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## Therapist Self-Disclosure with Children and Adolescents: A Guide

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# Therapist Self-Disclosure with Children and Adolescents: A Guide

## Abstract

Therapist self-disclosure is a multifaceted aspect of psychotherapy that holds significant implications for therapeutic rapport, alliance, and client outcomes. The use of self-disclosure by therapists in working with children and adolescents has received little attention in the literature. This paper examines the theoretical underpinnings and therapeutic rationale behind therapist self-disclosure, highlighting its potential benefits and risks in the context of child and adolescent therapy. It delves into developmental considerations, exploring different factors that may influence the appropriateness and effectiveness of self-disclosure interventions. Building upon this foundation, the paper offers a practical guide to assist clinicians in judiciously incorporating self-disclosure into their therapeutic practice with young clients. This includes considerations for timing, content, and purpose of disclosures, as well as ethical and cultural factors that shape the therapeutic process. Furthermore, the guide addresses common challenges and concerns that clinicians may encounter when navigating self-disclosure with children and adolescents, such as boundary setting and addressing client reactions and responses. By synthesizing theoretical insights with practical guidance, this paper aims to empower clinicians to harness the potential of therapist self-disclosure as a valuable tool for fostering connection, trust, and therapeutic progress in their work with children and adolescents. Ultimately, it advocates for a thoughtful and client-centered approach to self-disclosure that prioritizes the unique needs and developmental considerations of young clients.

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**THERAPIST SELF-DISCLOSURE WITH CHILDREN AND ADOLESCENTS:  
A GUIDE**

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GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY  
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IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE  
DOCTOR OF PSYCHOLOGY

BY  
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## **Abstract**

Therapist self-disclosure is a multifaceted aspect of psychotherapy that holds significant implications for therapeutic rapport, alliance, and client outcomes. The use of self-disclosure by therapists in working with children and adolescents has received little attention in the literature. This paper examines the theoretical underpinnings and therapeutic rationale behind therapist self-disclosure, highlighting its potential benefits and risks in the context of child and adolescent therapy. It delves into developmental considerations, exploring different factors that may influence the appropriateness and effectiveness of self-disclosure interventions. Building upon this foundation, the paper offers a practical guide to assist clinicians in judiciously incorporating self-disclosure into their therapeutic practice with young clients. This includes considerations for timing, content, and purpose of disclosures, as well as ethical and cultural factors that shape the therapeutic process. Furthermore, the guide addresses common challenges and concerns that clinicians may encounter when navigating self-disclosure with children and adolescents, such as boundary setting and addressing client reactions and responses. By synthesizing theoretical insights with practical guidance, this paper aims to empower clinicians to harness the potential of therapist self-disclosure as a valuable tool for fostering connection, trust, and therapeutic progress in their work with children and adolescents. Ultimately, it advocates for a thoughtful and client-centered approach to self-disclosure that prioritizes the unique needs and developmental considerations of young clients.

## Introduction

For decades, the use of self-disclosure in psychotherapy has been a standing debate amongst therapists. Sigmund Freud famously declared that the stance of an ideal therapist “should be opaque to his patients, and like a mirror, should show them nothing but what is shown to him” (Freud, 1912/1958, p. 118). Under the traditional analytic definition of self-disclosure, the therapist should remain neutral and become a “blank slate”, avoiding any reveal of personal information or opinions. Instead, the role of the therapist is to merely reflect and interpret. Further, proponents argue that this minimizes transference and countertransference issues (Bridges, 2001; Goldstein, 1994; Maroda, 1999; Renik, 1999). As a result, many therapists have been trained not to self-disclose, as under this stance, disclosure of the therapist’s self may be considered defiant.

A humanistic approach to psychotherapy would later question whether the Freudian “clean slate” stance was one that fostered trust and promoted empathic understanding. During the 1930s to 1950s, some analysts advocated for self-disclosure, particularly to validate the client's reality and address empathic challenges (Little, 1951; Tauber, 1954). In the late 1950s, Rogerian therapists pioneered the implementation of self-disclosure, adopting the perspective that the judicious use of therapist self-disclosure encourages clients to open-up, fosters trust, establishes perceived similarity, enhances credibility, and promotes empathic understanding (Kottler, 2003; Knox et al., 1997). Petty et al., (1993) noted that through self-disclosure, analysts could acknowledge their role in the emotional experiences of their clients, even unintentionally. Additionally, feminist and multicultural therapeutic approaches have increasingly emphasized the importance of therapist self-disclosure (Sullivan and Mahalik, 2000). Despite these early endorsements, mainstream analysts continued to prioritize neutrality over self-disclosure.

Discussion surrounding the use of therapist self-disclosure resurfaced in the analytic world in the later 1980s and early 1990s, primarily with the work of analysts like Ehrenberg (1992), Jacobs (1999, 1995) and Maroda (1991, 1999). Similarly, Dr. Sidney Jourard's seminal work, "Self-Disclosure: An Experimental Analysis of the Transparent Self", delved into the concept of revealing personal information in interpersonal relationships. Jourard emphasized the importance of self-disclosure in interpersonal relationships, asserting that the willingness to share one's thoughts and feelings is fundamental for establishing and nurturing meaningful connections. Jourard's work in therapeutic applications suggested that self-disclosure is pivotal in the therapeutic process. He proposed that therapists sharing aspects of themselves fosters authenticity and trust, contributing to a more effective therapeutic relationship.

