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Counselor self-disclosure (CSD) is such a nuanced skill that it is pervasively labeled as controversial. Though this controversy is often described as an inconsistency around defining the construct of CSD (Bottrill et al., 2010; Henretty & Levitt, 2010; Jowers et al., 2019; McCarthy Veach, 2011; Newberger, 2015; Somers et al., 2014), generally, authors and scholars tend to use the same operational definition of CSD. The simplest and most often used definition is that counselor self-disclosure is the verbal revelation to the client of personal information unrelated to the therapy (Audet, 2011; Edwards & Murdock, 1994; Knox & Hill, 2003). As many scholars and authors agree on this definition, the real fuzziness is around how counselors can ethically and effectively utilize CSD in session with clients. At the root of the controversy of CSD is a lack of best practices or guidelines for how to teach novice counselors to satisfactorily use this skill. Based on the existing conceptual and empirical CSD literature, I have developed a model for teaching and applying CSD. The Contextual Model of Counselor Self-Disclosure (TCM of CSD) is a four-phase application model that can be used to guide CITs on how to think through CSD decisions in the moment. Accordingly, I have developed a teaching intervention to test the viability of the model with pre-practicum CITs who have not yet started seeing clients.

This researcher conducted an embedded mixed methods quasi-experimental intervention study. Sampling first-year master's students, I collected pretest and posttest data from the intervention group and a control group of comparable first years from neighboring regional counseling programs. The intervention group received the TCM of CSD-based teaching intervention while the control group received "CSD teaching as usual." This researcher

compared participants' preparedness to think through CSD decisions in session with clients as well as their thought content in response to a vignette that described a possible CSD decision-making situation. I analyzed the differences within each group between pretest and posttest data collection, as well as the differences between groups as a result of receiving the teaching intervention compared to receiving teaching as usual.

The results indicate an impact of the TCM of CSD teaching intervention on preparedness, complexity of thought in CSD decision-making, and whether or not participants would utilize CSD. This researcher found a statistically significant increase in preparedness within each group from pretest to posttest. The difference between groups at pretest was insignificant, indicating that the two groups were comparable, and the difference between groups at posttest is approaching significance. Though both groups' thoughts fell into multiple phases of the TCM of CSD framework, the intervention group demonstrated more complex thinking with thoughts categorized in multiple phases of the model more often than those in the control group. Similarly, the group that received the TCM of CSD teaching intervention was more verbose and complex in response to the Process Questions posed to evaluate how they thought through a CSD decision. Limitations, specifically regarding sample size, implementation, and the challenges of modifying an existing measure are outlined, along with suggestions for future research to continue testing the viability of the model and the teaching intervention. The work contributes to scholarly efforts by beginning to elucidate best practices for teaching CSD and providing insight around how CITs go from learning about CSD to applying it in a nuanced, ethical, and intentional way.

TEACHING THE *HOW* FOR MAKING IN-SESSION COUNSELOR SELF-DISCLOSURE DECISIONS: A MODEL FOR DEVELOPING PROCEDURAL KNOWLEDGE OF COUNSELORS IN TRAINING

by

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Approved by

Dr. L. DiAnne Borders
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DEDICATION

For Susanna. Love you forever, miss you already.

APPROVAL PAGE

This dissertation written by Lindsey M. Grossman has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

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CHAPTER I: INTRODUCTION

Counselor self-disclosure is like the family secret of the counseling world. Some practitioners and educators who have strong opinions or experience face the topic head on, while most remain hush-hush about the whole thing and even recommend nondisclosure (Hill et al., 2018; Knox & Hill, 2003). Many existing articles on the subject of counselor self-disclosure (CSD), both empirical and conceptual, in counseling as well as other talk therapy-related disciplines, begin with some mention of controversy or debate about the skill. In addition, some scholars indicate that the definition of CSD is inconsistent or conflicted (Henretty & Levitt, 2010; Jowers et al., 2019; Newberger, 2015; Somers et al., 2014), while others point to a lack of clarity or confusion about what constitutes CSD itself (Bottrill et al., 2010; McCarthy Veach, 2011). Thus, the existing controversy around CSD is further complicated in that it is oft named though rarely operationalized or clarified in specific terms. In reality, however, there are trends around the accepted definition and existing models for categorizing the different possible content of CSD (Hill & Knox, 2002; Knox & Hill, 2003). Generally, authors defining CSD point to a counselor's verbal revelation of personal information unrelated to the counseling relationship. Additionally, most authors agree that *self-disclosure* is separate from the skill of *immediacy,* which is when the counselor brings attention to their personal reaction to the client in the counseling room (Audet, 2011; H. Berg et al., 2016; Bottrill et al., 2010; Bridges, 2001; Burkard et al., 2006; Cashwell et al., 2003; Duke & Murdock, 1992; Edwards & Murdock, 1994; Gelso & Palma, 2011; Hanson, 2005; Hill et al., 2018; Jowers et al., 2019; Kim et al., 2003; Knight, 2012a; Knox & Hill, 2003; Levitt et al., 2016; McCarthy Veach, 2011; Miller & McNaught, 2018; Peterson, 2002; Pinto-Coelho et al., 2018; Simonds & Spokes, 2017; Teyber & Teyber, 2014; Watkins, 1990).

Although definitions and models for categorizing CSD exist and have existed for decades (e.g., Knox & Hill, 2003; Watkins, 1990; Wells, 1994; Zur et al., 2009), there does not seem to be evidence that authors and researchers are using these models to help clarify the controversy that they see. Review of the existing literature suggests authors are repeatedly reinventing the wheel for how CSD content is categorized. Upon further examination, it appears that, on a deeper level, the oft discussed controversy is actually more about application of CSD than definition. One must sort through all the noise around definitions before getting to the deeper comprehension that it is less a misunderstanding of what CSD *is* and more a lack of concrete guidelines for *how to use it*. Beyond the seemingly baseless controversy of definition, then, there is mixed messaging in the literature regarding how to use CSD.

Scholars have examined counselors' motivations for use of counselor self-disclosure (CSD) from many angles. The most pervasive framework for talking about CSD is as an empathic performance skill or technique of counseling. Specifically, researchers have looked at CSD as a vehicle for humanizing the counselor and/or enhancing the therapeutic alliance (Henretty et al., 2014; Kronner & Northcut, 2015; Levitt et al., 2016; Pizer, 1997). Rarely do authors incorporate personal attributes, such as personality traits or attachment styles as frameworks for understanding the clinicians' use of CSD (Jowers et al., 2019; Teyber & Teyber, 2014), but it seems logical that these more fluid aspects of a counselor's personhood would influence their use of self in session with clients (Rogers, 1957). CSD has also been studied from a more developmental perspective, with attention being paid to experience level of the counselor as an important influence on their decision-making around disclosure (Bottrill et al., 2010; Pinto-Coelho et al., 2018). According to some authors, including myself, CSD ultimately is an ethical issue, as it involves boundaries and affects client wellbeing (Audet, 2011; Barnett, 2011;

Peterson, 2002; Zur et al., 2009). One of few consistencies in the literature is that, despite anecdotal evidence of advice to the contrary, research consistently shows that *non*disclosure is not the answer (Gelso & Palma, 2011; Hanson, 2005; Hendrick, 1988; Henretty & Levitt, 2010; McCormic et al., 2019). In short, it is obvious that self-disclosure is not a simple or straightforward counseling skill, which is why we need a specific process for ethically and effectively thinking through in-the-moment self-disclosure decisions.

Counselor self-disclosure is complicated and epitomizes the phrase "it depends." Oftentimes, counselors-in-training are left to figure out what "it depends" means on their own, rather than provided with a specific process for thinking through more nuanced clinical decisions. To that end goal, many authors and researchers have included a call for standardized training of CSD as an implication of their work (Barnett, 2011; Bottrill et al., 2010; Boyle & Kenny, 2020; Henretty & Levitt, 2010; McCarthy Veach, 2011; Pinto-Coelho et al., 2016; Teyber & Teyber, 2014). However, these and other authors have only made vague suggestions for training future counselors in their implications sections (e.g., CSD should be a consideration in training future counselors; trainees would value and benefit from reflective conversations around self-disclosure) (Barrett & Berman, 2001; Bottrill et al., 2010; Burkard et al., 2006; Henretty & Levitt, 2010; Jowers et al., 2019; Knight, 2012a; Knox & Hill, 2003; McCarthy Veach, 2011; Miller & McNaught, 2018; Peterson, 2002; Pinto-Coelho et al., 2018; Teyber & Teyber, 2014; Wells, 1994). Thus, universal best practices for teaching and supervising counselors' use of CSD still do not exist. Rather, these suggestions point to two non-exclusive approaches to teaching CSD evident in the literature: specifically defining the skill(s) (the content) and/or teaching a CSD-focused decision-making (the process).

