregnancy, surgery, demographics
     • Personal style: clothing, hairstyle, etc.
     • Office décor
### Three Categories of SD

2. Inadvertent/Accidental Disclosures
   - In transference-countertransference dyad
     - Impulsive
     - Unplanned
   - Encounters outside the office
   - Spontaneous intervention

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### Three Categories of SD

3. Deliberate Disclosures
   - Planned
   - More cautious
   - Not impulsive
   - Intentional
     - Verbal or non-verbal
   - Gestures and sounds
Self-Disclosure
Psychiatric Service, 2001; Zur, 2009a

Three Categories of SD

3. Deliberate Disclosures – TWO TYPES
   A. Type One: Self-Revealing
      - Therapist reveals information about self
      - Example: age, children, marital status
   B. Type Two: Self-Involving
      - Therapists’ personal reactions
      - Example: sweater comment

Diversity and Self-Disclosure
Henretty & Levitt, 2010; Cashwell, Sheherbakova, & Cashwell, 2003; Barrett & Berman, 2001

Therapist “Attractiveness”
• Increases with appropriate self disclosure
  “Counselor attractiveness refers to characteristics such as warmth, acceptance, and likeability and is considered an important factor… self disclosing therapists are seen as more attractive.” (p. 196)
Self-Disclosure
Myers & Hayes, 2006; Barrett & Berman, 2001

Major Concerns
• Focus shifting from client to therapist
• Studies focus upon intentional therapist SD
  – Not uncontrolled SD
• Conclusions
  – Therapist SD can influence the outcome of Tx
  – How?

Self-Disclosure
Barrett & Berman, 2001, p. 602

Results
When therapists increased levels of SD, clients reported greater reductions in symptom distress than did clients whose therapists limited their level of SD
**Self-Disclosure**  
Barrett & Berman, 2001, p. 602

- When Therapist Increases Level of Self-Disclosure,…
- "**Clients Report Greater Reduction in Symptom Distress… Than Did Clients Whose Therapists Limited SD"
Self-Disclosure
Barrett & Berman, 2001, p. 602

When Therapist Increases Level of Self-Disclosure…

**Clients Report Liking Their Therapists More…

Than Did Clients Whose Therapists Limited SD

Self-Disclosure
Henretty & Levitt, 2010 Barrett & Berman, 2001

Results Related to THERAPIST SDs
• SDs were brief and infrequent
• Approximately 5 per session
• Averaged < 15 seconds each
Self-Disclosure
Henretty & Levitt, 2010; Barrett & Berman, 2001

Results Related to CLIENT SDs
• Far more frequent
• Mean of 60 per session
• Client disclosures dominated sessions

Diversity and Self-Disclosure
Cashwell et al., 2003, p. 196

Guidelines
• Most important factor
  – What is client’s preference and comfort level for therapist to self disclose
Diversity and Self-Disclosure  
Cashwell et al., 2003

Guidelines

• “Trial” disclosure early in therapy
  – Brief, client focused
  – Oriented around therapist’s:
    • Personal feelings, professional issues
  – Do not disclose:
    • Intimate information
    • Unrelated information

Diversity and Self-Disclosure  
Cashwell et al., 2003

Guidelines

• Watch for client reactions
  – Positive reactions
    • Leaning forward
    • Interested facial expression
    • Asking questions
Diversity and Self-Disclosure
Cashwell et al., 2003

Guidelines
• Watch for client reactions
  – Negative reactions
  • Decreased eye contact
  • Hostility
  • Disinterested facial expression
  • Client changing subject

Cultural Issues - Three Themes
1. Cultural mistrust
• People of color experience prejudice
• Therapist SD
  – “May be critical to demonstrating that the counselor is culturally sensitive, thus increasing her or his credibility and gaining the trust of the culturally different client.”
  – Example: Katrina support group…
Diversity and Self-Disclosure
Burkard, Knox, Groen, Perez & Hess, 2006, p. 4

Cultural Issues - Three Themes
2. Demonstration of sensitivity
• Appropriate therapist self disclosures
  “…are believed to be important interventions used to convey therapist’s understanding of client frustration with oppression and racism.”