While the ongoing debate regarding therapist self-disclosure versus maintaining complete neutrality continues, it is evident that therapists engage in self-disclosure. Although therapist self-disclosure remains relatively uncommon, comprising an estimated average of only 3.5% of therapist interventions over 90% of therapists acknowledge having employed self-disclosure through verbal statements that reveal something personal in therapy (Hill & Knox, 2002). Regardless of theoretical orientation, successful therapy hinges significantly on the nature of the therapeutic bond created. Nevertheless, conflicting empirical findings, varying theoretical interpretations, coupled with vague ethical guidelines (Domenici, 2006), and a lack of comprehensive training on the nature and utilization of therapist self-disclosure (Beutler et al., 1986), may leave therapists feeling exposed and apprehensive about engaging in self-disclosure (Hill and Knox, 2002).

Further, the existing literature on therapist self-disclosure in the context of working with children and adolescents remains limited and fragmented, presenting a notable gap in

understanding and guidance for clinicians. While research exists on self-disclosure in adult therapy, comparatively few studies focus specifically on its application and efficacy with younger populations. Moreover, the available literature frequently lacks consensus on best practices, leaving clinicians to navigate self-disclosure in child and adolescent therapy with limited empirical support or standardized guidelines. As such, understanding what constitutes self-disclosure and examining the existing literature can help inform clinicians and advance the understanding of therapist self-disclosure in therapy with children and adolescents.

This paper will provide a comprehensive exploration of therapist self-disclosure, beginning with a detailed definition of what constitutes therapist self-disclosure and an examination of the existing literature on the topic. It will delve into the proper use of self-disclosure in therapeutic settings, highlighting when and how it can be beneficial to clients. Special attention will be given to the use of self-disclosure with children and adolescents, considering developmental stages and cultural factors that may influence its effectiveness and appropriateness. Ethical considerations and potential concerns associated with therapist self-disclosure will also be discussed, ensuring that therapists understand the boundaries and risks involved. Ultimately, the paper will culminate in a practical guide for therapists, offering evidence-based recommendations and strategies for the effective and ethical use of self-disclosure in therapy.

### **What Constitutes Therapist Self-Disclosure?**

Therapist self-disclosure can be interpreted in various ways. Some define it narrowly as the deliberate sharing of information for therapeutic purposes, termed intentional self-disclosure. Conversely, a broader definition, as proposed by Stricker and Fisher (1990), sees it as any form of revealing the therapist's self. This broader view encompasses both intentional and

unintentional disclosures, whether verbal, nonverbal, purposeful, accidental, conscious, or unconscious, and may include information obtained from sources other than the therapist directly. Thus, under this definition, all clinicians engage in self-disclosure to some extent, even unknowingly.

This paper adopts the core definition of therapist self-disclosure as *purposeful sharing of personal information or experiences by a therapist within the therapeutic relationship to enhance the therapeutic alliance and facilitate meaningful progress in therapy*. Embracing this definition acknowledges the multifaceted nature of self-disclosure, which can span various topics such as the therapist's thoughts, emotions, life experiences, or reactions. The overarching goal of such disclosures, as emphasized in this paper, is to foster therapeutic rapport, empathy, and mutual understanding between the therapist and the client. Through intentional and judicious use of self-disclosure aligned with this definition, clinicians are empowered to enhance the therapeutic alliance and facilitate meaningful progress in therapy.

Understanding how to use self-disclosure effectively can strengthen the bond between the therapist and client, fostering authenticity and trust. Examining the use of self-disclosure in previous literature can provide insight into ways in which therapists can exercise discernment in using disclosure, ensuring that the disclosure is genuinely in the client's best interest and not driven by the therapist's own needs or desires.

### **Literature on Therapist Self-Disclosure**

Understanding when and how self-disclosure is therapeutic has become the focus of recent discussions in the field. Rather than debating whether it should be used, attention is now directed towards discerning the appropriate timing and manner of its implementation. While various definitions of self-disclosure are used throughout the existing literature and definitive



answers may be elusive, examining previous studies and clinical observations may provide valuable insights into effective self-disclosure practices. This information can guide therapists in formulating reasonable guidelines for self-disclosure and other therapeutic techniques.

The existing literature on therapist self-disclosure encompasses a range of sources, including theoretical articles, case studies, and empirical research (e.g., Bridges, 2001; Brown, 1994; Goldstein, 1997; Watkins, 1990). In surveys querying therapists about their use of disclosure, a majority reported engaging in it, often providing theoretical justifications grounded in their perceived impact on clients (Mathews, 1988; Simi & Mahalik, 1997; Simone et al., 1998).

In a study conducted by Jean Hanson (2005), eighteen clients (16 women, two men) who were in therapy in two Canadian cities experienced 157 incidents of both disclosure and non-disclosure. The incidents were first coded as helpful or unhelpful by the clients. Cross-tabulation of the results showed that disclosures were more than twice as likely to be experienced as helpful and non-disclosures were twice as likely to be unhelpful.

In a later study by Hill, Knox, and Pinto-Coelho (2018), thirteen adult psychotherapy clients engaged in long-term therapy underwent two interviews, employing semi-structured protocols, to explore their encounters with beneficial instances of therapist self-disclosure. Findings revealed that such disclosures were deemed helpful when clients were addressing significant personal matters, perceived as efforts by therapists to normalize or provide reassurance, and involved the revelation of personal, non-immediate information about the therapists. These disclosures yielded positive outcomes for clients, including gaining insights or new perspectives for making changes, enhancing or equalizing the therapeutic relationship, as well as fostering normalization and reassurance.