Those that focus on the content of CSD emphasize the importance of defining and categorizing statements that reveal information about the counselor to the client. Counselor self-disclosure is often treated in counselor education as a skill that can be concretely mastered like other skills required for empathic responding, such as reflections or open questions (Boyle & Kenny, 2020; Curtis, 1981; Hanson, 2005; Hill et al., 2018; Knox & Hill, 2003). It is mentioned to varying extents in many counseling course textbooks, from helping skills to ethics to group counseling (Egan, 2002; Hill, 2014; Remley & Herlihy, 2014; Yalom, 2005). However, the messaging often is not clear, specific, or consistent. For example, textbook authors might vaguely describe the general concept of sharing oneself with the client, but not specify the factors involved in how to decide whether and when disclosure is appropriate (Hill, 2014; Remley & Herlihy, 2014). The messaging sent to counselors-in-training can be contradictory, with some educators conveying the attitude of "do not disclose ever" while also emphasizing the importance of congruence and transparency in the counselor role. A content approach to teaching leaves the counselor with no clear guidelines around when, with whom, and to what extent counselors should be self-disclosing with their clients. This can leave novice counselors feeling confused and wary about using the skill.

Those who take a decision-making approach to discussing effective use of CSD emphasize that clinicians must base CSD decisions on many factors related to the counselor, client, and working alliance (Henretty & Levitt, 2010; Peterson, 2002). Each CSD decision is dependent on this complex and perpetually unique combination of factors. Such complexity makes CSD emblematic of the vast distance CITs must navigate between concrete training and fluid practice. Clinicians' professional stance on CSD and comfort or not utilizing it in session with clients begins developing in the early stages of their clinical training (Bottrill et al., 2010).

Teaching novice counselors what to consider and how to rationalize the decision to self-disclose is the piece of the puzzle more often pondered by authors in the existing research and conceptual articles. As a result of their qualitative review of the literature, Henretty and Levitt (2010) emphasized that, though educators may not be able to teach counselors soft skills of how to behave interpersonally, they can teach decision-making. Several authors proposed models for how this meta-competency process might work. Some leaned on existing ethical decision-making models (Barnett, 2011; Peterson, 2002) while others created new models, like a decision wheel for spontaneous versus intentional disclosures (D'Aniello & Nguyen, 2017) and an inverted U-shaped model to estimate the extent to which a therapist should disclose with a client (Gelso & Palma, 2011). As ethics often encompass a gray area, authors have implored counselors and counselors-in-training to thoughtfully consider all of the ethical factors that could be at play generally with CSD and specifically with each unique disclosure (Goldstein, 1994; McCarthy Veach, 2011; Peterson, 2002). In addition, Peterson (2002) recommended counselors consider their beliefs about CSD more generally in order to prepare to make specific CSD decisions ethically and effectively in session. She stated, "If therapists are fairly clear on their beliefs about the issue, self-disclosure can occur spontaneously as is appropriate or necessary in the session, but the disclosure will not be thoughtless and therefore will be less likely to be harmful" (p. 30). Though a personal understanding of one's stance on extratherapeutic self-disclosure can serve as one data point in the consideration of whether or not to self-disclose, there are many contextual factors that differ from situation to situation. As indicated above, existing models speak to factors to consider to make an ethical CSD decision. None, however, specify the *metacognitive process* of walking through that decision in the context of counseling. Clearly, cognitive complexity is inherent in making a unique, in-the-moment, context-based CSD

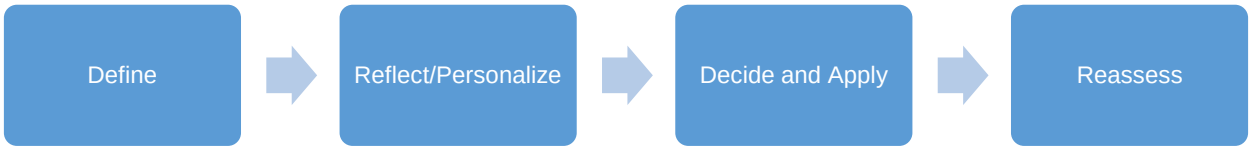
decision and evaluating the effect the disclosure had on the client and counseling process afterwards. It is this cognitive complexity and the metacognitive process that merit the creation of a new model.

The Contextual Model of Counselor Self-Disclosure (TCM of CSD)

My in-depth examination of extant CSD research culminated in a model of CSD, *The Contextual Model of Counselor Self-Disclosure (TCM of CSD),* that directly addresses the unavoidable nuance in using the skill. The model not only includes straightforward definitions for what constitutes CSD, but also addresses the metacognitive process for thinking through the idiosyncratic decision-making necessary for CSD situations as they arise during counseling sessions.

The four phases of TCM of CSD are illustrated in the following graphic (Figure 1):

Figure 1. The Contextual Model of Counselor Self-Disclosure



To use CSD effectively, one must first be equipped with a straightforward understanding of what CSD is in the counseling context. The Define phase of the model includes conceptualizing what content is characterized as self-disclosure, what content is not CSD, and understanding the process element of the act of self-disclosing. The process includes understanding the difference between intentional versus spontaneous self-disclosure (D'Aniello & Nguyen, 2017; Zur et al., 2009) as well as a general conceptualization of which client factors and counselor factors influence the decision to self-disclose (Bottrill et al., 2010; Duke & Murdock, 1992; Henretty & Levitt, 2010; Jowers et al., 2019; McAuliffe & Lovell, 2006).

The Reflect/Personalize phase begins as soon as one has a foundational understanding of what constitutes CSD. Each counselor must be given the space to reflect on their own beliefs and weigh how their personal characteristics and those of their client will affect their CSD decisions (Bottrill et al., 2010; Peterson, 2002). Counselors should take the time to work out their general, personal position on self-disclosure. By taking the time to understand one's beliefs about self-disclosure as it relates to ethics and boundaries of practice, a counselor can generally make more informed decisions around each disclosure (Audet, 2011; Barnett, 2011; Bottrill et al., 2010; Goldstein, 1994; Peterson, 2002). More specifically, the Reflect/Personalize phase also involves consideration of *both* the client and the counselor by weighing what the counselor knows of their client and what they know of themselves. These factors include demographics of both parties, presenting concern(s) of the client, attachment styles of each, and theoretical orientation of the counselor, among others (Burkard et al., 2006; Cashwell et al., 2003; Cozby, 1973; Jowers et al., 2019; Miller & McNaught, 2018; Ronnestad & Skovholt, 2003; Teyber & Teyber, 2014).

Next, counselors must ultimately Decide and Apply by making an in-the-moment decision of whether, what, and how to self-disclose, or opt for another appropriate response (Knight, 2014; Knox & Hill, 2003). The final step of effective CSD, Reassess, involves evaluating the effects of the choice afterwards. For novice counselors, this would typically happen during supervision, while more experienced counselors could Reassess as an intentional part of their treatment planning and ongoing reflection on their work (Knight, 2014; McCarthy Veach, 2011; Teyber & Teyber, 2014).

Purpose of the Study

This intervention study will test the viability of the TCM of CSD framework for CSD instruction. It is evident that counselors *will* self-disclose (Zur et al., 2009); thus, counselor

educators must help them think through how to do so effectively (Hill & Knox, 2002; Peterson, 2002). To test the viability of TCM of CSD, I will use a mixed method embedded quasi-experimental design and collect both quantitative and qualitative data. This experimental design involves an intervention group and a control group. For this particular study, I will collect pretest and posttest data using the Counselor Disclosure Scale (CDS; Hendrick, 1988) and original counseling vignettes. The quantitative data will come from the CDS and frequency scores from a thought listing exercise prompted by the counseling vignettes. The thought listing exercise will be followed by qualitative process questions that will be open-ended coded for content themes.

As clinicians begin to develop attitudes and comfort with CSD early on in their training (Bottrill et al., 2010), participants will be recruited from foundational helping skills courses from regional CACREP-accredited master's programs (convenience sampling) that employ the same course delivery format (i.e., both online or in-person). Each group will include approximately 30 participants. One group will receive the TCM of CSD intervention; the other will receive CSD "teaching as usual." The one-hour intervention lesson will cover how to use CSD intentionally, including specific strategies for in-session thought processes and decision-making through each unique client situation. In designing the lesson, I will incorporate science of learning (Ambrose et al., 2010) and reflection-in-action (Schön, 1987) pedagogies in support of teaching the model's metacognitive decision-making process around using CSD (see Chapter 3).

Research Questions

Research Question 1 (RQ 1): How does implementation of the TCM of CSD teaching intervention affect CITs' self-reported preparedness to utilize CSD in various content areas?

