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**THE USE OF SELF-DISCLOSURE IN CLINICAL PRACTICE:
EXPLORING GRADUATE SOCIAL WORK STUDENTS'
PERCEPTIONS**

Kevin Alsina

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THE USE OF SELF-DISCLOSURE IN CLINICAL PRACTICE:
EXPLORING GRADUATE SOCIAL WORK STUDENTS' PERCEPTIONS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kevin Matthew Alsina

June 2020

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ABSTRACT

The use of self-disclosure in clinical practice has been a controversial issue among professionals across many helping professions, including social work. The guidance on self-disclosure from the National Association of Social Workers, via its code of ethics, has been arguably vague. As a result, the topic remains ambiguous within the social work profession. Using a Grounded Theory approach, this study aimed to obtain the perceptions of 137 graduate social work students on the use of self-disclosure in practice. Through three major themes and six subthemes, the results confirmed the lack of clarity pertaining to the use of self-disclosure in social work practice. A thorough discussion of the implications of the findings for theory, research, and social work are provided.

Keywords: self-disclosure, social work practice, National Association of Social Workers Code of Ethics, Grounded Theory

ACKNOWLEDGMENTS

This thesis represents all the hard work and dedication of all the current and past professors. Moreover, it is a testament to what Retired Lieutenant Colonel B.T. Alsina told a young man at age 12; “education is the key that will level the playing field.”

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CHAPTER ONE:

INTRODUCTION

Problem Formulation

The client-therapist relationship is complex. There is a multitude of feelings, emotions, and concerns that are being shared in the interactions between the two. Self-disclosure is an issue that can arise out of establishing these relationships and building rapport. On the one hand, a client self-discloses when they feel comfortable with a clinician. On the other hand, a clinician may self-disclose to get buy-in from the client about the agency or a topic the clinician wants the client to focus on when building rapport.

The use of self-disclosure is like peeling an onion. It means that the use of self-disclosure involves many layers. Self-disclosure helps one peel the onion, and the more self-disclosure used, the more layers are peeled from the onion; the closer one gets to the center of the onion, the closer one gets to the core personality of the client. The peeling of the onion is what supposed to happen in theory, but it does not always turn out as planned. Many problems result from the use of self-disclosure to include ethical violations, boundary crossing, and clinical modality misinterpretation that can lead to a client not buying into the agency (NASW, 2017).

Self-disclosure is the sharing of personal information to another individual: whether the information is superficial, private, or factual. One also communicates self-disclosure by non-verbal cues, such as a head nod, and positive, or negative

posture. The use of self-disclosure is known to be a critical treatment tool in substance abuse treatment. Some clinicians are from the alcohol and other drugs modality, whose tenants are based on the self-help recovery model with the philosophy of “each one, teach one.” These laymen of Alcoholics Anonymous use self-disclosure as a way for the clients to buy into the services of the program. For example, “the influence of having an employee who is in recovery working in an addiction’s facility helps the clients see the behavior the employee is modeling to achieve buy-in from the clients the agency serves” (White, 2000, p. 503).

The clinicians from the social work modality are taught to build rapport by using evidence-based interventions such as strength-based perspectives, motivational interviewing, and solution focus therapy. which will allow the client to achieve self-regulation and self-determination to buy-in to the services and programs that the agency offers. The use of self-disclosure by social workers is used sparingly and is recommended to be used to tie one intervention to another at the social worker’s discretion.

The NASW advocates for rapport to build genuinely over time; however, self-disclosure should never be used for personal gain. The NASW Code of Ethics prohibits social workers from being involved in unethical situations. The code of ethics is the guide for social workers, and this guide frowns on boundary crossing and boundary violations; the code of ethics has policies and procedures in place for most indiscretions a social worker may have.

The use of self-disclosure is controversial and needs to be examined to bring clarity to the different clinical professionals in a therapeutic setting. The Minnesota Model was established in the 1940s, which formalized the roles of addiction specialists known as “counselor on addiction,” which became the civil service title in 1954 (White, 2000). As a result, a debate came about because of this formalized title known as the Krystal-Moore debate. Dr. Krystal questioned that only psychoanalytically skilled personnel were the only ones who could give treatment. Dr. Moore opposed this questioning by saying psychotherapy was not a well-received treatment by alcoholics and lay clinicians. However, if supervised by professional, psychotherapists can provide strong support for recovery (Mindlin, 1965).