Recently, some writers have suggested that, in some situations, failure to disclose may actually be detrimental to clients. Case studies, exemplified by works such as Goldstein (1994) and Isay (1991), provide anecdotal evidence of the harm stemming from a refusal to disclose. Furthermore, empirical studies examining the therapeutic alliance reveal that when therapists fail to address clients' needs, as demonstrated by Coady and Marziali (1994), or rigidly adhere to transference interpretations without acknowledging the genuine therapeutic relationship, as observed by Ackerman and Hilperton (2001), the alliance suffers.

Studies that examine therapist self-disclosure in working with children and adolescents are not as plentiful as those focused on adults. However, some research has explored the impact of therapist self-disclosure on the therapeutic process and outcomes for youth. One study by Haeyen et al. (2015) investigated therapist self-disclosure in child and adolescent therapy. The researchers found that moderate levels of therapist self-disclosure were associated with positive therapeutic outcomes, including improved rapport and engagement, for youth clients.

Further, Capobianco (2005) explored therapist self-disclosure in child therapy, emphasizing its role in enhancing the therapeutic alliance and promoting positive treatment outcomes. The researchers found that appropriate self-disclosure, particularly when related to the child's experiences or emotions, contributed to increased rapport and engagement in therapy. Moreover, they observed that self-disclosure facilitated a deeper sense of connection between the therapist and the young client, ultimately fostering a more supportive therapeutic environment.

Another significant study by Loewenthal and Cinnirella (1999) investigated therapist self-disclosure in working with children, focusing on its role in building rapport and trust between the therapist and the young client. Their findings suggested that appropriate self-disclosure, particularly when sharing personal experiences relevant to the child's concerns, could

enhance the therapeutic alliance and foster a sense of connection. Furthermore, they observed that self-disclosure facilitated a deeper level of engagement and collaboration in therapy sessions, ultimately contributing to positive treatment outcomes. Similarly, research by Hill et al. (2008) examining therapist self-disclosure in working with children with emotional and behavioral difficulties revealed that judicious self-disclosure, particularly when used to validate the child's experiences, could enhance the child's engagement in therapy and promote greater insight and self-awareness. Moreover, the researchers found that self-disclosure of therapist reactions and emotions helped establish a supportive and empathetic therapeutic environment, conducive to the child's emotional growth and development.

In the context of working with adolescents, one notable study by Knox et al., (1997) examined therapist self-disclosure in adolescent therapy, focusing on its role in building rapport and trust between therapists and adolescent clients. The findings of their research suggested that appropriate self-disclosure, especially when sharing personal experiences relevant to the adolescent's concerns, could contribute to the development of a strong therapeutic alliance. Moreover, they observed that self-disclosure facilitated greater openness and engagement in therapy sessions, ultimately enhancing the effectiveness of treatment.

In a similar vein, research by Hatcher and Lassiter (2007) explored therapist self-disclosure in working with adolescents struggling with various mental health issues. Their study highlighted the importance of judicious self-disclosure in promoting adolescents' active participation in therapy and facilitating their exploration of sensitive topics. Additionally, they found that self-disclosure of therapist reactions and emotions helped validate adolescents' experiences and fostered a sense of empathy and understanding within the therapeutic relationship. Likewise, a study by Goldfried et al. (2003) examined therapist self-disclosure in

the context of cognitive-behavioral therapy for adolescent depression and found that therapist self-disclosure, when used judiciously and appropriately, could enhance the therapeutic alliance and contribute to treatment effectiveness in this population.

In summary, the literature demonstrates that therapist self-disclosure can be beneficial in working with clients, including children and adolescents. Understanding how to use self-disclosure judiciously can serve to enhance therapeutic rapport, strengthen the therapeutic alliance, and promote a deeper sense of trust and connection between therapist and client.

### **The Proper Use of Self-Disclosure**

There is a growing acknowledgment that therapist self-disclosure constitutes an integral aspect of the therapeutic relationship. It is now being portrayed in a more nuanced and balanced manner, recognizing its value when employed with clinical wisdom and skill. This perspective is echoed by numerous psychological theorists who emphasize the importance of judicious and skillful self-disclosure in therapy (e.g., Goldfried et al., 2003; Farber, 2006). Therapist self-disclosure is regarded as valuable for demonstrating congruence (Rogers, 1961) and transparency (Jourard, 1971). Advocates suggest that self-disclosure can build rapport, enhance empathy, and normalize clients' experiences, ultimately promoting a more collaborative therapeutic environment.

In therapy, self-disclosure goes beyond mere sharing of personal information or experiences; it involves crafting disclosures strategically to improve therapeutic results. This paper emphasizes the use of self-disclosure for expression of emotions and therapeutic insight when working with children and adolescents. Scholars like Maroda (1999), and Miletic (1998) suggest that when therapists express emotion towards their clients, they contribute to fulfilling a

cycle of affective communication that may be deficient in their childhood. Through timely emotional expression, therapists may provide emotional education and address potential developmental deficits that exist. Further, recognizing and effectively conveying emotions can play a significant role in challenging societal stigmas attached to them (Bloomgarden and Mennuti, 2009). The apprehension among children and adolescents that certain emotions might overwhelm therapists is alleviated by their capacity to manage and express these emotions in a mature manner. For example, in therapy with a 14-year-old experiencing anxiety, the therapist openly may discuss their understanding and experiences of anxiety, normalizing the emotion and demonstrating healthy coping strategies. This helps assuage the client's apprehension about discussing their own anxiety, knowing it's a common experience that can be managed with support.