Research Question 2 (RQ 2): How does implementation of the TCM of CSD teaching intervention affect:

a) How frequently CITs consider tenets of the TCM of CSD model when thinking through counselor self-disclosure decisions compared to CITs who receive CSD "teaching as usual?"

b) What CITs consider when thinking through a clinical decision that could involve CSD?

c) Whether or not CITs choose to utilize CSD with clients?

Need for the Study

This study is the first step toward elucidating best practices for training novice counselors to think through decisions around using self-disclosure with clients. Utilizing self-disclosure is a fluid practice that is complex and nuanced. It is imperative that educators try to break down these more convoluted concepts that require clinical judgment based on many simultaneous, interacting factors. With The Contextual Model of Counselor Self-Disclosure as a guide for moving through these in-the-moment clinical decisions, counselors-in-training will not only have a big picture framework for making these complex decisions; they also will have concrete strategies from the teaching intervention for moving through the metacognitive process (e.g., simple heuristics and rules of thumb) of deciding whether to disclose to a client at a particular moment. Equipping students with this knowledge early in their clinical training provides a foundation on which they can build (Ambrose et al., 2010) throughout their training, particularly their practicum and internship experiences. By practicing intentional CSD decision-making throughout their training, novice counselors will be better prepared to utilize CSD confidently and effectively in their professional practice.

Definition of Terms

Counselor Self-Disclosure (CSD) refers to the verbal revelation of extratherapeutic information about the counselor's life outside of the therapeutic relationship. For the purposes of this study, this definition specifically *excludes* immediacy and broaching statements, which are

considered separate counseling skills (Day-Vines et al., 2007; Hill et al., 2018; Hill & Knox, 2002).

Counselor-in-training (CIT) in this study indicates a master's-level student in a counselor education program. A person is a CIT from day one of their master's training through matriculation and graduation from the program, including clinical practicum and internship experiences. For the purposes of this study, they are pre-practicum and enrolled in their introductory helping skills course.

The Contextual Model of Counselor Self-Disclosure (TCM of CSD) is a framework I have developed for conceptualizing the complex, nuanced concept of CSD (as defined above) and the decision-making process for application of CSD in clinical work. This model was developed from the literature on CSD combined with personal and anecdotal educational and clinical experiences. Intended to function like an ethical decision-making model, this framework can be used both by educators to teach CSD and by counselors to make in-the-moment CSD decisions. The four-phase model prompts one to first Define CSD, then Reflect/Personalize the possible CSD in the context of the given situation, Decide and Apply what the counselor deems to be the most appropriate response (may or may not ultimately be to employ CSD), and, finally, to Reassess the CSD decision in supervision or treatment planning and professional reflection after application with the client.

Metacognitive processes refer to the thought processes that occur internally as one thinks through making a decision, such as whether to use CSD. It is *how* one thinks and, ultimately, decides. For the purpose of this study, CITs metacognitive processes will be measured by a thought listing technique elucidated in Chapter 3.

Reflection-in-action (RIA) is the "thinking what they are doing while they are doing it" that practitioners must employ in uncertain situations (Schön, 1987, p. xi). This exploratory process is informed by prior knowledge and the specific information that makes a single situation unique. RIA is time-bound in the *action-present,* when the decision can still affect the situation (Schön, 1983, p. 62). In this study, RIA refers to the counselor's process of instantaneously integrating prior knowledge and past experiences with the particulars of the given situation to make an effective clinical decision in the moment. This particular metacognitive process was used to inform the development of the TCM of CSD and will be a foundation for the design of the intervention in this study.

Science of Learning (SoL) is a relevant, clear, science- and research-based, and theoretically-grounded literature that explains an approach to understanding how people learn (Ambrose et al., 2010). The science of learning was created to bridge the gap between education research and teaching practice. For the purposes of this study, SoL is composed of seven basic principles identified by Ambrose et al. (2010): incorporating prior knowledge, organization of knowledge, motivation, developing mastery, practice and feedback to enhance learning, impact of student development and course climate, and self-directed learning. These principles will be used to guide the design of the intervention in this study.

Simple Heuristics are direct questions students can ask themselves to remind them of what they have previously learned and, often, prompt how to apply that knowledge (Ambrose et al., 2010). In this study, the instructor provides simple heuristics for CSD decision-making in the teaching intervention to equip students with a way to quickly access their knowledge in session with clients.

Brief Overview

In Chapter 1, I reviewed the stated counselor self-disclosure controversy in the literature and identified that though authors have historically named confusion around defining CSD, there is actually a widely accepted definition—the controversy is really about how practitioners use CSD. Furthermore, there is a lack of research around how we teach CITs to utilize this complex skill. In response to all of the noise in the CSD literature, conceptual and empirical, I developed a new model for teaching and applying CSD, the Contextual Model of Counselor Self-Disclosure (TCM of CSD) and proposed a quasi-experimental mixed methods intervention study to test the viability of that model. I elucidated the purpose of the study, research questions, need for the study, and definitions of terms included in this study. In Chapter II, I provide a review of relevant literature related to CSD, the history of teaching CSD, the development of the TCM of CSD model, and the pedagogical foundations of the teaching intervention. In Chapter III, I outline the methodology of the study, including participants, procedures, instrumentation, ethical implications, limitations, and an overview of the pilot studies. In Chapter IV I will include the results of the study, and in Chapter V I will discuss the results, conclusions, and implications of this study for future research.

CHAPTER II: LITERATURE REVIEW

Social Self Disclosure

Generally, self-disclosure is the act of sharing information about oneself with another (Jourard, 1958). This concept has been explored, discussed and analyzed through the lens of personal relationships as well as various disciplines including sociology, psychology, counseling, and communication (Cartwright et al., 2018; Derlega & Chaikin, 1977; Goffman, 1963; Peterson, 2002; Russell, 2006). Self-disclosure is seen as a reciprocal action in that one can expect to gain information about another as a result of sharing information about oneself (Derlega & Chaikin, 1977). Historically, self-disclosure is mediated by gender; in America, there is an expectation that women will disclose more about themselves than men (Derlega & Chaikin, 1976) and it has been found that they do (Cozby, 1973). In addition to gender, disclosure is dependent on the nature of the relationship of the actors involved in the communication (Derlega et al., 1976; Derlega & Grzelak, 2013; Jourard, 1958; Rosenfeld & Kendrick, 1984). Broadly, disclosure differs based on whether it is intended for a large audience, called a *broadcast disclosure*, or if it is an intimate, dyadic exchange (Jourard, 1958). The reciprocity of self-disclosure is higher among strangers than among friends, as strangers tend to alternate back-and-forth sharing about themselves in service of getting to know one another (Derlega et al., 1976). However, in more intimate relationships, reciprocal self-disclosure decreases. This pattern of decreased self-disclosure as intimacy increases could be due to the functionality or intention of the disclosure (Derlega & Grzelak, 2013; Jourard, 1958; Rosenfeld & Kendrick, 1984).

It is important to consider the intention of the disclosure, as goals differ between familiar and unfamiliar audiences (Rosenfeld & Kendrick, 1984). Generally, if the target is familiar, the goal is to deepen the relationship whereas if the target is unfamiliar, the goal is more self-

motivated by impression management or social validation (Goffman, 1959). The functional theory of self-disclosure states that the goal of the disclosure activates a decision-making process that determines the content of the actual self-disclosure (Derlega & Grzelak, 2013). The social motivations of self-disclosure have been broken down into five general categories: social validation, self-expression, relational development, identity clarification, and social control (Derlega & Grzelak, 2013). All of these presuppositions are based on the idea of two equals communicating, but these interpersonal communication patterns shift in professional relationships where reciprocity is not the goal, as one of the participants is providing a service for the other.

Counselor Self-Disclosure (CSD)

Counselor self-disclosure is just that—the counselor's revelation of something personal to the client (Jourard, 1958). Within the counseling context, the broadest way to break down the construct is into verbal and nonverbal disclosures (Cartwright et al., 2018; Curtis, 1981; Knox & Hill, 2003; Russell, 2006). A therapist can disclose something personal about themselves nonverbally via facial expressions or body language, style of dress or makeup, presence or absence of a wedding band, and/or physicality that conveys medical or personal information, such as pregnancy or physical disability (Russell, 2006; Zur, 2007). The first step in operationalizing a definition of CSD is to remove the nonverbal from the construct, as is the tendency of many researchers and authors. Nonverbal self-disclosure includes things like wearing a wedding band, decorating one's office with family photos, even style of dress. Decisions about these disclosures can be made ahead of time and applied universally to how a practitioner chooses to show up with clients, which is different and less complicated than verbal self-disclosure. The definition of verbal CSD is then often broken down to indicate whether the

statement is *self-disclosure* or *immediacy* (Bottrill et al., 2010; Cashwell et al., 2003; Gelso & Palma, 2011; Hanson, 2005; Hill et al., 2018; Jowers et al., 2019; Knox & Hill, 2003; Miller & McNaught, 2018; Pinto-Coelho et al., 2016, 2018). *Self-disclosure* is specified to be any personal revelation made by the therapist that is unrelated to the therapy, therapeutic relationship, or therapist's immediate feelings toward the client, while *immediacy* is when the helper discloses feelings about the client, the therapy, or the therapeutic relationship in the moment. A newer skill that could be confused for self-disclosure but is not yet mentioned in the CSD literature is *broaching*. Broaching, the invitation to a client to discuss identity and power dynamics in the counseling room (Day-Vines et al., 2007) is similar to immediacy in that it invites explicit discussion of the therapeutic relationship as it is happening in the here-and-now. It is that piece, the direct commentary on the therapeutic work, that separates immediacy and broaching out from counselor self-disclosure. Another way to differentiate between these two categories is to use the label *self-involving* when a clinician conveys their personal experience of the client or the client's experience—this could be immediacy or broaching—and *self-disclosing* when a clinician discloses facts about themselves separate from the client's experience—counselor self-disclosure (Knight, 2012b).