The reasoning for training persons in recovery as counselors is that these individuals give living proof that recovery is possible; these counselors model the behavior that the clients want to achieve (Blume, 1977). In the 1960s and 1970s, the workforce of recovering alcoholics comprised most programs and agencies. They were labeled “paraprofessionals,” which came from the effectiveness of “peer-facilitated models of change” (White, 2004).

The funding became available in the 1980s for addiction programs, so the professionals from different modalities started working in the addictions field to include social workers, psychiatrists, and psychologists, to name a few. This sudden merge of professionals calls into question the use of and ethics surrounding self-disclosure in substance abuse treatment.

For the past several decades, these paraprofessionals ran alcohol and other drug treatment facilities by way of the self-help model. Now with the influx of professionals from different clinical modalities, the issue of self-disclosure comes under scrutiny. The other professionals and social workers are entering into this modality and play essential roles in treatment. It is imperative to examine social workers and social work students' views on the use of self-disclosure. However, there is minimal information available on self-disclosure. This study plans to investigate social workers' opinions on self-disclosure.

Purpose of the Study

The purpose of the study is to examine graduate social work students' perceptions of the use of self-disclosure in a clinical setting. Alcohol and drug counselors are taught that self-disclosure is used to make a connection with clients who have problems accepting or relating to concepts associated with treatment and recovery. However, the use of self-disclosure is problematic. This research sought to answer the following question. What are the graduate students' perceptions of the use of self-disclosure in clinical practice?

Significance of the Project

This study has significant implications for the profession of social work. The findings will help graduate social work students better understand the perceptions and use self-disclosure more effectively in the field. The findings of the study can also be used as a starting point on the topic of self-disclosure and possibly help social work educators integrate the subject into the curriculum.

Furthermore, the results of this study will inform the NASW on how graduate social work students perceive self-disclosure in this day and time. Hence, the findings will give the governing body factual bases that can help solidify a stance that could help eliminate the non-uniformity on the use of self-disclosure. In other words, the current research will provide more evidence that self-disclosure allows students to broaden their perceptions in practice.

CHAPTER TWO: LITERATURE REVIEW

Self-Disclosure in Drug Counseling

Self-disclosure has been a fascinating topic for the helping professions, especially the ones dealing with substance use. The mutual aid society is the earliest known treatment program for substance abuse that spans from the 18th to the 19th century. History shows that recovering alcoholics and addicts were the persons able to connect with the patients in treatment. The past creates a gap in the literature by allowing ex-alcoholics to work as professionals of addiction. The rapidly growing need for treatment allowed those treated for alcoholism to become paraprofessionals in treatment centers around the country.

The limitations of the jobs are that alcohol and drug counselors' tenets are grounded in alcoholics anonymous. The principles of alcoholics' anonymous states that group members self-disclose their issues with the newcomer to instill hope. A question that arose out of the tenets is "who is qualified to treat alcoholics" (White, 2008, p. 505). One issue regarding the use of former alcoholics as persons recovering from alcoholism was the mainstream workforce of the alcoholism programs of the 1960s and 1970s (White, 2008).

The conflict is that treatment facilities of alcohol abuse use the tenets based on the 12-step faith-based model of alcoholics anonymous. The above issue leads the writer to question the use of self-disclosure in a clinical setting. Dual relationships cause problems within itself,

and is used when a helping professional engages in a significantly different type of relationship with a client. In a professional environment where there is the risk of misuse of power, specific guidelines for professional conduct as well as ethics codes for selected professionals have been created. (NASW, 2017, p. 4)

Elsewhere, studying the skillset of alcohol and drug counselors, Martino, et al. (2009) found that the use of informal discussion (self-disclosure) could help clinicians bridge the gap with clients before a genuine rapport is established. Yates (2014) reported that clinicians who use narrative therapy will self-disclose to gain trust and truth with clients. However, Duffy (2010) stated that some of the best addiction and mental health counselors do not need to self-disclose as being in recovery. Hence, the issue remains highly controversial within the helping professions.