Thoughtful and deliberate sharing of experiences with clients serves multiple objectives: it aids in completing the cycle of emotional communication, showcases adept emotional regulation, and can facilitate neurological shifts (Hill and Knox, 2001; Henretty & Levitt, 2010). Therapist self-disclosure can be profoundly therapeutic, particularly when the disclosed information resonates with the client's own life experiences or when it allows the therapist to become emotionally vulnerable. In these instances, the sharing of personal experiences or emotions can foster a deep sense of connection and understanding between the therapist and client (Bridges, 2001). When clients perceive that their therapist has experienced similar struggles or emotions, it can create a space for empathy and validation, enhancing the therapeutic relationship. Additionally, when therapists allow themselves to be emotionally vulnerable, it can demonstrate authenticity and trustworthiness, encouraging clients to feel safe in expressing their

own vulnerabilities. Through such genuine and reciprocal exchanges, clients may experience a profound sense of validation, acceptance, and empowerment in their therapeutic journey.

It is crucial that therapists find a balance in their use of self-disclosure, as both excessive sharing and discretion can impede the effectiveness of therapy. Therapists need to customize their approach to self-disclosure for each individual client, taking into consideration their distinct needs and developmental appropriateness. To do so, therapist must approach each case with sensitivity and flexibility, acknowledging the unique needs and preferences of each client, and use intentional and mindful disclosure.

Ultimately, cultivating a productive working alliance built on mutual respect, therapist self-disclosure can empower clients, including children and adolescents, as they navigate their journey toward healing and personal development.

#### *Therapist Self-Disclosure with Children*

Self-disclosure can enrich various therapeutic tasks with children, such as fostering engagement, guiding play activities, and using emotionally resonant language. Effective communication in psychotherapy with children involves speaking in a manner that elicits emotional responses (Papouchis, 1990). Another significant aspect of child psychotherapy involves enhancing self-esteem by addressing overly rigid or excessively perfectionistic standards. Children often idealize adults, including therapists, and disclosing the therapist's own shortcomings, conflicts, and failures can be beneficial in this regard (Gaines, 2003).

#### *Therapist Self-Disclosure with Adolescents*

Most teenagers are not naturally inclined to share personal information with unfamiliar adults upon entering a therapy session. Rather than seeking to pry into the therapist's personal life, they often aim to establish a level of mutual dialogue to build rapport before feeling comfortable enough to disclose their own thoughts and feelings (Gaines, 2003). When working with adolescents, the therapeutic dynamic shifts towards verbal interaction resembling that of adults. The therapist's openness, accessibility, and genuine engagement in the adolescent's life are crucial for establishing a positive relationship and overcoming negative projections (Gaines, 1999; Kantor, 1995). Consideration of initial apprehension, differentiation from parents, encouragement of constructive growth, and fostering self-awareness should be incorporated into using self-disclosure with this population.

During adolescence, finding new adult role models is important. Therapists can fulfill this role by disclosing aspects of their values, interests, work habits, and relational style, providing adolescents with meaningful points of identification (Dutton, 2018). Initially, therapists may be perceived as extensions of parents, carrying negative attributes. To establish a positive relationship, therapists must differentiate themselves from parents by adopting a slightly anti-authoritarian stance while still embodying values and commitments that align with the client's therapeutic goals and mainstream society to avoid encouraging unproductive behavior. As a result, thoughtful use of self-disclosure can help adolescents perceive the therapist as relatable and foster a constructive therapeutic relationship.

### **Caution in Using Self-Disclosure with Children and Adolescents**

Research underscores several specific scenarios where therapists should exercise caution or refrain from self-disclosure when working with children and adolescents. One such instance is when the disclosure could potentially blur professional boundaries or disrupt the therapeutic

relationship. As noted by Hill and Knox (2001), inappropriate or excessive self-disclosure can lead to confusion for young clients, who may struggle to differentiate between the roles of therapist and confidant. This blurring of boundaries can undermine the therapeutic alliance and hinder progress in treatment (Bridges, 1999). Further, sharing personal information that is unrelated to the therapeutic goals or the client's presenting issues might divert attention away from the client's needs and objectives for therapy, hindering progress (Crawford & Marecek, 1989). Moreover, overly personal disclosures by the therapist, especially those involving sensitive or distressing topics, could overwhelm or distress young clients, undermining their sense of safety and trust in the therapeutic process (Hill & Knox, 2001).

Similarly, a study by Barnett (2011) highlights the potential risks associated with inappropriate or excessive self-disclosure, emphasizing the importance of maintaining professional boundaries and considering the developmental stage and individual needs of adolescent clients. The researchers suggested that while self-disclosure can enhance rapport and empathy, it should be tailored to the unique circumstances and therapeutic goals of each adolescent to ensure its effectiveness and avoid potential negative consequences.

When using self-disclosure in therapy with youth, it is crucial to exercise caution due to the complex dynamics it can introduce. Youth clients may react to therapist self-disclosure in varied ways, ranging from emulation to opposition. This reaction is influenced by their developmental stage, personal experiences, and the nature of their therapeutic relationship.

For some youth, hearing about a therapist's personal experiences can create a sense of connection and validation. They might feel understood and less alone in their struggles, which can foster a positive therapeutic alliance. However, self-disclosure can also have unintended



negative consequences. Youth who present with patterns of defiance and oppositional behavior towards authority figures might view the therapist's self-disclosure as a challenge to their autonomy. Instead of fostering connection, it could provoke resistance or pushback. For instance, if a therapist shares a personal strategy for managing anger, a youth with oppositional defiant disorder might deliberately reject or oppose this strategy to assert their independence. Additionally, comparisons between the therapist and the client can lead to feelings of inadequacy or competitiveness, particularly if the youth perceives the therapist's experiences or successes as unattainable. Thus, therapists must carefully consider the content and timing of their self-disclosures on an individual basis.