Controversy and Confusion

Despite an apparent consensus around the more general definition of counselor self-disclosure, the agreement starts to deteriorate as authors and researchers further categorize and conceptualize the content and purpose of therapist disclosures. Many authors study verbal CSD as a skill, categorizing these revelations based on content (Curtis, 1981; Knox & Hill, 2003; Watkins, 1990; Zur et al., 2009), recognizing patterns of use (D'Aniello & Nguyen, 2017; Hill et al., 2018; McCarthy Veach, 2011; McCormic et al., 2019; Peterson, 2002; Pinto-Coelho et al.,

2016; Simonds & Spokes, 2017), and describing CSD as a vehicle for building a therapeutic connection (Barnett, 2011; Henretty et al., 2014; Hill et al., 2018; Kronner & Northcut, 2015; Levitt et al., 2016; Pizer, 1997; Solomonov & Barber, 2018). Non-immediate, self-disclosing statements have been broken down into several oft-used systems of categorization: content-focused subtypes (Kim et al., 2003; Knox & Hill, 2003; Wells, 1994), the nature of the content (Henretty et al., 2014; Watkins, 1990), and deliberate versus unavoidable or accidental and appropriate, benign, or inappropriate (Pizer, 1997; Zur et al., 2009). Although the simple content categories describe the different types of disclosures as standalone pieces of shared information, the models that incorporate the nature and intentionality of the disclosure categorize the skill based on the content as it relates to the client.

Models for Categorizing CSD

Content-focused Subtypes

The most straightforward models for categorizing CSD are based solely on the type of content shared with the client. Wells (1994) indicated that the information a therapist shares during treatment sessions falls into one of four categories: training and practice information; personal life circumstances, experiences, attitudes, and perceptions; personal reactions to and feelings about the client (which in this study would be classified as immediacy); and admissions of mistakes made in therapy (which in this study would also be classified as immediacy).

Knox and Hill (2003) offered a differentiation that further broke down the content of disclosures into seven subtypes: disclosures of fact, feeling, insight, strategy, reassurance or support, challenge, and immediacy. Knox and Hill (2003) included an example of each subtype. An example of disclosure of fact would be sharing professional credentials, past work experience, or any other personal factual information. A disclosure of feeling could be

responding to a client's content or feeling with a disclosure of a situation where the counselor had an emotional response and what that emotional response was. To disclose insight or strategy, a counselor might recount a similar situation and think aloud about how they moved through it and found some new perspective. Disclosures of reassurance or support are often normalizing statements by which the counselor shares a similar feeling or experience as a way of supporting the client. The authors' example of disclosures of challenge is the counselor sharing a similar situation from their life that they handled in a different way than the client and prompting the client to engage with their circumstances in that new way. The last subtype, disclosure of immediacy, is more appropriate categorized as the separate skill of *immediacy*, not as an example of CSD. Hill (2014) later refined these seven subtypes to three: disclosures of feeling, disclosures of insight, and disclosures of strategies.

Kim et al. (2003) categorized the content of CSD into six subtypes very similar to those listed above, though they only utilized six categories: approval/reassurance, facts/credentials, feelings, insight, strategies, and intimacy level (low, moderate, or high). The majority of these categories could ultimately be considered CSD or immediacy, depending on the disclosure; however, the intimacy level of the content is a descriptive variable that would be observed in combination with each of the other five subtypes of disclosure.

The Nature of the Content

Taking a different approach in his model of CSD, Watkins (1990) categorized self-disclosure content based on four dimensions: valence of the information, consistency, timing, and intimacy. These four dimensions, while categorizing the content shared, actually speak more to the way the content relates to the client and the therapeutic relationship the dyad has created. The valence of the information is whether the content shared is positive or negative. Experienced

therapists more often self-disclose negative content than positive (Pinto-Coelho et al., 2018), perhaps to normalize and destigmatize negative or heavy emotion and content. The next dimension is whether the content disclosed is consistent or inconsistent, similar or dissimilar, with the antecedent shared by the client. The third dimension is the timing of the content disclosed. Did the situation or information shared take place in the past? If so, the distant past or the recent past? Did the event take place recently enough that it is still sensitive for the counselor to talk about? The last dimension for categorizing the content disclosed is the level of intimacy of the information—low, moderate, or high. Henretty et al. (2014) organized CSD in similar categories, specifying whether the disclosure referred to something within or outside of the therapy, the valence of the disclosure, and the way the disclosure relates to the client. More so than the content-focused categorization, these models speak to the interpersonal effects of counselor self-disclosure on both parties. This conceptualization is a little more evaluative of the content shared, rather than simply being able to identify the type (content) of information.

Intentionality

Some authors have conceptualized CSD based on the intentionality of the disclosure, labeling CSD as either deliberate, unavoidable, or accidental. (Pizer, 1997; Zur et al., 2009). They emphasize the difference between making the choice to self-disclose, not having a choice (e.g., pregnancy), or disclosing without thinking through the choice. Zur et al. (2009) went on to describe a second dimension that speaks to being able to discern whether the disclosure is appropriate and benign or inappropriate. They elucidated these two complementary dimensions in the context of conducting psychotherapy in the internet age, as counselors often unintentionally disclose personal information on the internet and must consider the implications that may have on their relationships with their clients.

Patterns of Use—Enhancing the Therapeutic Alliance?

The research on patterns of use of CSD is often focused on antecedents that precede the CSD, such as client self-disclosure that the counselor relates to (Hill, 2014; Nyman & Daugherty, 2001). This emphasis on antecedents makes sense in the context of the general knowledge around how self-disclosure is used in society, as self-disclosure is usually a reciprocal enterprise (Cozby, 1973); therefore, the counselor self-discloses in response to the client self-disclosure. Some researchers, however, have found the opposite, that the counselor will self-disclose first in service of prompting client self-disclosure (e.g., Barrett & Berman, 2001), which means those counselors are not responding to client self-disclosure when they choose to use CSD.

One of the main stated patterns of use of CSD is as a tool to improve the therapeutic alliance. Though clinicians have a general understanding that the therapeutic alliance is one of several common factors that contribute a great deal to the therapeutic process (e.g., Laska et al., 2014), there is less of a consensus around if CSD is necessary to build the therapeutic alliance. There is also confusion in the patterns-of-use literature about which comes first—the therapeutic alliance or the CSD? In essence, the literature presents a chicken and egg situation—some authors have proposed that treatment alliance must be established and used as a mechanism to identify the therapeutic value of CSD (Gelso & Palma, 2011; Wells, 1994), whereas other authors see the CSD as the mechanism to increase therapeutic alliance (Henretty et al., 2014; Henretty & Levitt, 2010; Kronner & Northcut, 2015). Furthermore, though evidence exists of a positive effect of CSD on alliance, that positive influence is often due to immediacy disclosures rather than extratherapeutic disclosures (disclosure of information about the counselor's life

outside of the therapeutic relationship) by the counselor (Levitt et al., 2016; Pinto-Coelho et al., 2016; Teyber & Teyber, 2014).

More specifically, an important pattern for use of CSD is for the counselor to disclose content that is similar to something the client has previously shared. Nyman and Daugherty (2001) specified that participants who observed congruent self-disclosures (CSD that followed a similar client disclosure) reported more favorable overall perception of the relationship, higher attractiveness perception of the counselor, and a greater desire to choose the counselor than the participants who observed incongruent CSD. Extratherapeutic CSD that reveals a similarity between the counselor and the client and is of negative valence has favorable impacts on clients compared with nondisclosure (Henretty et al., 2014). Some researchers have indicated that factual disclosures can negatively influence the relationship while feeling disclosures improve it (Pinto-Coelho et al., 2016), yet others have found that there is no difference in helpfulness of disclosures of fact and disclosures of feeling (Hanson, 2005). Gutheil and Gabbard (1993) found that CSDs that violate appropriate boundaries can have the opposite effect of therapeutic CSD, ultimately damaging the therapeutic alliance. Despite this confusion, Levitt et al. (2016) empirically found that CSD generally functions to humanize the counselor and allow clients to see their counselors as real people.