Self-Disclosure in Social Work

The use of self-disclosure in social work has been researched, although not intensively. Knight (2012) investigated the student social workers' discernment and engagement with self-disclosure. Findings revealed that self-disclosure is a misunderstood concept that has a different dimension to mental health professionals. Skeptics have condemned its use on four interrelated forums: self-disclosure tends to shift the working alliance from the patient to the clinician; self-disclosure undercuts and compromises the transformational interaction between therapist and client; boundaries can become distorted; and lastly self-disclosure tends to be an unnecessary indulgence by the clinician.

Similarly, Raines (1996) examined how prepared are these novice members of the helping profession to participate in self-disclosure adequately. The study has found that classroom training does not address self-disclosure in length. The research clearly states that some educators may be unclear on how to discuss or create a pleasant environment where students feel comfortable enough to talk about self-disclosure.

Meanwhile, a study conducted by Borenzweig (1981) revealed that Master of Social Work graduates disclose more to their peers than bachelors' in the art of social work programs. More interesting was the aspect that some social workers do not understand the complexities involved with self-disclosure, with clients being at the center of the misunderstanding and the use of self-disclosure as an intervention. The focus of the therapist is to keep the client's mind on the reason why they are there in the session, not on the personal issues of the therapist. The use of self-disclosure takes away from the meeting.

Limitations of the Literature

Previous research studies on self-disclosure in social work (Borenzweig, 1981; Knight, 2012; Raines, 1996) are relatively old and thus may not reflect today's reality. In addition, previous research did not adequately include the perceptions of students for the State of California. This study is an attempt to extend the literature by exploring the views of graduate social work students in Southern California. As Chapman et al. (2004) mentioned, the topic of self-disclosure does not receive the attention it deserves in the classroom because of

the nature of its sensitivity. This study will be a contribution to the field by showing how social workers perceive the matter.

Theories Guiding Conceptualization

There are several theories that can be linked to the concept of self-disclosure. One of them is psychodynamic theory, which asserts that a clinician's neutrality is an important aspect that allows for personal challenges (Maroda, 1999). Carl Rogers (1961) challenged this assumption with his person-centered theory, which valued the therapeutic helping relationship and unconditional self-regard. Another one is the feminist theory promotes an egalitarian relationship and is valuable to real empathic understanding to form an alliance that fosters client evolution (Ziv-Beiman, 2013). Relational and attachment theories also support clinicians' use of informal conversation. These original constructs are supported by Arnd-Caddigan & Pozzuto (2008), Cornett (1991), Farber (2003), and Quillman (2012).

In addition, the multicultural theory says that informal conversation by the clinician creates a parallel playing field that validates and normalizes a client's cultural differences (Knight, 2012). A therapist divulging their background and characteristics allows for the clients to determine their rights to self-determination and enables the clinician to discuss informed consent (Simi & Mahalik, 1997). All of the aforementioned theories are consistent with the purpose of this research on self-disclosure.

CHAPTER THREE:

METHODS

Introduction

The following chapter will cover the study design, sampling, data collection, especially a qualitative study that will include questions about perceptions of the use of self-disclosure by graduate social work students in clinical practice. This chapter will also present the instruments used in this study, the procedures for the recruitment of participants, and the protection of human subjects and data analysis.

Study Design

This study used a borderline design (not fully quantitative, and not fully qualitative) to explore social work students' perceptions on the use of self-disclosure in social work practice. This exploratory study used a survey to collect data from participants, thereby implying a quantitative methodology. However, the open-ended nature of the questions supports a qualitative approach, particularly the grounded theory methodology. Under no circumstances, however, can this study pass for a mixed-methods research endeavor.

Sampling

The researcher used a purposive sampling method to collect data for this study. The sample consisted of 137 participants recruited from a large public university in Southern California. The researcher limited the sample to graduate social work students in the chosen university. That is to say, undergraduate

social work students were not included in this research. A complete description of the study participants is provided in the results section.

Data Collection and Instrument

Considering the exploratory nature of this study, the researcher asked participants to write down answers to several questions about self-disclosure in social work practice. Some of the questions were as follows:

- What is your perception of the use self-disclosure in social work?
- Drug and alcohol counselors use self-disclosure in working with clients. What do you think about that?
- Under what circumstances do you think self-disclosure should be used, if at all?
- As a future social worker, do you plan to use self-disclosure in the field? Why or why not?

The researcher also collected demographic characteristics for descriptive statistic purposes (see Appendix A).