When considering using self-disclosure, it is crucial for therapists to avoid directly contradicting a client's negative self-assessment. For example, reassuring a client who expresses that they are stupid that they are smart can invalidate their feelings and create resistance. Further, when therapists use self-disclosure to communicate shared experiences, such as having divorced parents, it can potentially lead to unspoken assumptions. Clients might believe the therapist's advice is biased by their own issues or feel misunderstood if their experiences differ. This delicate balance requires therapists to carefully weigh the benefits and drawbacks to ensure their self-disclosure supports the therapeutic process.

### *Developmental Considerations*

Developmental considerations are paramount in determining the appropriateness of self-disclosure. A study by Capobianco & Farber (2005) highlighted the potential risks associated with inappropriate or excessive self-disclosure, emphasizing the importance of considering developmental factors and maintaining professional boundaries. The researchers suggested that

while self-disclosure can facilitate rapport and empathy, it should be carefully tailored to the child's age, maturity level, and therapeutic goals to ensure its effectiveness and avoid unintended negative consequences.

While there is no universal consensus on a specific age threshold, studies indicate that older children, typically those in late childhood or early adolescence, may be better equipped to understand and process therapist self-disclosure compared to younger children (Ryan et al., 2012). Older children demonstrate increased cognitive abilities, emotional awareness, and capacity for abstract thinking, which enable them to comprehend the therapist's disclosures within the context of therapy (Knox & Hill, 2003). Therefore, therapists working with older children may consider incorporating judicious self-disclosure as a means of building rapport, fostering empathy, and promoting therapeutic engagement.

Conversely, research suggests that self-disclosure with younger children, particularly those in early to middle childhood, should be approached with caution due to their limited cognitive and emotional development (Brown and Gibson, 2009). Younger children may struggle to understand complex or emotionally laden disclosures, potentially leading to confusion or distress (Levitt et al., 2006). Therefore, therapists working with younger children are advised to exercise discretion and opt for simpler, developmentally appropriate forms of communication that align with the child's level of understanding (Gaines, 2003). By tailoring self-disclosure to the individual needs and developmental stage of each child, therapists can effectively navigate the complexities of disclosure and enhance the therapeutic process.

### *Cultural Considerations*

Additionally, cultural and familial norms play a crucial role in shaping the appropriateness of self-disclosure, particularly when working with children and adolescents.

Therapists must be mindful of cultural differences and family dynamics that may influence how disclosures are perceived or received by the client and their family (Lerman & Porter, 2001). Conflicting with cultural expectations or familial norms could inadvertently undermine trust and rapport in therapy.

In the context of working with children and adolescents, the impact of cultural and familial norms on therapist self-disclosure becomes even more pronounced due to the developmental stage and relational dynamics inherent in therapy with young clients. Children and adolescents are not only influenced by their individual cultural backgrounds but also by the broader cultural context of their families and communities (Lerman & Porter, 2001). Therapists must recognize and respect the unique cultural beliefs, values, and practices of each client and their family. Failure to acknowledge cultural differences or disregarding familial norms can lead to misunderstandings, resistance, or disengagement from therapy (Fuertes et al., 2019). For example, in collectivist cultures, where family cohesion and interdependence are prioritized, therapist self-disclosure that emphasizes individualism or autonomy may be perceived as counterproductive or disrespectful (Dwairy, 2010). Conversely, in individualistic cultures, where personal autonomy and self-expression are valued, a lack of therapist self-disclosure may be interpreted as aloofness or lack of empathy (Sue et al., 2019). Therefore, therapists must adapt their approach to self-disclosure to align with the cultural norms and values of each client and their family.

Furthermore, familial dynamics exert a significant influence on how therapist self-disclosure is received by children and adolescents. Family systems theory posits that families operate as interconnected units, and changes within one family member can reverberate throughout the entire system (Minuchin, 1985). Therapist self-disclosure has the potential to

disrupt or reinforce existing family dynamics, depending on how it aligns with the family's communication patterns, power dynamics, and relational norms (McGoldrick and Hardy, 2019). For example, in families where open communication and emotional expression are encouraged, therapist self-disclosure that models vulnerability and authenticity may strengthen family bonds and promote positive communication patterns (Liddle and Nettle, 2006). Conversely, in families where emotional expression is discouraged or met with skepticism, therapist self-disclosure may be met with resistance or skepticism, undermining the therapeutic relationship (Baxter, 1987).

In summary, therapists working with children and adolescents must navigate the intricate interplay between developmental, cultural, and familial norms when considering self-disclosure in therapy. By acknowledging and respecting the diverse developmental and cultural backgrounds and family dynamics of their clients, therapists can foster trust, rapport, and therapeutic progress in their work with young clients.

It is crucial to consider potential risks of inappropriate self-disclosure, such as sharing excessively personal information, which can harm the therapeutic alliance, and ethical considerations in working with youth.

### **Ethical Considerations and Concerns**

In numerous states across the country, mental health practices operate under the purview of extensive regulations that address a multitude of facets, including continuing education, supervision protocols, meticulous record-keeping standards, and guidelines for professional behavior. However, amidst these comprehensive regulatory frameworks, the issue of self-disclosure remains conspicuously unaddressed.

Within the majority of states, an intricate web of regulations governs the landscape of mental health practices. Yet, notably absent from these regulatory measures is a direct and

explicit focus on self-disclosure. Even the codes of ethics upheld by prominent professional associations lack explicit provisions regarding this matter. Nevertheless, the fundamental ethical imperative guiding therapists to prioritize the well-being of their clients and abstain from actions that may exploit or cause harm remains paramount across all realms of clinical practice, including the realm of self-disclosure.

