

Ethics of Self-Disclosure HANDOUT INDEX

Please note that handouts are not numbered, due to some already having a number, or the trainer intending to use a handout for another training in the future.

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Reflection Questions

1. Think about time when you disclosed something personal to your clients and it went well.

- a. When did you decide to self-disclose?
- b. What did you disclose?
- c. Was it an individual, couple, or family?
- d. Did demographics play a role in your decision? male/female, child/adolescent/adult, ethnic background, religious background, etc.
- e. What thoughts or feelings did you have before, during, and after the self-disclosure?
- f. Does this positive experience inform your current decision-making process?

2. Now think about a time when you disclosed something personal to your clients and it did not go well.

- a. When did you decide to self-disclose?
 - b. What did you disclose?
 - c. Was it an individual, couple, or family?
 - d. Did demographics play a role in your decision? male/female, child/adolescent/adult, ethnic background, religious background, etc.
 - e. What thoughts or feelings did you have before, during, and after the self-disclosure?
 - f. Does this negative experience inform your current decision-making process?
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Let's Practice

Client: My life is a mess. I'm just about to get evicted from my apartment, and my probation officer told me if I don't find another place, I may end up having to move back with my parents. That would be a disaster. I have worked really hard to get away from them. You know what I mean; you've met them. They're nuts, right?

Therapist Pitfall: Your parents seem nice. They are concerned about you. My parents haven't spoken to me in years, so in my eyes, you are lucky to have them.

Appropriate Therapist Response:

2. Client: I like to go shopping when I'm stressed out. Sometimes I spend too much money and feel really guilty afterwards. This makes me feel depressed. Do you like shopping?

Therapist Pitfall: Oh yes, I like to shop too! My problem is that I end up spending money on things that I really don't need. My husband is totally frustrated with me.

Appropriate Therapist Response:

“The Parade of Red Flags” (Patricia Keith-Spiegel) can help you to assess if you have crossed or come close to crossing an ethical boundary in your work.

- A Desire for A Different Relationship from Client/Psychotherapist
- Rationalizing the Acceptability of a Contemplated Boundary Crossing Or Deviation From Standard Practice
- Concerns about Personal Ambition and Financial Gain
- Needs for Enhancing One’s Own Self-Esteem
- Expecting the Client to Fulfill your Personal or Social Needs
- Fear of being Rejected or Client Terminating Therapy for Financial or Other Reasons
- Negative Feelings Towards a Client
- Signs that the Client is the More Powerful Individual in the Relationship.
- Personal Life Contaminating Professional Performance
- General Red Flags

To Zip Or Not To Zip? (Zur Institute)

- Be aware of the wide range of types and forms of self-disclosure and their potential impact on clients.
- Do not focus only on verbal and intentional forms of self-disclosure.
- National surveys have consistently shown that most therapists are involved in some form of intentional self-disclosure.
- Deliberate self-disclosure generally should be geared for clinical-therapeutic purposes and for the client’s benefit.
- Self-disclosure should not aim to primarily satisfy the therapist’s needs, pride or ego.
- Excessive or inappropriate self-disclosure may create a situation where the client is no longer the focus of treatment or where the client perceives a need to take care of the therapist.
- As with any decision regarding boundary crossing, the decision to self-disclose is based first and foremost on the welfare of the client.
- Almost all professional codes of ethics do not address directly the issue of self-disclosure.
- Intentional and deliberate self-disclosure is made under the general moral and ethical principles of Beneficence and Nonmaleficence – therapists intervene in ways that are intended to benefit their clients and avoid harm to them.
- When self-disclosure is unavoidable, as often is the case in small communities, therapists must evaluate whether such exposure is likely to benefit, interfere, have impact or effect the therapeutic process in any way.
- Therapists who are engaged with significant or systematic self-disclosure should document or explain their clinical rationale in the clinical records.
- As with any other intervention, deliberate self-disclosure should be determined by the client’s factors (i.e., presenting problem, history, gender, culture, age, mental capacity); therapist’s theoretical orientation; therapist’s culture and comfort with self-disclosure; and the setting of therapy (i.e., home office, military base, small town).

