

Disclosure to Colleagues and Patients

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Disclosure

- Brian Fingerson, RPh; and Marie Ruf, LCSW, LMFT declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria

Goal

Goal: To gain a deeper understanding of the advantages and disadvantages of the disclosure of one's own addiction to colleagues and patients.

Objectives

1. The participant will identify ethical dilemmas as relates to disclosure.
2. The participant will explore possible consequences of disclosure.
3. The participant will learn what differences there may be among the various professions in disclosing to colleagues and patients.
4. The participant will learn appropriate resolutions for legal, moral, and ethical dilemmas encountered with disclosure.
5. Setting of personal and professional boundaries both within the office and outside of the office.

Disclosure: definitions

- **Exposure** – the disclosing of something secret
- **Divulge** – disclose something secret or private
- **Revelation** – a dramatic disclosure of something not previously known

Tradition Eleven of Alcoholics Anonymous and Al-Anon

- **AA:** “Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.”
- **And from the Tradition Eleven of Al-Anon:** “We need guard with special care the anonymity of all AA members.”

Addiction Counselor Disclosure

- The February 2010 issue of Counselor contained an article by William A. Rule titled **“Self-Disclosure in Addictions Counseling: To Tell or Not to Tell.”** We are grateful to Rule for addressing the therapeutic advantages and disadvantages of counselor self-disclosure and for his contribution to the continued discussion of counselor boundaries. However, we disagree with Rule’s statement in the final paragraph of his article, ***“Therapists and counselors who are also recovering addicts and alcoholics and who wish to be considered professional and effective should not, under any circumstances, self-disclose to his or her client that they are in recovery.”***

“Self-disclosure revisited”

- “We believe that a recovering counselor’s *selective self-disclosure* of their recovery can be an effective tool in promoting client recovery. We share our observations with the goal of promoting much-needed dialogue of this important subject.”

Counselor self-disclosure in general

They have concluded that it is an oversimplification to merely flatly assert, “no-self-disclosure,” and states that “decisions about the therapeutic use of self-disclosure need to be made on a case-by-case basis in the content of the type of therapy offered.”

The question behind the question

- The decision by a recovering counselor “*not to tell under any circumstances*” when asked if they are in recovery ignores the nature of what often prompts the client to ask the question. The question behind the question is the issue of counselor competency. When a client asks a counselor if they are in recovery, the inquiry is often an attempt by the client to establish trust in the relationship, and confirm that his counselor is able to help. If the counselor responds appropriately, the ensuing dialogue can encourage the client to explore the nature of the therapeutic client/counselor relationship, fundamental boundaries and counseling expectations.

For instance

- If the counselor responds to the question, ***“Are you in recovery?”*** with ***“That’s a very good question. Thanks for asking. I wonder what prompted you to ask that?”*** the client could perceive the counselor response as an invitation to explore deeper their motivation for asking the question. This could be an occasion for the client to clarify their assumptions and expectations about the counseling process. **Then, based on the work done by the client in the session, the counselor can decide “to tell or not tell”** based on an informed judgment as to what’s best for the client.

Guidelines for effective self-disclosure

- Decisions about the therapeutic use of self-disclosure are appropriate and need to be made on a situation-by-situation basis, based on what's best for the client. It is beneficial for clients to explore the ***“question behind the question.”*** Here are suggested guidelines for therapeutic self-disclosure (Gutheil & Brodsky, 2008):

1. More is Less; Less Is More

- Limit your self-disclosure to information that you believe will be helpful to the client by sharing the “mountain tops” of your experience, not the “valleys.” You do not want to shift the focus to yourself for too long, but rather, keep the focus on the client.

2. Maintain Appropriate Boundaries

- Decide for yourself what information you will not share with the client. This information might include your financial condition, sexual preference, past legal problems, conflict with employers, etc. Firm boundaries will create safety in the relationship for the client.

3. Remember Which “Hat You Are Wearing.”

- If you are in recovery and thereby are subject to a “dual relationship,” always be aware of which relationship you are in. For instance if you see a client at a 12 Step meeting, remember that you are not acting as a professional counselor in that setting.

4. There are Different Levels of Self-Disclosure

- Remember, there are different levels of self-disclosure which are often associated with differing results. For instance, sharing you once received a traffic ticket for speeding might have a far lesser impact upon your relationship with a client than sharing you were once incarcerated for DUI.

5. Remember the principle of “cui bono”

- Which benefits from this disclosure. Is disclosure serving the needs of the counselor or the client? Is it being done for the sake of the client, to build the therapeutic alliance, to enhance the therapy process? Does it work?

Peer to Peer | Mentoring

- By: Jim Jensen from www.RenewEveryDay.com
- Recovery mentoring is about using wisdom — the process of tempering knowledge plus experience. Jim Jensen has seen three variations.
- *Self-Disclosure: The Good, Bad & Ugly on Aug 11, 2011*

The Good

- The type that is used judiciously, at the “right” time, and for the benefit of the client. If the self-disclosure doesn’t benefit the client or a particular situation, it isn’t used.

The Bad

- Used pretty much anytime, for the unconscious purpose of trying to heal the counselor's own wounds and not tied to a legitimate client issue but rather injected at any opportune time for the counselor.

The Ugly

- This is where “professional” self-disclosure has bonded personal opinion to professional judgment, hardening into a rigid, “I know what’s right” dogma.

Ethical and Liability Questions

- Professionals being recruited into the addictions field with limited time in remission of their disease.
- Vetting of facilities to which one would refer as to appropriate credentials of the treatment staff.

Questions?

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References

- www.counselormagazine.com/columns-mainmenu-55/1091?..
- <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol31998/No3Dec1998/Privacylssues.html>

References

- <http://www.reneweveryday.com/blogs/peer-to-peer-mentoring/selfdisclosure-the-good-bad-ugly/>