While the American Psychological Association's (APA) Code of Ethics of 2002 does not offer explicit directives regarding self-disclosure, it does offer guidance by stipulating that therapeutic interventions, including self-disclosure, should be evaluated based on the prevailing professional judgment of psychologists engaged in similar activities under similar circumstances. This approach emphasizes the importance of contextual considerations rather than rigid adherence to specific theoretical orientations.

Decisions about whether to disclose personal information in therapy, just like any other decision that involves crossing boundaries, are mainly focused on what's best for the client. When therapists choose to share something about themselves, it's guided by moral and ethical principles that prioritize doing good and avoiding harm (APA, 2002). Therapists need to carefully consider whether sharing personal information is likely to help or hurt the therapy process, and then act accordingly.

One of the main worries about self-disclosing in therapy is making sure it actually helps the client and is not just about making the therapist feel better. That's why the therapist's reasons for sharing are important—it should always be about what's best for the client, not what the therapist wants (Bridges, 2001; Mallow, 1998; Zur, 2010). When therapists are making ethical decisions about whether to share something or not, they have to think about both the positive outcomes and possible risks that could come from sharing or keeping things to themselves.

Moreover, therapist self-disclosure in working with children and adolescents can raise ethical considerations regarding confidentiality and privacy. According to Hayes and Gelso (2008), disclosing personal information to young clients may inadvertently breach their confidentiality, as they may lack the maturity to keep such disclosures confidential. This poses a significant risk, particularly in cases where sensitive or confidential information is shared by the therapist. Additionally, therapist self-disclosure may inadvertently trigger emotional reactions or feelings of discomfort in young clients, potentially exacerbating their presenting issues rather than alleviating them (Geller & Greenberg, 2002).

### **When is Therapist Self-Disclosure with Children and Adolescents Beneficial?**

Despite ongoing discussion, self-disclosure is acknowledged as beneficial in specific contexts (Hill, 2001; Hanson, 2005; Myers & Hayes, 2006; Simon, 1988). Frequently cited rationales include modeling behavior, providing reassurance, fostering openness in the therapeutic bond, validating the client's perceptions, and overcoming obstacles. These considerations inform the essential guidelines for determining when self-disclosure can be advantageous. It's important to acknowledge that not all clients desire self-disclosure, and its effectiveness relies on a robust, positive therapeutic relationship (Myers & Hayes, 2006).

Self-disclosure in therapy can be beneficial when it enables the therapist to express empathy and comprehension, recognizing that certain circumstances can pose difficulties for many individuals, including the therapist themselves (Barkham & Shapiro, 1986). Through validating the client's emotional encounters, the therapist nurtures trust in the client's perceptions and feelings.

Additionally, self-disclosure may help to balance the power dynamics inherent in therapy, particularly in approaches where the therapist is viewed as an expert in emotion regulation (Dutton, 2018). Through the sharing of personal experiences, therapists may foster a feeling of equality and partnership within the therapeutic bond.

Moreover, therapists can strategically use self-disclosure to promote positive behaviors or discourage negative ones. By sharing experiences of successful behavior or offering insights into specific behaviors, therapists emphasize the collaborative nature of therapy and demonstrate their genuine investment in the client's progress.

Self-disclosure can also be used as an effective tool for teaching skills. In various settings, including individual sessions or group settings, therapists can incorporate personal experiences to elucidate concepts and problem-solving methods (Baldwin, 2000. Ziv-Beiman, 2013). By sharing both successful and unsuccessful strategies, they catalyze meaningful conversations on navigating obstacles and preparing for future endeavors. This collaborative approach fosters a deeper understanding of the material and equips clients with practical insights for their personal growth journey.

Employing self-disclosure in this way can significantly contribute to building rapport, empowering clients, and nurturing skill development, ultimately enhancing the therapeutic journey.

### **Limitations of the Empirical Research**

While the evidence regarding the impact of therapist self-disclosure in working with children and adolescents is intriguing and thought-provoking, several methodological issues need addressing to enhance the quality of future research endeavors.

Empirical research on therapist self-disclosure with children and adolescents is crucial for understanding its effectiveness and limitations. However, this literature faces significant challenges, including diverse definitions and operationalizations of self-disclosure across studies (Geller & Greenberg, 2002). For example, one study may define self-disclosure narrowly as sharing personal experiences, while another may include a broader range of therapist disclosures. This inconsistency impedes the accumulation of knowledge and the development of evidence-based practices in working with young clients.

Moreover, methodological limitations, such as reliance on self-report measures and correlational designs, constrain generalizability and causality as these may be subject to biases and inaccuracies (Hill & Knox, 2001). Further, the scarcity of longitudinal research hinders understanding of the long-term effects of self-disclosure on young clients' development and well-being (Hill & Knox, 2001).

### **Discussion and Future Direction**

The literature on therapist self-disclosure with children and adolescents suggests a nuanced understanding of its impact and implications in therapeutic settings. While self-disclosure can enhance rapport, trust, and therapeutic engagement, its efficacy is contingent upon various factors, including the developmental stage of the client, cultural considerations, and familial dynamics. Studies indicate that judicious self-disclosure, particularly when relevant to the client's concerns, can facilitate deeper engagement and collaboration in therapy sessions.

Future research on therapist self-disclosure in working with children and adolescents should prioritize addressing the limitations identified in existing literature and advancing our understanding of its impact on therapeutic outcomes. To overcome the diversity of definitions



and operationalizations of self-disclosure, future studies could aim for standardized definitions and methodologies. Additionally, researchers should employ longitudinal designs to track the long-term effects of self-disclosure on young clients' development and well-being, providing insights into its enduring impact.