Procedures

The researcher conducted the study from December 2019 through March 2020. The researcher arranged with professors for the interview to take place in their classrooms. Before administering the survey, the researcher explained the purpose of study to the participants. Participation in the study on a voluntary basis. Students who agreed to participate in the study signed an informed consent form (see Appendix B). This was a sine qua non condition for

participation in this research. It took 20 to 30 minutes for the participants to answer the open-ended survey questions. At the completion of the survey, the researcher collected the questionnaires and placed them in a sealed envelope.

Protection of Human Subjects

The California State University San Bernardino's Institutional Review Board approved this study in Fall 2019 (see Appendix C). The researcher took reasonable steps to protect the privacy of the study participants and the confidentiality of the data collected from them. First, the participants completed the survey anonymously because the researcher did not ask for any identifiable information. Second, the researcher used a secure room to store hard copy questionnaires collected from participants. Digital information transferred from participants' hard copy materials were stored on a password-protected computer. Only the researcher and his research advisor had access to the study file. Finally, the researcher will shred all files related to this research 1 year after its completion.

Data Analysis

The researcher used the procedure of thematic analysis to analyze the data. Under this qualitative framework, the researcher arranged the participants' responses into codes. The codes, in turn, were agglomerated into themes that reflect the perceptions of the participants on a particular aspect of self-disclosure. Thematic analysis allows the findings to be grounded in the data.

Summary

The summary of the chapter offered information on the methodology that this research will use. The qualitative study design will be used with a random sample. The hard copy packet will be handed out and collected by the researcher. The procedures will be included in the packet. The researcher will use standardized measures to ensure to protect the human subjects for the interview.

CHAPTER FOUR:

RESULTS

Frequency Distributions

The demographic characteristics of the study participants are provided in Table 1 below. As demonstrated in the said table, almost half of the participants were enrolled in the 1st-year full-time program, and slightly less were enrolled in the 2nd-year full-time program. Approximately a quarter of the participants were 2nd-year part-time, and marginally more were 1st-year part-time. In terms of the participants having a bachelor's degree in social work, three fourths did not have a bachelor's degree and a quarter did have a bachelor's degree. Almost all the participants were over 25, and one quarter was under 25. Most participants were female, one quarter was male, and one was two-spirited (a modern, pan-Indian, umbrella term used to describe Native people in their community who fulfill a traditional third gender). Many participants are Hispanic with a quarter of them being white and a fifth of them being African American, Asian American, Native American, and other.

Table 1. Participant Demographic Characteristics (N = 137)

Variable	<i>n</i>	%
Age	137	100
Under 25	39	28
25 and over	98	72
Gender	137	100
Female	120	87
Male	16	12
Other/two-spirit	1	1
Race/ethnicity	137	100
White	21	15
African American	11	9
Hispanic	88	63
Asian	6	5
Native American	2	2
Other racial groups	8	5
Non-response	1	1
Bachelor of social work	137	100
Yes	37	28
No	100	72
Master of social work standing	137	100
1 st -year full-time	42	31
2 nd -year full-time	37	28
1 st -year part-time	34	25
2 nd -year part-time	20	14
Non-response	2	2

Findings

Table 2 below presents three major themes and six subthemes associated with the data. As demonstrated in Table 2, there were three major themes in this study: (a) appropriateness of use of self-disclosure, (b) inappropriateness of use of self-disclosure, and (c) mixed feelings about using self-disclosure.

Appropriateness of use of self-disclosure has three subthemes: (a) therapeutic alliance, (b) building rapport, and (c) validating and normalizing feelings. The inappropriateness of self-disclosure theme includes three subthemes as well: (a) boundary concerns, (b) countertransference concerns, and (c) confidentiality concerns. The third major theme (mixed feelings about self-disclosure) is not divided. All of the themes and subthemes that arose from the data are described below.

Table 2. Major Study Themes

-
- 1) Appropriateness of limited use of self-disclosure
 - *Therapeutic alliance*
 - *Building rapport*
 - *Validating and normalizing feelings*
 - 2) Inappropriateness of the use of self-disclosure
 - *Boundary issues*
 - *Countertransference issues*
 - *Confidentiality issues*
 - 3) Mixed feelings about self-disclosure.
-

The Use of Self-Disclosure is Appropriate with Limited Use

As mentioned above, the first theme that emerged from the data was the appropriateness of a limited use of self-disclosure in social work practice. This theme has three subthemes: (a) therapeutic alliance, (b) building rapport, and (c) validating and normalizing feelings. Below are how the research participants expressed this theme:

Participant 3: "If needed, social workers should use limited self-disclosure, making sure not to give too much detail as it could make the session more about the social worker and not the client."