Nondisclosure Is Not the Answer

Nondisclosure, though often recommended to novice counselors (Knox & Hill, 2003), is not the answer (Gelso & Palma, 2011; Hanson, 2005; Hendrick, 1988; Henretty & Levitt, 2010; McCormic et al., 2019). Not only is CSD inevitable (Bridges, 2001); sometimes it is required. Most if not all models for categorizing CSD include disclosure of professional information, such as training background, credentials, and theoretical basis for one's work (Kim et al., 2003; Knox

& Hill, 2003; Wells, 1994). All of this information is important for establishing the counselor's qualification to help the client and is included in the counselor's formal professional disclosure statement, which some states require clinicians to review with every client.

Not only is some disclosure necessary, but nondisclosure can have as much impact on the counseling as CSD. Jean Hanson (2005) found nondisclosure was often perceived by clients to be unhelpful. Based on her mixed methods study, she reported that some clients felt ashamed after asking for more information from their counselor and being refused. This perceived lack of connection was hurtful to the alliance and got in the way of the dyad building trust. Hanson's participants also described a similar reciprocal effect of nondisclosure, as they reported being less likely to disclose themselves if they had a counselor who would not disclose. The client(s) found themselves mirroring the guardedness they perceived from their counselor(s). These findings echo others' conclusions, generally, that clients want their counselors to self-disclose (Hendrick, 1988; Hill & Knox, 2002). In fact, several authors have concluded that CSD is not a yes or no question, but rather a question of to what extent should counselors disclose (Elkins et al., 2017; Gelso & Palma, 2011; McCormic et al., 2019). So, if researchers have been finding that nondisclosure is not the answer for over a decade, why are some educators still teaching novice counselors to avoid self-disclosure? The instinct to advise against CSD comes from the Freudian foundation that the field of counseling was built upon (Gelso & Palma, 2011); however, the evolution of and development of diverse counseling theories has played a part in expanding the comfort zone that various counselors feel utilizing CSD.

Theoretical Orientation and CSD

The question of how much clinicians should incorporate *use of self* into their practice is largely influenced by their theoretical orientation. Although the phrase *use of self* is often found

in articles on other helping professions, it is not often operationalized so specifically outside of the talk therapy fields. In nursing, occupational therapy, social work, psychology, and psychiatry, *use of self* discussions tend to stay focused on the larger concepts of self-awareness and presence rather than discussing particular types of disclosure (e.g., Fusco, 2012; Gordon & Dunworth, 2017; Whall, 1988). However, there are more focused studies and articles within the counseling and social work fields (cited throughout this essay; e.g., Hill et al., 2018; Knight, 2012).

Within the counseling field, *use of self* is often approached differently depending on one's theoretical foundation. Therefore, one's theoretical orientation for counseling practice is a major contributing factor in a clinician's integration of CSD as an intentional tool (Audet, 2011; Bottrill et al., 2010; Curtis, 1981; Henretty et al., 2014; Henretty & Levitt, 2010; Jowers et al., 2019; Knox & Hill, 2003; McCarthy Veach, 2011; Peterson, 2002; Pinto-Coelho et al., 2016). Traditional Freudian psychoanalysts see the counseling role as a mirror for reflecting whatever the client projects onto it; thus CSD diminishes the client's ability to view the counselor as a blank slate (Gelso & Palma, 2011; Peterson, 2002; Wells, 1994). Traditional Freudian psychoanalysts, then, deliberately avoid any use of CSD. The Johari Window model counters Freud's belief that the therapist can control what they disclose to their client and posits there are four categories of information about the self: 1) Open, which is known to all; 2) Hidden, which is known to oneself but not known to others; 3) Blind, which is known to others but not known to oneself; and 4) Unknown, which is hidden from oneself and from other people (Farber, 2006). The Johari's Window speaks to the sometimes unavoidable, inevitable, or accidental nature of CSD (cf. Pizer, 1997; Zur et al., 2009).

In contrast to Freudian psychoanalysts, humanistic and person-centered counselors prioritize authentic connection with their clients and congruence for themselves as people and

practitioners, which means they are less of a sterile mirror and more *human* in the counseling space (Rogers, 1957). Research findings support that humanistic counselors utilize CSD at higher rate than clinicians practicing from a psychoanalytic lens, as they value *use of self* more intrinsically (Edwards & Murdock, 1994). Miller and McNaught (2018) described CBT and DBT practitioners also as much more open to the possibility of self-disclosing than their psychoanalytic counterparts. These authors quoted Marsha Linehan, the founder of DBT, as saying the DBT approach to CSD is that "the therapist is free to disclose any personal information they wish provided the CSD is in the client's best interests" (Linehan, 1993, as cited by Miller & McNaught, 2018, p. 34). More specifically, DBT-oriented counselors are directed only to disclose similar struggles if they are resolved (so as to avoid role reversal) and the therapist can provide the client with possible solutions or suggestions for the client to improve their situation. Miller and McNaught (2018) found their sample of CBT-oriented clinicians followed specific rules for using CSD. The rules as described in their results were that (a) the disclosure must have a clear purpose, (b) fit the situation at hand, (c) maintain therapeutic boundaries, and then (d) the therapist must reflect on their use of CSD afterwards. Participants in this study also described the purpose of CSD as a tool for change and managing the therapeutic relationship. More recent counseling theorists, such as feminist theory and relational-cultural theory, have embraced the relationship as the most important factor of therapeutic change and encouraged clinicians to share their personal experience for the client's benefit (Bridges, 2001; Frey, 2013; Jordan, 2000). Bridges (2001) went so far as to say that in relational counseling, CSD is both inevitable and essential to the therapy process, as the *self* of the therapist is half of the interpersonal dynamic at play.

In summary, theoretical orientation can have a major impact on how a counselor operationalizes CSD. Freudian psychoanalysts may view CSD as strictly off limits, while relational counselors lean into the reality that the counselor is half of the interpersonal dyad created in the counseling setting and, therefore, utilize thoughtful self-disclosure in their clinical work. However, theoretical orientation is simply one factor of many that influence each counselor's CSD decisions. In order to synthesize all of the information and factors that affect the appropriateness of utilizing CSD, counselors must be equipped with a systematic process for moving through a complex, nuanced decision-making process each time they are confronted with the opportunity to self-disclose.

The Answer—CSD Decision-Making

If nondisclosure is not the answer, then having a framework for making in-the-moment CSD decisions is a necessity. Ethical decision-making models are used to inform clinical decisions, and the same logic can be applied to systematically making CSD decisions in session. Ethical principles inform everyday practice situations that involve choices about values and what to do in session (Crockett, 2017). CSD is ultimately an ethical decision, as harmful effects of CSD often involve boundary violations (Goldstein, 1994; Peterson, 2002; Zur et al., 2009) that can lead to malpractice claims or create a slippery slope toward inappropriate dual relationships (Zur et al., 2009). But how does a clinician make this ethical, clinical decision? There are many factors involved in an in-session CSD decision and all factors must be considered to respond to the client ethically and effectively.

CSD as an Ethical Decision

Ethical decision-making models are a resource for counselors for moving through a systematic process that gives them a reason-based professional justification for clinical choices

in professional practice (Crockett, 2017). As CSD is intrinsically related to boundaries, there are ethical considerations involved in the choice to self-disclose with clients (Audet, 2011; Barnett, 2011; Goldstein, 1994; McPherson, 2020; Peterson, 2002; Zur et al., 2009). Although some scholars believe boundaries can be crossed and not violated (Gutheil & Gabbard, 1993), there is research yet to be done on standardizing the use of counselor self-disclosure in relation to boundaries. Boundaries and professionalism are explicit tenets of the counseling profession's ethical code due to the powerful effect counselors can have on their clients (*ACA Code of Ethics*, 2014); therefore, use of CSD is an ethical choice (Barnett, 2011; Peterson, 2002; Zur et al., 2009). Barnett (2011) suggested counselors utilize ethical decision-making models to inform clinical decisions around use of CSD in session. As ethics are a *professional* framework for deciding what is acceptable and what could be potentially harmful in clinical work with clients, the profession's ethical standards (*ACA Code of Ethics*, 2014) would need to be integrated within each individual counselor's *personal* belief system and understanding of their role as a clinician. This integration itself is an ethical imperative of the counseling field. Counselors are ethically mandated to know themselves and how their identities may impact their use of self in work with clients (Ratts & Greenleaf, 2017).