Future study should also explore therapist self-disclosure in play therapy with children to understand its impact on trust, engagement, and therapeutic outcomes. By examining how self-disclosure influences children's emotional expression and connection with the therapist, play therapy's effectiveness may be enhanced and support children's emotional and psychological development more effectively.

Moreover, exploring the role of cultural and familial factors in shaping the appropriateness and effectiveness of self-disclosure would enhance cultural sensitivity and effectiveness in therapy. By addressing these avenues, future research can contribute to the development of evidence-based practices and guidelines for therapist self-disclosure with children and adolescents, ultimately improving therapeutic outcomes.

## Guide to Therapist Self-Disclosure with Children and Adolescents

*Therapist self-disclosure, the purposeful sharing of personal information or experiences within the therapeutic relationship, enhances the therapeutic alliance and facilitates meaningful progress in therapy. While a valuable tool in therapy with children and adolescents, it requires careful consideration of their unique needs, developmental stage, cultural background, and therapeutic goals. Therapists must judiciously assess therapeutic intent, risks, and benefits in each context. Here's a comprehensive guide based on literature to effectively navigate therapist self-disclosure:*

1. **Consider Motivation and Impact:** Before disclosing personal information, therapists should assess its intended purpose within the therapeutic context. Understand whether the disclosure aims to build rapport, validate experiences, model healthy behavior, or offer guidance to ensure its relevance to the client's progress. Therapists must also consider the potential impact on the client's well-being, ensuring that the disclosure fosters trust and validation rather than causing distress. *Example: When 10-year-old Sarah expresses anxiety about starting at a new school, the therapist considers sharing their own experience of managing similar anxiety to build rapport and model coping strategies. then says, "I sometimes feel anxious when I am in a new environment as well, but taking it one step at a time and practicing mindfulness helps me manage those feelings."*
2. **Use Genuine and Comfortable Demeanor:** Therapists should maintain authenticity and sincerity when disclosing personal information to children and adolescents. Convey genuineness and empathy through verbal and nonverbal cues, such as tone of voice, facial expressions, and body language, to create a safe and supportive atmosphere. *Example: When 14-year-old Alex shares his social anxiety, the therapist, with a warm smile and calm tone, says, "I know it can feel scary making new friends. When I have felt that way, it has helped me to find common interests with others." This creates a supportive atmosphere that fosters trust.*
3. **Take a Client-Centered Approach:** Prioritize the needs and well-being of the youth when deciding whether to use self-disclosure. Consider how the disclosure aligns with the client's therapeutic goals, preferences, individual needs, and developmental stage. Ensure that the motivation for self-disclosure is rooted in supporting the client's growth, understanding, and healing process. *Example: In a session with 8-year-old Jake, who struggles with feeling identification, the therapist shares, "It makes me feel a tightness in my chest that feels like sadness. What do you feel in your body?" in response to Jake recounting his father leaving. This client-centered disclosure supports Jake's growth and healing.*
4. **Assess Readiness and Relevance:** Assess the readiness of the client to receive disclosures by gauging their level of engagement, trust, and emotional stability. Ensure that self-disclosures are relevant to the therapeutic goals and needs of the client, avoiding unnecessary or tangential disclosures, as well as disclosures that may overwhelm the client. *Example: In a session with 14-year-old Leo, addressing his assumed role as the family caretaker, the therapist gauges his readiness for self-disclosure. Noting Leo's growing trust, the therapist considers sharing a personal experience of feeling like the family caretaker, but after consideration of his therapeutic goals and tendency to caretaker others, decides against it and focuses explicitly on Leo's experiences instead.*
5. **Use Sparingly and Purposefully:** Therapists should use self-disclosure judiciously, prioritizing the client's therapeutic goals and interests while avoiding emotional burden or distress. Use selective and purposeful disclosure that is appropriate and timed strategically to contribute meaningfully to the therapeutic process. Quality over quantity is essential, preventing overload and maintaining session continuity. *Example: In a session with 16-year-old Max, struggling with low self-esteem, the therapist shares, "I've also doubted myself, but challenging those thoughts helped me build confidence." This timed disclosure encourages Max's reflection without overwhelming them.*