Self-Disclosure Consideration Questions

Is the self-disclosure oriented towards subjects that are in the client's interest and directly related to matters the client is discussing? Yes No Not clear

Is the self-disclosure oriented towards past versus present events? Yes No Not clear

Does the self-disclosure represent what the client would consider professional behavior? Yes No Not clear

Will the self-disclosure create a positive impression of the clinician, as opposed to a negative impression? Yes No Not clear

Does the self-disclosure address concerns about transference and/or countertransference? Yes No Not clear

Is the client ready for the intervention? Yes No Not clear

Has there been enough time for the formation of a therapeutic relationship with good trust and rapport? Yes No

Will the intervention move the attention away from the client and his/her concerns in ways that are detrimental to the progress of the treatment? Yes No Not clear

You should consider the use of self-disclosure:

When a client expresses the notion that their feelings, thoughts, or experiences are strange or abnormal and the clinician knows the contrary to be true. Present Not present Not clear

When the client engages in all or nothing thinking. Present Not present Not clear

When the client believes he/she is the only one to have experienced something. Present Not present Not clear

A Cheat Sheet to Self-Disclosure in Therapy

10 Tips

Is What You Want to Share of Interest & Use to Your Clients?



How might this information be useful? Are you using language that is respectful of client and connects to his/her language?



Share Briefly & Monitor for Client Feedback

How can you disclose your info in the most meaningful but brief way while checking for client's verbal & nonverbal cues (especially for negative feedback)?



Return Talk to Client's Concern/Story

What links can you make to what client has already talked about?

Are You in Emotional Control of What You Are Thinking of Sharing?



Are you still too close to the experience? Have you reflected on it enough to understand it and present it from different angles?

Emphasize Challenges Faced & Issues in Process vs. Solutions or Outcome



Is this info about problems you faced rather than solutions? Is this likely to be of use to the client's process?

Do Not Expect/Seek Particular Reaction After Disclosure



Will you be upset if you don't get a certain response from the client? What are you conveying with how you present your info with respect to what kind of reaction you are expecting?



What Level of Disclosure Is Comfortable for You?

What is pulling you towards sharing this info? How might sharing make you feel in terms of your safety/social identities? What are the spoken/unspoken rules about disclosure at work?

For Families/Groups, Consider Impact on Alliances & Coalitions



With whom do you seem to be most and least sided with now? How might what you disclose affect therapeutic alliances or familial dynamics?



Co-Create Treatment Plans & Progress Reports with Clients

Allow clients to review and edit what you have written. This ensures that the accurate telling of the story is in the client's hands.



What Is Your Intent?

Always consider what is the purpose of you sharing this info at this time when you and the client are talking about X content.

References:

- Roberts, J. (2013). The uses and misuses of self-disclosure. 2013 Psychotherapy Networker Symposium.
- Roberts, J. (2006). Transparency and self-disclosure in family therapy: dangers and possibilities. Family Process.

Online Disclosures

The Internet is a tool that is rapidly changing the common landscape of social work practice. With a plethora of information available at the click of mouse, online disclosures have been propelled to the forefront of every social workers attention. Essentially, significant amounts of information once considered private or personal, is now available in the public domain and easily accessible to clients.

Moreover, clients can access personal information about a social worker without a practitioner's awareness of the disclosure. In Zur (2009), Behnke (2008) notes, "there is no longer a clear line between the personal or private domain and the professional domain...In the space of a few years, the realm of what is private has receded significantly with a corresponding expansion in the domain of what is public" Recognizing this shift, coined "the Google Factor", it is important that social workers acknowledge the Google Factor and consider the implications on practice.

Online disclosures can be intentional or unintentional and includes a wide range of information, such as, a listing on your organization's staff directory, your personal telephone number, address and map of your house, any mentioning of you in a newspaper or magazine article, a blog post you've written or photos and video of you on vacation with your family.

To assess your own level of online transparency, the following are a few helpful tips:

- Assume that everything you post online, including blog posts, personal web pages, social networks (Facebook, Twitter, LinkedIn, etc) may be viewed by a client.
- Google search yourself! Use different combinations of your name. For example, "Jane Smith" "Smith, Jane, MSW" "J. Smith".
- Enter your telephone number in Google search engine or use another search engine to determine if such information as your home address or home telephone number is available.
- If you find private information about yourself that you do not want to be public, or you find incorrect/misinformation, determine the source of the posting and take steps to have the information removed or corrected.
- Review the privacy settings on your Facebook, LinkedIn, Twitter accounts. You may determine that you need to change your settings to control who can access your information.
- Review the content of your Facebook, LinkedIn, or Twitter account. Keeping in mind the following reflection: Does my personal online presence conflict with how I portray my professional self?