Some authors have already proposed CSD-specific decision-making models that take ethics into account, such as a decision wheel (D'Aniello & Nguyen, 2017) or an inverted U framework (Gelso & Palma, 2011). D'Aniello and Nguyen (2017) created a model intended to ensure thoughtful, rather than spontaneous, CSD. Their proposed decision wheel is composed of five questions for clinicians to ask themselves when deciding whether or not to self-disclose. The first question is, "Does the disclosure benefit the client?" As all clinical decisions, including CSD, should be made for the client's benefit, it is imperative that a clinician have an intended

benefit for using CSD. The second question similarly asks, “Is there a therapeutic purpose?” The authors contextualize this question specifically within the circumstances of a client asking the counselor to disclose as a form of testing whether the counselor will be capable of helping the client, therapeutically. The third question, “Will the disclosure move therapy forward?” speaks to using the CSD as an opportunity to then focus on the process occurring in the therapy. If a therapist were to disclose, the authors here suggest that the therapist then must process how the new information affects the therapy. The fourth question, “Could the disclosure damage the therapeutic relationship?” speaks to clients’ general interest in reciprocal disclosure and leveling the power dynamic at play when only one half of the dyad is regularly disclosing. D’Aniello and Nguyen (2017) stated that, by employing CSD, the counselor is affecting the power dynamic in the room and should be prepared to manage that shift in the aftermath of the disclosure. The fifth and final question on the decision wheel is, “Could the disclosure negatively impact the client?” This is where the authors named the ethical implications of CSD; they recommended discussing use of CSD in supervision and consultation. Although D’Aniello and Nguyen described five straightforward questions to ask oneself, they did not mention how to teach this model to CITs or novice counselors, nor did they describe what it may look like to employ this model in session.

Gelso and Palma (2011) suggested that the inverted U can be used to measure the appropriate amount of CSD used with a given client. Their idea was that CSD is helpful only up to a certain point; beyond that point, CSD is less and less helpful. Like an inverted U shape, the helpfulness increases before it plateaus and, finally, decreases again. Gelso and Palma (2011) indicated that frequency is only one of several metrics where the inverted U could be a helpful framework for deciding how appropriate or effective a potential CSD is. The other factors they suggest considering on the inverted U are duration and intensity of the disclosures. Gelso and

Palma (2011) suggested counselors take this pattern into account when looking at the larger picture of how they are utilizing CSD with each client. Though this model conceptually fits with what is known empirically about clinical use of CSD—that too much is not a good thing while some can help strengthen the therapeutic work—there is currently no empirical evidence that demonstrates how to discern when the pattern of diminishing returns begins. Counselors, especially novice counselors, need more concrete guidance for *how* to determine when to shift or adjust their use of CSD.

These are two proposals for how counselors can move through the decision whether or how much to disclose, though authors of both proposals did not elucidate the specific factors involved in making those decisions.

Clinical Factors to Consider

Within the context of CSD decision-making, authors have highlighted intentions, motivations, and client considerations as the main factors to consider when making the clinical decision of whether or not to disclose (Alfi-Yogev et al., 2020; Edwards & Murdock, 1994; Henretty et al., 2014; Hill et al., 2018; Knox & Hill, 2003; McCarthy Veach, 2011; Miller & McNaught, 2018; Pinto-Coelho et al., 2018; Simonds & Spokes, 2017). Less often discussed is another important factor affecting use of CSD: the counselor's own self-awareness of how they come into the counseling space and how their personhood may impact their use of CSD with different clients (Bottrill et al., 2010; Jowers et al., 2019; Teyber & Teyber, 2014).

The most often cited intentions behind utilizing self-disclosure in counseling are to build rapport, to enhance the therapeutic alliance, to elicit client self-disclosure in return, or to use CSD as a tool for change (Henretty et al., 2014; Miller & McNaught, 2018; Simonds & Spokes, 2017). An important reality reflected in the CSD literature is the contradiction between the oft-

named intention of building rapport (Henretty et al., 2014) and the necessity that one must know their client fairly well in order to inform their decisions around self-disclosure (Knox & Hill, 2003; Miller & McNaught, 2018). Additionally, counselors are taught to use CSD judiciously, despite the fact that clients want to know about their counselors (Hendrick, 1988), and counselors are humans accustomed to engaging in reciprocal disclosure (Derlega & Chaikin, 1977; Jowers et al., 2019). This humanness of the counselor is why it is so necessary for counselors to reflect on their own motivations for utilizing self-disclosure. For instance, Jowers et al. (2019) found that novice counselors often utilize self-disclosure as a result of their own anxiety about working with clients. The counselors' own ability to emotionally regulate and their attachment style can impact how they view CSD and the function they perceive it to be serving (Jowers et al., 2019; Teyber & Teyber, 2014). It can be particularly challenging and possibly harmful to use CSD therapeutically with clients with poor boundaries, as extratherapeutic CSD is inherently pushing at the boundaries between the counselor's professional role and their own personal life (Gelso & Palma, 2011; Henretty & Levitt, 2010; Peterson, 2002).

Henretty and Levitt (2010) conducted a qualitative review of the existing CSD research at that time and, as a result, created some guidelines for clinicians to follow regarding the who, what, when, why, and how of CSD. They found that it is best for counselors to disclose when they have already established a positive relationship or strong working alliance with their client. Additionally, it is wise for counselors to self-disclose when they share a small community with the client (e.g., LGBTQ+), as the client could possibly learn about this shared identity outside of therapy. On the other hand, these authors also found that CSD should be avoided when a counselor is working with clients with personality disorders, as these clients often exhibit poor boundaries and weak ego strength. More generally, they advised counselors to pay attention to

whether the client could feel burdened by CSD (e.g., clients who value the traditional separateness of therapy roles or clients who feel penetrated or engulfed by others' vulnerability). Henretty and Levitt (2010) described the "what" of CSD similarly to the models of categorization described above. However, they also added the caveat that counselors should only disclose past struggles or pain that are fully resolved. They found a pattern for the "when" of CSD that involves more disclosure of lower intimacy in the early stages of counseling to build trust, an increase of intimacy and decrease of frequency as the work continues, and then more disclosure again in the termination phase for debriefing and possibly reciprocating tender feelings expressed by the client. Henretty and Levitt (2010) found similar motivations for CSD as those listed above: to foster the therapeutic alliance, to model self-disclosure, to elicit self-disclosure from the client, and to act on an ethical obligation to promote client self-exploration. They concluded with the recommendations that counselors should use CSD infrequently and with deliberation, keeping their own comfort level and feelings about the disclosure in mind while also weighing the possible effects the CSD could have on the client. In addition, CSD should always be intentionally phrased to provide only the necessary information relevant to the therapeutic process.

In summary, all of these models have merit and contribute to the clinical use of CSD knowledgebase; however none of them cross over from the theoretical to the practical. The ethical decision-making framework illuminates the importance of moving through a decision-making process that takes possible benefits and harm to the client into consideration; this approach validates the importance of adopting and practicing a process, but the suggestions described do not include practical instruction on how to move through those processes in the middle of a session to inform the counselor's next response to their client. Similarly, authors

highlighted the particular factors to consider, though did not provide any practical suggestions or descriptions of how a clinician can process all of that information in a session. Somehow, even with all of these recommendations and conceptualizations of how to use CSD, a process-oriented model for teaching counselor self-disclosure still does not exist.

Teaching Counselor Self-Disclosure

Teaching the Content

Though it is difficult to teach to a definition when the construct of CSD has been deconstructed and reorganized in several different ways, the suggestion has been made to teach CSD as encompassing separate skills depending on type of disclosure and purpose of disclosing (Pinto-Coelho et al., 2018). The implication is that all of the categorizing and factors to consider essentially separate different disclosures into distinct skills which sometimes masquerade as other helping skills, such as reflections or challenges (Pinto-Coelho et al., 2016). This observation when placed in the context of recommendations for counselor educators implies that teaching the content of self-disclosure might include some direct comparison to other learned skills and evaluation of what makes the statement CSD rather than the other skill. That said, I have not found evidence that educators or researchers have actually tested this suggestion for teaching CSD as separate skills depending on content (aside from the widely accepted separation of immediacy from self-disclosure).

Counselor self-disclosure is often oversimplified in counselor education as a skill for empathic responding similar to reflections or open questions (Boyle & Kenny, 2020; Curtis, 1981; Hanson, 2005; Hill et al., 2018; Knox & Hill, 2003). From helping skills to ethics to group counseling, CSD is mentioned to and discussed at some level (Egan, 2002; Hill, 2014; Remley & Herlihy, 2014; Yalom, 2005). However, the material is inconsistent and, sometimes, vague or

overgeneralized. For example, textbook authors highlight sharing oneself with the client in a relational way, but do not offer guidelines for how to decide whether and when disclosure is appropriate (Hill, 2014; Remley & Herlihy, 2014). Thus, the message sent to counselors-in-training can be contradictory, with some educators advising nondisclosure while also emphasizing the importance of Rogerian congruence and transparency in the counselor role. As textbooks tend to only provide vague content, there are not clear guidelines around when, with whom, and to what extent counselors should be self-disclosing with their clients.