Participant 10: "I think it should be done with limited disclosure only when it will benefit the client."

Participant 11: "Yes, but only with limited use, and only when it is for the benefit of the client in therapy, not for the benefit of the therapist."

Participant 12: "I think that it is appropriate with limited use, must be used sparingly and must be used with a strategy in mind."

A description of the three subthemes associated with the aforementioned major theme is provided below. These are therapeutic alliance, building rapport, and validating and normalizing feelings.

Therapeutic Alliance

A subtheme that emerged from the data was that graduate social work students perceived the use of self-disclosure in clinical practice as a way to form

a therapeutic alliance with the client. A significant number of participants expressed this theme. Participants expressed the therapeutic alliance as follows:

Participant 20: “Depends on the situation, if it helps the client build a therapeutic alliance, we must consider the goals of the session.”

Participant 22: “At appropriate times and to form a therapeutic alliance with the social worker so the client can connect to the services being offered by the agency.”

Participant 25: “In most cases, to build a therapeutic alliance with the client making sure not to impede the process.”

Participant 31: “I think it is important to discuss small bits of oneself to the client so that an alliance is formed for the sake of identifying relevant information.”

Build Rapport

Another subtheme was how graduate social work students perceived the use of self-disclosure in clinical practice to build rapport with clients. This theme was expressed by many study participants:

Participant 35: “Yes, it could potentially help build rapport with a client, but it also depends on the situation.”

Participant 38: “Yes, if it helps the social worker build a rapport by self-disclosing in a general way as not to hinder the process. I think it is ok if it helps build a relationship.”

Participant 44: “I think self-disclosure is dependent on a case-by-case basis. I currently use self-disclosure to build rapport, being cognizant of maintaining boundaries.”

Participant 52: “I think social workers should self-disclose to clients to an extent because it will help build rapport.”

Validating and Normalizing Feelings

This subtheme was expressed by participants who felt graduate social work students serving clients should self-disclose to work with the population to allow for the normalcy of the feelings being shared during initial sessions. Some participants expressed confirmation of feelings while being discussed was necessary through validation which is viewed as appropriate will be discussed below.

Participant 102: “A social worker should validate feelings being shared about fears of going to treatment, low self-esteem, or any emotions being shared as well.”

Participant 105: “A social worker should validate and normalize feelings through active listening, being sure not to exhibit negative facial expression or body language.”

Participant 109: “A social worker should demonstrate their understanding by validating the feelings shared by the client in a manner that normalizes and shows empathy.”

Participant 114: “The social worker should validate and normalize feelings when appropriate.”

The Use of Self-Disclosure is Not Appropriate

Another major theme presented in this study was that the participants felt that self-disclosure has no merit in social work practice. Participants expressed this sentiment in unambiguous terms:

Participant 37: “No, self-disclosure is not appropriate. Sessions should be about the client, not the social worker.”

Participant 92: “No, self-disclosure should not be used in any setting; it is not appropriate.”

Participant 46: “Mostly, no, self-disclosure is inappropriate. However, very minimal self-disclosure is ok if used in the right context and with purpose.”

The three subthemes associated with the inappropriateness of self-disclosure were boundary-crossing issues, countertransference issues, and confidentiality issues. Each of these subthemes are described below.

Boundary Crossing

Another subtheme emerging from the data was the ethical implications of self-disclosure. Boundary issues pertain to ethical standards in social work. This ethical consideration is complex and must be considered when dealing with clients from different cultures, religions with different religions, family values, and norms (Reamer, 2003). The vague ethical guidance about self-disclosure may be

behind participants' thinking that self-disclosure is not appropriate in a clinical setting. Regarding this theme, participants reported:

Participant 49: "No, for the sake of not skewing the lines of the personal and professional relationship and to avoid boundary-crossing. To prevent imposing one's personal views in the client-therapist relationship."

Participant 47: "The use of self-disclosure is not appropriate because it will take away from the issues being shared by the client, and the social worker may miss something if focusing on him or herself."

Participant 77: "In general, self-disclosing is bad practice and leads to boundary-crossing."