6. **Understand Developmental Considerations:** Tailor self-disclosures to match the developmental age and maturity level of the client, ensuring that the information shared is appropriate to the client's individual needs. Use language and examples that are age-appropriate and understandable, avoiding complex or abstract concepts that may be difficult for youth to grasp. Use caution when using self-disclosure with younger children, particularly those below middle childhood. *Example: In a session with 6-year-old Lily, who is experiencing separation anxiety, the therapist avoids using personal disclosures due to Lily's young age and limited understanding. Instead, the therapist employs age-appropriate language and simple explanations to address Lily's concerns, ensuring sensitivity to her developmental stage and individual needs.*
7. **Establish and Maintain Clear Boundaries:** Adhere to professional boundaries and ethical guidelines when considering whether to disclose personal information to children and adolescents. Disclosures should not blur the lines between therapist and client or create confusion about the nature of the therapeutic relationship. *Example: During a session with 14-year-old Emily, discussing family conflict, the therapist refrains from sharing personal family details, ensuring clear boundaries and focus on Emily's needs, maintaining the integrity of therapy.*
8. **Monitor Client Reactions:** Therapists should closely observe and adjust interventions based on client reactions to disclosures. Therapists must pay attention to verbal and nonverbal cues, exploring any negative reactions with empathy and nonjudgmental support. Flexibility is key, allowing therapists to adapt interventions based on client responses, ensuring the therapy remains client-centered and effective. *Example: During a session with 15-year-old Sarah, discussing anxiety, the therapist shares their experience managing anxiety. Sensing Sarah's discomfort, they quickly adjust, exploring her reaction with empathy. This flexibility ensures therapy remains effective and focused on Sarah's needs.*
9. **Validation and Normalization:** Use self-disclosures to validate reality, normalize experiences, strengthen alliances, and offer alternatives. Validation involves sharing experiences to acknowledge the child or adolescent's reality and feelings. Normalization demonstrates that their struggles are common, reducing feelings of isolation. Through validation and normalization, therapists can show empathy and understanding reassuring clients that they are not alone and their difficulties can be overcome. *Example: In a session with 16-year-old Maya, struggling with academic pressure, the therapist shares their own understanding of the pressures faced during high school, saying "I remember how hard it felt to balance all that comes with being in high school. Know that you are not alone in your experience." This reassures Maya that she's not alone and offers hope for overcoming her struggles.*
10. **Boost Self-Esteem and Motivation:** Use self-disclosure to highlight strengths and progress, encourage self-reflection, empower decision-making, and promote goal setting. Therapists can inspire clients by validating their strengths, affirming their abilities and reinforcing positive self-image, thus empowering them to overcome obstacles and achieve their goals. *Example: In a session with 14-year-old Blake, the therapist uses self-disclosure to highlight his strengths and progress and says, "I am so proud of all of the hard work you have done! I hope you are proud of yourself". By affirming Blake's abilities and reinforcing a positive self-image, the therapist empowers him to set and achieve goals.*
11. **Model Healthy Behaviors:** Therapist self-disclosure may be used to model positive behaviors, healthy coping strategies, and relationship-building skills for children and adolescents. By sharing personal experiences in a supportive environment, therapists demonstrate effective communication, problem-solving, and emotional expression, empowering clients to develop their own skills and confidence in navigating challenges and forming positive relationships. *Example: In a session with 12-year-old Ava, struggling to communicate with her mother, the therapist models healthy behaviors by sharing examples of effective communication, sharing, "I find that deep breathing and using 'I feel' statements help me feel regulated in difficult conversations. What do you think may help you?" This empowers Ava to develop her own skills and confidence in navigating challenges and forming positive relationships.*

12. **Convey Empathy and Understanding:** Consider how self-disclosure can enhance empathy and understanding in the therapeutic relationship. Will sharing personal experiences help the child or adolescent feel understood, validated, and accepted? By empathizing with the client's experiences and emotions, therapists can establish a deeper connection and create a safe space for exploration and growth. *In a session with 14-year-old Alex grieving the loss of a pet, the therapist shares, "Losing a pet is really tough. It is normal and okay to feel sad, and I am here for you. What has helped me with loss in the past is giving myself the space I need to grieve in my own way. Let's talk about what you may need at this time." This empathy-driven disclosure validates Ava's emotions and fosters connection, creating a safe space for them to process their grief.*
13. **Provide Guidance:** Therapist self-disclosure can be helpful in providing guidance and/or solutions to presented by offering real-life examples and insights. Through sharing personal experiences, therapists can provide relatable perspectives that help young clients understand different approaches to their challenges. It can also serve as inspiration and encouragement, demonstrating that overcoming obstacles is possible. *Example: In a session with 16-year-old Ethan, who is struggling to complete school-related tasks, the therapist shares, "When I was in high school, breaking tasks into smaller steps helped me manage my workload. I wonder if that might work for you too." This self-disclosure offers guidance and relatable perspective, showing Ethan different approaches to his challenges.*
14. **Foster Open Communication:** Therapists should aim to create a safe and supportive environment where children and adolescents feel comfortable sharing their thoughts, feelings, and experiences. Responding to client disclosures with similar disclosures can help normalize the sharing of personal information and encourage openness in the therapeutic relationship. Respond to client disclosures with similar disclosures to encourage openness. *Example: In a session with 11-year-old Lily, who is hesitant to discuss her anxiety, the therapist responds, "Thank you for sharing that with me, Lily. I want you to know that it's okay to feel anxious. In fact, I've also experienced anxiety in the past, and talking about it really helped me." This fosters open communication by normalizing Lily's experience and encouraging her to continue sharing.*
15. **Build Rapport and Strengthen Alliance:** Sharing appropriate personal information can create a more collaborative dynamic, easing apprehension and encouraging open communication. Thoughtful self-disclosure fosters trust and rapport, establishing a genuine connection that supports clients' growth and healing, especially those struggling with relationship difficulties. Further, it can help distinguish the therapist from other authority figures. *Example: In a session with 13-year-old Riley, who has social anxiety, the therapist notices her drawings and shares, "I love to draw too; it helps me relax. What's your favorite thing to draw?" This common interest fosters rapport and helps Riley feel more comfortable and open in therapy.*
16. **Use Cultural Sensitivity:** Take into account cultural factors and norms when considering self-disclosure. Reflect on how cultural background may influence the client's receptiveness to self-disclosure and adjust your approach accordingly. Ensure that the motivation for self-disclosure respects and honors the client's cultural values, beliefs, and preferences. *Example: In therapy with 17-year-old Dakota, who comes from a culturally diverse background, the therapist respects cultural values by refraining from conflicting self-disclosure and prioritizing validating his experiences within his cultural context. If Dakota discusses religious expectations, the therapist might say, "I understand religious expectations can be complex, especially in your culture. It's important to respect your privacy while supporting you through these challenges." This approach prioritizes Dakota's cultural identity and fosters a supportive therapeutic relationship.*

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