Several tips for counselors' use of CSD are elucidated in the literature, which implies that they might be helpful when teaching counselors-in-training how to appropriately utilize CSD. Henretty and Levitt (2010) used their qualitative review to inform some guidelines for who, what, when, why, and how to effectively utilize CSD. Although most of these elements are fluid and depend on a decision-making process of some kind, the authors did provide some straightforward recommendations for disclosing certain content. Based on their literature review, they found evidence to support disclosing demographic information, immediacy statements, therapy mistakes, relevant past struggles that have since been fully resolved, similarities with the client, and values (Henretty & Levitt, 2010). Hill and Knox (2002) also recommended disclosure of qualifications and background, and they added that disclosure of sexual beliefs were generally unhelpful; these authors explicitly specified that disclosures can be either inherently appropriate or inappropriate, depending on the situation. Naturally, the decision-making process will play a role in any of these disclosures, and yet the metacognitive process required of clinicians is never mentioned.

Teaching Use of Self

Historically, the approach to teaching CSD seems to be to incorporate CSD into a wider conversation around clinician *use of self.* A well-documented example is the seven-week course Chapman and colleagues (2003) developed to teach broad *use of self* in counseling (more specifically, in clinical social work practice). Although the authors specify that this course was not designed solely for the specific training of extratherapeutic self-disclosure, explicit use of self is the main point. This point is evidenced by the three original learning objectives of the course:

1) Students should be able to articulate the major theoretical perspectives that address professional use of self
2) Students should be able to identify and discuss the potential impact of clients' traumas on themselves and be able to develop strategies for coping with that impact
3) [Students should] utilize course content to systematically examine their own professional use of self in their clinical practice (Chapman et al., 2003, p. 7)

Knight (2012) later expanded on these learning goals and added that students must both cultivate strategies for managing their own personal reactions to clients and distinguish between self-disclosure and immediacy and the indications and contraindications for their use with various clients. It is clear that self-disclosure is not simply a yes or no question with a consistent, clear answer. The skill or behavior is complicated by the human factors present in the room, both those of the client and the counselor. Chapman and colleagues were onto something with their course that addresses both the theoretical and concrete foundations of self-disclosure, as well as personal reflection and training in the ability to critically reflect on one's own professional use of self-disclosure.

Teaching Nondisclosure

Authors who comment on the educational choice to teach nondisclosure do not give an explanation as to why (Knox & Hill, 2003; Pinto-Coelho et al., 2018). This could be a developmental approach, as educators may believe CSD is too nuanced for CITs to be able to use effectively in their early clinical experiences. Stoltenberg and McNeil (1997) describe counselor development as evolving over three levels from beginner to seasoned clinician. They emphasize that the level I counselor has limited self-awareness, high anxiety, and a rigid approach to utilizing clinical skills. Additionally, these authors only mention *use of self* as an indicator of a level III clinician. This conceptualization of how novice counselors, including counselors-in-training, generally operate supports the instinct to tell beginning counselors not to utilize self-disclosure at all. However, educators are doing CITs a disservice by simply avoiding the topic rather than equipping counselors to thoughtfully assess CSD decisions from the beginning of their training and clinical experiences.

Teach Decision-Making

In order to develop CITs skillful utilization of CSD, educators must stop conceptualizing CSD as 'yes or no' and teach novice counselors how to think it through. When a CIT hears a phrase like *clinical judgment,* they are often left to figure out how to develop that on their own. If educators could teach CITs how to think through the nuanced and contextual decision of how or if to use CSD, it could potentially support the overall professional development. So much of counseling practice is learned by doing (Alves & Gazzola, 2011), yet this early practice in which CITs are still learning their craft could be enhanced by equipping them with a decision-making model for one of their most nuanced skills, counselor self-disclosure. By practicing skills learned in the classroom setting in actual work with clients, counselors integrate rigidly explained

concepts with personal learning and knowledge (Gibson et al., 2010; Ronnestad & Skovholt, 2003). This integration is aptly described in the *recycling identity formation process* as identify, clarify, and reclarify (Auxier et al., 2003). Counselors-in-training and novice counselors are tasked with identifying what to do, when to do it, and how to do it and then must clarify if they made the right choices in the moment. As they become more skilled and comfortable with making decisions in the moment, they must reclarify to ensure that they are continuing to make the best decisions for their clients in session. Clarification is a crucial piece of this process and necessitates the consultation of another professional counselor, usually a counselor educator or supervisor. This approval-seeking from others occurs much more often in early phases of counselor development, as novice counselors are still highly reliant on more seasoned professionals to tell them that what they are doing in session is right or wrong; novice counselors believe things are concrete and can be categorized rigidly as correct or incorrect (Gibson et al., 2010; McAuliffe & Lovell, 2006; Ronnestad & Skovholt, 2003). As novice counselors receive clarification from educators and supervisors and reason through the implications of the clinical choices they make, they are able to integrate clinical experiences into their personal knowledge of how counseling works and their personally preferred approach to conducting counseling. Once they attempt to apply this new integration in future counseling work, they reclarify that they have made responsible, effective choices on the basis of their evolving knowledge. This general pattern of the recycling identity formation process—identify, clarify, and reclarify—helped inspire the process element of a new model for teaching CSD.

The Contextual Model of Counselor Self-Disclosure: A CSD Decision-Making Model

This model was developed as a way to organize and synthesize the existing conceptual and empirical CSD literature and to demonstrate the metacognitive process required to make

decisions in session. As previously stated, the process piece of moving through the phases of the model to reach a clinical decision and then doubling back to reassess the choice afterwards was inspired by the recycling identity formation process (Auxier et al., 2003). Each phase of the model and every component specified within the phases are grounded in the existing CSD literature, both empirical and conceptual. The model was created to be used as a framework for clinicians to rely on for CSD decision-making in session. Additionally, the model can be used to structure teaching interventions or lesson plans that equip CITs with the model as a tool for use in their clinical work. This researcher has done just that in creating the teaching intervention to test the viability of the model in this study. First, the four phases of the model will be described.

Define

The first phase of the model, Define, encompasses both defining what CSD is and the factors involved that must be assessed to make a clinical decision. To start, one must understand the content of CSD. This means one must have both a thorough understanding of the different models for categorizing CSD content (Hill & Knox, 2002; Kim et al., 2003; Watkins, 1990; Wells, 1994) and the ability to recognize which other related or similar counseling skills are decidedly not CSD (i.e., immediacy and broaching). Once that foundational understanding of CSD is achieved, one must accept the process piece, that CSD is inevitable. Sometimes it is deliberate, while other times it is unavoidable or accidental (Bridges, 2001; Pizer, 1997; Zur et al., 2009). Knowing that CSD can happen intentionally or not, counselors could be prepared to recognize the CSD for what it is and proceed accordingly, whether they had initially intended to utilize CSD or not. As soon as the disclosure is recognized, it can be processed appropriately for what it is, and the counselor can take control back by choosing the extent to which they disclose. For example, if a female-bodied counselor is pregnant, there will come a point in time when that

nonverbal disclosure is unavoidable. However, the counselor can recognize that and reclaim control by deciding client-by-client how much she will say about the fact that she is pregnant—that is ultimately the CSD decision, and the counselor needs to be equipped with the skill to recognize it as such.

The other important piece of the Define phase is the general definition or acknowledgement of which factors will impact and should influence the decision of how or if to utilize CSD. This is the knowledge that specific factors tend to influence the utilization and outcomes of CSD. The demographics of both the counselor and the client and the interplay between the two can greatly impact how a counselor uses CSD. Demographics that have been previously studied are race (Burkard et al., 2006; Cashwell et al., 2003), gender (Cozby, 1973; Derlega & Grzelak, 2013), sexual orientation (McPherson, 2020; Newberger, 2015) and religion (Nyman & Daugherty, 2001). Additionally, there are some factors solely related to the counselor that will influence that practitioner's use of CSD, such as theoretical orientation (Bottrill et al., 2010; Duke & Murdock, 1992; Edwards & Murdock, 1994; Hill & Knox, 2002; Miller & McNaught, 2018; Pinto-Coelho et al., 2018), epistemology (McAuliffe & Lovell, 2006), attachment style and ability to regulate emotion (Goldstein, 1994; Jowers et al., 2019; Teyber & Teyber, 2014; Williams et al., 2003), personality traits (Jowers et al., 2019), and the counselor's professional developmental level (Bottrill et al., 2010; Henretty & Levitt, 2010; Hill et al., 2018; Ronnestad & Skovholt, 2003). In the same vein, there are some factors solely related to the client that will impact the counselor's CSD decisions: presenting concern and diagnosis (Goldstein, 1997; Henretty & Levitt, 2010; Myers & Hayes, 2006; Simonds & Spokes, 2017), comfort with and need for boundaries (Henretty & Levitt, 2010; Kim et al., 2003), beliefs about counseling and the counseling relationship (Myers & Hayes, 2006), and session number and strength of the

therapeutic alliance (Duke & Murdock, 1992; Henretty & Levitt, 2010; Levitt et al., 2016; Myers & Hayes, 2006; Simonds & Spokes, 2017; Wells, 1994). Counselors must be equipped with the knowledge of which factors will influence each decision before they are able to effectively account for each of these things in the moment.