Countertransference

Another subtheme emerged in this study which refers to expressive connection. This factor is one-way practitioners and clients entangle with each other emotionally. The participants expressed the countertransference issue associated with the use of self-disclosure as follows:

Participant 101: "Social workers should not engage in countertransference. Even though it may be difficult since some of the client's problems can have an impact on social worker sessions, social workers should utilize therapy to help with countertransference."

Participant 135: "The session should stay focused on what is being shared by the client, and the social worker must be aware of countertransference with the client."

Confidentiality

Another subtheme that came from the data involves privacy. Social workers have always been aware of issues related to confidentiality. The participants expressed this concern as follows:

Participant 127 said, the client-therapist relationship is confidential unless the client has a plan and a means to hurt himself or someone else. Based on the participant's responses in various questions, almost all would use self-disclosure in a clinical setting. The use of self-disclosure by graduate social work students is a topic that needs further research to fill the gap in the research.

Mixed Feelings About the Use of Self-Disclosure

Some participants expressed mixed feelings about self-disclosure in social work. Such confusion about the use of self-disclosure is a subject that leaves room for discussion within the social work realm.

Participant 95 said, "Self-disclosure is appropriate when modeling certain behaviors," and then said, "No, a social worker needs to maintain the professional role." These two statements show there is confusion among social work students and the use of self-disclosure in clinical practice.

Participant 98 stated, "Self-disclosure should be used if it is not for personal gain." The participant then stated, "No, self-disclosure should not be

used in clinical practice.” These two conflicting statements show confusion by this student.

CHAPTER FIVE: DISCUSSION

This study explored the perspectives of graduate social work students on the issue of self-disclosure in practice. This was an important research endeavor because of the ambiguous interpretation of self-disclosure within the social work profession. Using a grounded theory approach, this study identified three major themes and six subthemes that are associated with self-disclosure in social work. Overall, the study themes support a limited use of self-disclosure in practice to build rapport and form therapeutic alliance with clients. Yet, many participants considered self-disclosure unethical.

Consistencies with Previous Research

The findings in this research are consistent with previous work in the literature that considers self-disclosure appropriate for practice (Barnett, 2011; Dixon et al., 2001; Hanson, 2005; Hill & Knox, 2001). At one point in time, self-disclosure was discouraged, and its context monitored. However, due to the changes in the recent years to mental health, treatment, and evidence-based practices, scholars and researchers have reexamined the use of self-disclosure and its clinical benefits (Dixon et al., 2001). As Barnett (2011) stated, “Rather than avoiding self-disclosure out of fear of violating ethical and professional boundaries, an approach that exhibits concern for validating and normalizing feelings taken so the therapist can build rapport.”

When clients discuss personal issues (self-disclosing), this allows feelings to be normalized. Furthermore, “therapist self-disclosure resulted in the positive affirmation that permitted client buy-in, which allowed the client to move to the next stage of change” (Hill & Knox, 2001). The findings in this research, especially therapeutic alliance and building rapport, reflect the work of Hill and Knox (2001). Therapists need to be skillful in managing self-disclosure (Hanson, 2005). Otherwise, self-disclosure can go to uncharted territories. This is why many participants in this research consider self-disclosure unethical. In other words, based on the results of this study, the ambiguity about the use of self-disclosure in social work is alive.

Implications of the Research Study

The findings significantly contribute to the literature by divulging the non-uniformity on the use of self-disclosure by graduate social work students. Although the school of social work has strict policies and guidelines, the students are left to ponder over what is appropriate, inappropriate, and confusing about self-disclosure. This study adds to the collected works by exploring the perceptions of students from a university in Southern California.

The findings also have implications for theory, especially the relational model which support clinicians’ use of informal conversation (Arnd-Caddigan & Pozzuto, 2008; Cornett, 1991; Farber, 2003; Quillman, 2012). Under the relational model, countertransference becomes a part of the therapist-client relationship because of the unconscious feelings one gets after building rapport

(Mallow, 1998). As the disclosure occurred more frequently, the feelings and insight were perceived as higher in quality and intimate in nature (Pinto-Coelho, 2018). Self-disclosure can happen when a client feels comfortable and secure. A therapist can self-disclose when eliciting client buy-in to a concept that would allow the client to move to the next stage of change. However, as revealed by the results of this study, self-disclosure should not be used for the therapist's personal gain.

