

Guidelines for Self Disclosure – To Tell or Not to Tell

There is very little research on the topic of self disclosure. However, after a review of the literature and code of ethics for the various helping disciplines, National Council Trauma Informed Learning Community leaders and members, and much lively discussion with Trauma Informed Care Steering committee members especially with the consumers we serve in our system of care, self disclosure can be summed up in one statement, **timing and motive is everything**. Even with the wide varying opinions, after all was said and done, the Steering Committee came to a consensus which is contained in this document. The content, intentionally general in nature, will attempt to summarize the important aspects to consider when self disclosing.

1. Who should self disclose?

That depends. If you are a peer or recovery coach in Michigan, it is expected that you self disclose by sharing your recovery story. A peer/recovery coach is someone who is legitimate because of their experiential knowledge of substance abuse and mental health. The very basis of peer support is the experiential journey that is shared between the peer/recovery coach and the client. The peer/recovery coach experience enhances the consumer's sense of mutual identification, trust, and confidence. "Hi, I'm Johnny and I'm a person in recovery" is a great place to start.

If you are a professional, there was a commonly held view that self disclosure was discouraged. That is now being reexamined. The focus now is on the benefits of self disclosure and whether or not it can be helpful to the consumer. For example, if a counselor responds to the question, "Are you in recovery?" you can respond with, "That is a very good question. What made you decide to ask that?" This may be an opportunity for the consumer and counselor to clarify the counseling process. Based on the outcome of that conversation, the counselor can decide "to tell or not to tell". The counselor needs to examine whether or not the consumer is attempting to divert attention from them in a way that would not be helpful to them.

Although many of the consumers believed strongly that their counselor needs to be someone in recovery, there were others who said it did not matter. What ultimately did matter, however, was that they believed that their counselor could help them.

2. How much should you self disclose?

Proceed with caution. Whether you relate to a consumer from the peer or professional role, it is important that you maintain boundaries and decide what information you are willing to share about yourself to ensure that safety is created in the relationship. Self disclosure should always be done based on one's timetable and is a very personal event. Everyone has a story to tell. There has to be overall value and benefit to the self disclosure. You have to ask yourself is this for personal gratification or is it to inspire hope?

Consumers will talk in waiting areas and other common areas. Consider that whatever is self disclosed will be repeated and some consumers will be left wondering why they were not given that same information.

There are different levels of self disclosure. Are you disclosing your sexual orientation, your financial situation, previous jail time, information about your children or pets, or what you had for breakfast that morning? Individuals need to find ways to self disclose without spilling everything.

3. What is the impact of self disclosure?

That varies. Consumers were quite clear that counselor self disclosure stories were at times irrelevant to their treatment. They felt that the treatment they were receiving was not really for them, but the counselor instead. The focus was on the counselor, not the consumer. Instances such as these are not of any benefit to the consumer.

In other cases it may build the therapeutic alliance and provide identification, hope and inspiration. Research says they are useful if done skillfully. For both the peer and professional, the key to effective self disclosure is ongoing supervision. Clinical supervision will assist the practitioner to learn from his or her experience and ensure good service to the consumer.

A self disclosure story:

In a recent training, Cheryl Sharp, Special Advisor for Trauma Informed Service, National Council for Community Behavioral Healthcare, heard this story:

“I have been a social worker for 40 years and no one that I have ever worked with knows that I was hospitalized several times due to depression. It wasn't safe to talk about personal struggles. I am looking forward to retirement so I can finally be the person I have always been; a very good social worker who has always struggled.”

If we know that 51% of the general population has been exposed to at least one adverse childhood experience/trauma (Felitti and Anda, 1998) and that 90% of public mental health clients in have been exposed to trauma (*Mueser et al., 2004, Mueser et al., 1998*) and that most have multiple experiences of trauma (*Mueser et al., 2004, Mueser et al., 1998*), why are we still trying to cover it up and pretend it didn't happen. This causes separation, stigmatization and a perpetuation of blame, shame and secrecy. Hopefully this guide will be another step in reducing the shame for those who have experienced trauma and for those we serve. It is the hope of the committee that providers, peers and professionals in our system of care find the balance necessary to create a safe and secure environment where everyone is able to bring their humanity to the table in a way that is comfortable and supportive to all staff whether they choose to self disclose or not. Everyone has a story to tell.

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Many many thanks go to the Trauma Steering committee members who contributed to the Self Disclosure guide. Without them this guide would not have been developed.

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Resources:

<http://www.nytimes.com/2011/06/23/health/23lives.html?pagewanted=all> .

<http://www.clinicalpsychiatrynews.com/views/commentaries/single-article/editorial-thoughts-on-self-disclosure-for-psychiatrists/36388f6a86.html>

<http://www.ap.psychiatryonline.org/article.aspx?articleid=86695>

<http://www.counselormagazine.com/component/content/article/65-professional-development>