Case #1

Jill Brooks is a social worker in a middle school. She began a group counseling program that meets during students' lunch time in her office. Topics include a broad range of issues important to the 12- and 13-year-olds with whom she works. Initially these groups became popular with the students because it was a way to get out of the supervised lunchroom and have lunch with your friends in a less structured atmosphere. At first the groups attracted only girls and some of the "less than cool" boys. However, at one point six of the male "jocks" in the school approached Jill about forming a group. Although Jill knew their motivation was to get out of the lunchroom, she began meeting with the boys on a weekly basis. After some difficulty focusing during the initial group sessions, and once they had confidence that group discussions were confidential, the boys "bought-in" to the activity of discussing the problems of school life with each other. For Jill this was a triumph because it demonstrated that social work programs were for everyone, not just the discipline and academic problem children in the school.

One day, the boys really let their hair down with each other and began to talk about times when other kids had teased them about some physical characteristic and how bad this made them feel. Each boy shared the anguish of being called "shorty", or "geek", or "four-eyes", or about having been teased because their pants were too long or too short, or their shirt wasn't "cool". During one moment of silence, one of the boys asked Jill if she had ever had this experience. Jill thought for a moment about how personally invested she was in this group, and how the group had enhanced her professional status in the school. So, in a matter-of-fact tone she replied, "When I was 13 my best friend used to call me "F. F." which was short for "Fat, flat". Before anyone could react, the bell rang, and it was time to go to class.

As Jill reflected on the group process that had just occurred an uneasy feeling came over her, but she could not identify its source. Throughout the afternoon, as students would periodically change classes, Jill would see members of the boys' group. She immediately noticed that as they passed by her, they exchanged looks and laughter. By the next day, the laughter was louder. By the third day, they were waving at Jill and blatantly shouting, "Hi 'F. F.'!"

Questions:

Is the disclosure in the interest of the clients?

Is it germane to what the client is currently expressing?

Are the content, timing, and intensity of the disclosure appropriate?

Case #2

Jim Smith is a licensed clinical social worker and a certified addiction counselor at a county mental health facility. For the past three months he has conducted twice-weekly psycho-educational groups for adults with alcohol and drug abuse problems. The clients are between the ages of 18 to 45. About one-third of them are voluntary, one-third were recommended to attend by DFACS, and the remaining third were ordered to attend by the courts. Jim has worked hard to make the group successful. He reviewed the current literature on substance abuse and group treatment, the skills needed for group leadership, and group process. He attended group sessions held by colleagues in other agencies. He recalled previous experiences leading groups and identified what was successful and what was not. In the three months since he took over the group, attendance has increased from an average of eight to the maximum number of fifteen. He knows that he has the group's trust and confidence and that he is perceived as capable and competent. Group members have indicated that they feel he understands their struggle.

Group sessions always begin with a check-in where each group member states their name, drug of choice, and pertinent information about their struggle. On one night as check-in ends, a member says to Jim, "We know what our drugs of choice are, but what is yours?" Jim has never had an addiction to alcohol or to any illegal substance. He has, however, struggled to deal with overeating and smoking since he was a teen-ager. He believes that dealing with his own addictions have allowed him to understand the experience of his clients. He also knows there is substantial literature indicating that substance abusers relate well to group leaders who are recovering addicts. He is concerned that he will lose the respect of the group if he tells them the truth.

Questions:

Is the disclosure in the interest of the clients?

Is it germane to what the client is currently expressing?

Are the content, timing, and intensity of the disclosure appropriate?

Role Play Scenarios

Client A

You are meeting with a social worker to discuss your parenting. You have three children under the age of 4 years old, and are very overwhelmed. You have little family support, a spouse who drinks all the time, and limited financial resources. You do have a strong church community and healthy coping skills such as taking walks and listening to music.

YOUR TASK: At some point in the conversation, ask the social worker the following question(s):

- “Do you have kids? How old are they? Where do they go to school?”

Client B

You are meeting with a social worker to discuss your past sexual trauma as a child. You have seen two different counselors, who didn't really help you and just sat there and nodded as you talked. You are a talented painter who has recently had some of your work featured in a local art magazine. To cope with your current trauma symptoms, you are smoking a lot of weed and occasionally mixing it with Special K.

YOUR TASK: At some point in the conversation, ask the social worker the following two questions, **at separate times**.

- “Have you ever had anything really bad happen to you?”
- Do you think smoking weed is that big of a deal?”

Client C

You are meeting with a social worker to discuss your parents' rejection of you after coming out to them as a Trans person. You were raised in a strict Pentecostal faith, and your parents believe that being Transgender is a sin and against God's natural wishes. You are receiving support from a Trans youth community group, and your teachers at school are supportive as well. You have a lot of anger towards your parents and are getting into some trouble at school now.

YOUR TASK: At some point in the conversation, ask the social worker the following question:

- “What religion are you?”
 - “Do you know any trans people?”
-