The findings also are important for the profession of social work due to participants' exhibited ambiguity on the use of self-disclosure. These findings imply the need for the social work profession to adopt a firmer position on self-disclosure, as the NASW Code of Ethics remains relatively vague about the matter. The Council of Social Work Education also needs to decide on the issue in partnership with the NASW. Social work educators, students, and practitioners need to be on the same page concerning the use of self-disclosure.

Limitations and Recommendations

There are some deficiencies connected with the findings. First of all, the researcher could not capture the body language, feelings, and emotions exhibited by the participants during the survey completion. Collecting the perceptions of as many students as possible was an important factor associated with the purpose of this research. In other words, this study is borderline with respect to the methodology: not purely quantitative, not purely qualitative. Another limitation is that the participants were from the same school of social

work in Southern California. Therefore, the views may not reflect that of graduate social work students in other settings. That is, the findings may not have implications beyond Southern California, let alone the United States and elsewhere.

Future research should incorporate ways to recruit graduate social work students many schools across many states. Future research should also ensure the diversity of the sample. Scholars would be wise to opt for mixed-methods research as a way to build on the findings of this study, thereby extending the literature. In the meantime, the governing body of the profession of social work can use the current findings to consider how to remove ambiguity about the use of self-disclosure in practice.

APPENDIX A:
SURVEY INSTRUMENT

Demographics Information

- 1.) What is your age range?
 - a.) Under 25
 - b.) 25 and over
- 2.) What is your gender?
 - a.) Male
 - b.) Female
 - c.) Transgender
- 3.) What is your MSW standing?
 - a) Full-time 1st year
 - b) Part-time 2nd year
 - c) Pathway Distance Program 3rd year
- 4.) What is your race/ethnicity? (Please select all that apply.)
 - a.) White, non-Hispanic
 - b.) Hispanic or Latino
 - c.) Black or African American
 - d.) Native American or American Indian
 - e.) Asian/Pacific Islander
 - f.) Other (please specify)
- 5.) Do you have a bachelor's degree in social work?
 - a.) Yes

b.) No

Please answer the following questions to the best of your ability. Please if you need more space you can use the back of the sheets.

6.) What is your perception of the use self-disclosure in social work?

7.) Drug and alcohol counselors use self-disclosure in working with clients. What do you think about that?

8.) Under what circumstances do you think self-disclosure should be used, if at all?

9.) As a future social worker, do you plan on using self-disclosure in the field? Why or why not?

APPENDIX B:
INFORMED CONSENT

INFORMED CONSENT

The study which you are asked to participate in designed to examine the use of self-disclosure in clinical practice from graduate social work student's perspectives. The study is being conducted by Kevin Alsina, a graduate student from the School of Social Work at California State University, San Bernardino, and supervised by Dr. Rigaud Joseph, Assistant Professor School of Social Work . The study contains no risk or less than minimal risk and is exempt from review by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to explore graduate students' perceptions of the use of self-disclosure in clinical practice.

DESCRIPTION: The researcher will assess 120 graduate social work student's perceptions of the use of self-disclosure in clinical practice. The researcher will collect demographic information about the applicants. The researcher will administer a survey with open-ended questions about self-disclosure. The participants will answer those questions.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the research or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: The information collected from you will remain confidential. The researcher will not collect names, and the data will be stored on an encrypted computer to which only the researcher and the research supervisor have access.

DURATION: It will take you about 15 to 20 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort associated with your participation in this study. In such an instance, you can skip some questions or end your participation altogether.

BENEFITS: There will not be any direct benefits to you, but the results of the study will increase knowledge and understanding on the use of self-disclosure by graduate social work students' in practice.

CONTACT: If you have any questions about this study, please feel free to contact the research supervisor Dr. Rigaud Joseph at (909) 537- 5507, email: rigaud.joseph@csusb.edu

RESULTS: The results of the study will be published at the Scholar Works website and presented at the school's MSW Research Symposium.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

APPENDIX C:
INSTITUTIONAL REVIEW BOARD

January 10, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-112

Kevin Alsina Rigaud Joseph
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Kevin Alsina Rigaud Joseph

Your application to use human subjects, titled "The Use of Self-Disclosure in Clinical Practice: Graduate Student's Perceptions" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,

- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/MG

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