Diversity and Self-Disclosure
Burkard, Knox, Groen, Perez & Hess, 2006, p. 5

Cultural Issues - Three Themes
3. Function as a model
• Therapist SD
  “Some clients may come from cultural backgrounds that leave them unfamiliar with psychotherapy…. In these cases, SD may be a way for therapists to model appropriate in-session behavior and to form an alliance.”
Self-Disclosure & Therapist Feelings  
*Myers & Hayes, 2006*

**TWO CONSIDERATIONS BEFORE USE**

- **Strength of Alliance**
  - Stronger = SD Indicated
  - Weaker = Use Caution

- **Experience in Therapy**
  - Experienced = SD Indicated
  - Inexperienced = Use Caution

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Findings on Therapist Self-Disclosure in Cross Cultural Treatment  
*Burkard et al., 2006*

- **Good quality of relationship – 7 cases**
  - Coping with racism and oppression - 6 cases
    - Used TSD to acknowledge role of racism/oppression  
      - 4 cases
    - Used TSD to enhance/preserve relationship  
      - 4 cases
    - Used TSD to acknowledge T's own racism/oppression  
      - 4 cases
    - T shared own reaction to C's experience of racism/oppression  
      - 5 cases
    - TSD improved relationship  
      - 5 cases
    - C felt understood and advanced to other issues  
      - 5 cases
Goals of Ethics
In a Multicultural Context

Ethical Dilemma – Cultural Issues
Therapist Brown moved to a small town in an area that is very rural and has its own cultural norms. It took him several months to be even partially accepted by the locals.
One of his patients invited him to spend a weekend at a retreat that would include a “sweat lodge” ritual meant to create bonding and cleansing of negative energy.

Therapist Brown and his client entered the “sweat lodge” together. Upon exiting, the client told Therapist Brown I was tradition to strip down to bare skin and jump into the cold lake together with the rest of the group.
Therapist Brown, worried about ethical issues of multiple relationships, expressed some dismay to his client.
**Goals of Ethics**
*In a Multicultural Context*

**Ethical Dilemma – Cultural Issues**
The client explained that if the therapist failed to participate fully in the ritual, the therapist would be seen as insulting the cultural traditions. Additionally, the client explained that he would lose credibility with the group because his “friend” (his therapist) refused to participate with all the others.

What should Therapist Brown do?
What are the ethical issues?

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**Multicultural Ethical Decision Making Model**
*Frame & Williams, 2005*

**STEP 1**
*Identify and define an ethical dilemma (1)*

Process:
- What are my values
- What are my client’s values
- What are values of “stakeholders”
  - Supervisor; agency; family

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Multicultural Ethical Decision Making Model
Frame & Williams, 2005

**STEP 1**
*Identify and define an ethical dilemma (2)*

**Process:**
- How does cultural diversity interact here
- What insights does client have about this dilemma
- How do I feel about the dilemma
- What does my intuition tell me to do

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Multicultural Ethical Decision Making Model
Frame & Williams, 2005

**STEP 2**
*Explore context of power (1)*

**Process:**
- What is the power differential if there is one
- Where am I located in the power structure
- Where is my client located in the power structure
Multicultural Ethical Decision Making Model  
Frame & Williams, 2005

**STEP 2**  
Explore context of power (2)

Process:
- How can client and therapist share ideas to solve dilemma
- How much should therapist self-disclose about personal thoughts about participation in event
- What do you notice here?
- How could this be done more effectively?

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**STEP 3**  
Assess acculturation and racial identity development

Process:
- Where is client in process of acculturation
- Where am I in my own process
- Would self-disclosure be appropriate
- What do I need to do to meet my client’s needs and MY needs
- FILM: NAMESAKE
Multicultural Ethical Decision Making Model  
Frame & Williams, 2005

STEP 4  
Seek consultation  
Process:  
• Who is a culturally competent consultant  
• What are the values of my consultant  
  – How long has consultant been working  
• What is consultant’s position in the context of power

A- 69

Multicultural Ethical Decision Making Model  
Frame & Williams, 2005

STEP 5  
Generate alternative solutions  
Process:  
• What does my intuition dictate  
• What are my fears and misgivings for each option

A- 70
### Multicultural Ethical Decision Making Model
Frame & Williams, 2005

**STEP 6**

**Select a course of action**

**Process:**
- What role has client played in decision making process
- What are my motives for selecting this option? What is my rationale?
- Have I documented my plan

### Multicultural Ethical Decision Making Model
Frame & Williams, 2005

**STEP 7**

**Evaluate the decision**

**Process:**
- How does the decision fit with ethics code and licensing law
- How were cultural values included
- How were my own values challenged
- How was power used
- What did I learn
Sum Up Question

Self Disclosure is always a negative or damaging thing to do in a therapy relationship.

**ANSWER:**
TRUE
FALSE
Sum Up Question

What are the two types of DELIBERATE Self Disclosure?

ANSWER:

Sum Up Question

What two elements does the research suggest considering prior to using self-disclosure as a therapeutic technique?
Bibliography


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Bibliography


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Bibliography