Reflect/Personalize

CSD is a nuanced skill in that it can be explained and defined concretely to an entire class but requires constant reevaluation and personalization to both the counselor and each client in order to be applied appropriately by each counselor. This phase of the model, Reflect/Personalize is two-fold: the counselor must both take the time to understand their personal stance on and beliefs about use of CSD in their counseling work and then they must apply that general belief system depending on the individual characteristics of each CSD decision. Bottrill et al. (2010) pointed out that working out one's position on CSD is challenging and could require support in mastering. As discussed previously, CSD decisions are essentially ethical decisions (Barnett, 2011; D'Aniello & Nguyen, 2017; Goldstein, 1994; Peterson, 2002) that are related to boundaries within the counseling dynamic (Audet, 2011; Gutheil & Gabbard, 1993). In the big picture, a counselor must assess and reflect upon their own beliefs about counseling, such as the role of the counselor and the purpose of the talk therapy endeavor (Alves & Gazzola, 2011; Auxier et al., 2003; Gibson et al., 2010; Ronnestad & Skovholt, 2003). Alves and Gazzola (2011) highlighted that a strong professional identity is necessary to avoid confusion about one's work role, boundaries with clients, and how to make sound clinical choices.

Once a counselor has established their beliefs and stance on CSD, generally, then they must apply it in their work with clients. This means taking an account of all the general factors listed in the Define phase and applying them specifically to themself as the counselor and the

particular client sitting in front of them. The counselor can include processing how their own demographic factors, personal characteristics, and professional orientation might affect hypothetical clients as a piece of their bigger picture reflection on how they view CSD. For example, a white counselor may put in the time to study how racial identity may impact their use of CSD with non-white clients. Burkard et al. (2006), focused on immediacy, found a typical pathway for *good* immediacy disclosures in cross-cultural counseling relationships where the counselor is white. This pathway involves starting with a solid therapeutic relationship, the client providing an antecedent that describes their experience coping with racism/oppression, the counselor responding with personal reactions (immediacy) to the client's experience, which resulted in the client feeling understood and an improved therapeutic relationship (Burdard et al., 2006, p. 21). Though the original study was focused on immediacy, the implications could be extended toward intentional CSD and considered thoughtfully by white counselors. However, this self-knowledge is not enough; integrating their self-knowledge with what they know of the client in the moment requires the ability to reflect-in-action (Schön, 1987), which will be further defined and explained in the "Pedagogy" section below.

Decide and Apply

The third phase of the model, Decide and Apply, describes the reality that after identifying the opportunity for CSD and weighing the factors that will contribute to the effectiveness of the intervention, the clinician must ultimately decide in the moment what to say in response to their client. This application of the model may result in utilizing CSD and it may not. When deciding whether or to what extent to utilize CSD, the clinician must ask themselves several questions, including if CSD is the best choice in that moment. If not, the clinician may choose to utilize another skill, such as reflection or open question, to validate or further explore

the client's situation. If the counselor does decide to engage with CSD, they must ask themself to what end are they disclosing (Edwards & Murdock, 1994; Knight, 2014; Knox & Hill, 2003; Miller & McNaught, 2018), or what is the purpose of making the CSD? To what extent are they going to disclose (Kim et al., 2003; Knox & Hill, 2003; McCormic et al., 2019)? Then, if they do decide to employ CSD, the clinician must always return the focus back to the client (Knox & Hill, 2003), as every instance of CSD should be in direct service of the client. Whether the counselor decides to utilize CSD or not, if they have recognized and defined the opportunity to use CSD, reflected in the moment on all of the factors that will impact the outcome of utilizing CSD, and used all of that information to make a clinical choice, then they have utilized the TCM of CSD model.

Reassess

The final phase of the model is to Reassess the CSD situation after the session has ended and the counselor can reflect on the outcome of their decision. As seasoned counselors should be incorporating regular reflection into their practice and into the process of treatment planning after each session, CITs and novice counselors still have a very personalized space for reflection built in as a requirement to their practice—the supervision setting. Rarely explicated in the discussion of CSD is the opportunity to train use of self and self-disclosure in the supervision setting (Chapman et al., 2003; Jowers et al., 2019; Knight, 2014; Teyber & Teyber, 2014). The balance of concrete skill and complex decision-making inherent in TSD requires careful consideration by clinicians, and that thought process can be examined and evaluated in supervision. With supervisors balancing the roles of teacher, consultant, and counselor (Bernard, 1979), they are uniquely situated to create an individualized learning space for crystallizing novice counselors' understanding of how to appropriately use self-disclosure in clinical work.

As individual value systems and cognitive processes contribute to making each decision of what to share of oneself with clients, processing all of those contributing factors can be a very individualized experience integral to a novice counselor's professional development. When working with novice supervisees in a setting that includes real-life examples (often with video and audio tape support), supervisors have the unique opportunity to compare the supervisee's internal thought process with what they actually chose to do in session. The supervisor can help walk the novice counselor through their decision-making process and focus the reassessment on what might make the counselor change their mind about the CSD choice they made. As a result of this process, they can utilize CSD with more confidence and, hopefully, effectiveness in future sessions.

It is this author's experience that some, if not all, novice counselors have use of self and, more specifically, CSD on their minds from day one of their counseling practice. With questions ranging from the specific "Was that self-disclosure?" to the more general "Was there too much me in that session?" counselors-in-training depend on their supervisors to provide a space where they can crystallize their understanding and optimize their clinical utilization of what may have been presented to them as simple or easier to practice consistently than it truly is. By teaching CITs this model before they start seeing clients, educators can set the expectation that supervision is a perfectly appropriate space for discussing CSD.

In summation, this new model is grounded in the literature every step of the way, synthesizing the existing conceptual and empirical studies of CSD to streamline that knowledge into a four-phase decision-making process. The TCM of CSD model can be utilized by educators to teach CSD and by counselors to employ CSD decision-making in session. To test the viability of this model as a teaching tool and clinical framework, this researcher combined the model with

the following pedagogical foundations to create the CSD decision-making lesson plan utilized in this study.

Pedagogy

In order to teach the TCM of CSD model in a way that sets students up for successful application, the lesson plan had to be grounded in pedagogical principles. The science of learning (SoL), which Ambrose et al. (2010) clearly operationalized in their book *How Learning Works*, is a synthesis of evidence-based and theory-grounded teaching practice that connects the educational research with practical application for instructors. Though SoL directly informed the teaching methods of the lesson plan, SoL is not specifically intended for training practitioners. Schön's *The Reflective Practitioner* (1983) provides a framework for understanding how practitioners make in-the-moment decisions. The teaching intervention for this study was created by fusing the two pedagogies, the science of learning and reflection-in-action (RIA).

Science of Learning

For the purposes of this study, I am utilizing Ambrose et al.'s (2010) seven principles of SoL. These principles can be employed in a linear way but can also be used flexibly depending on the content and the development of the students. The authors specified that learning involves *change* not only in knowledge, but also in beliefs and attitudes. Their seven principles for learning are: incorporating prior knowledge, organization of knowledge, motivation, developing mastery, practice and feedback to enhance learning, impact of student development and course climate, and self-directed learning. I will summarize each principle and explain how I have applied it to my study.

Students' Prior Knowledge Can Help or Hinder Learning

Essentially, students filter everything they learn through what they already know or believe. If the student has a strong foundation of accurate prior knowledge, they can build on that more easily and incorporate new information. However, if a student has insufficient or inaccurate information, they must do the work of correcting those previously held beliefs before they can build in new information. This can be a big ask of a student who was under the impression that they understood. In this study, the teaching intervention begins with an open forum discussion of what the students already know and believe about CSD. With an understanding of what the students are bringing into the learning space, the instructor can more effectively tailor the lesson to address that prior knowledge—either building on accurate information or addressing and getting curious about prior misinformation.

How Students Organize Knowledge Influences How They Learn and Apply What They Know

Students need a framework for organizing their knowledge. When bits and pieces of knowledge are randomly or inaccurately connected, it is difficult for students to recall, nevertheless apply, what they have learned. However, if they are given a way to organize the information that can be easily recalled and applied, they are more likely to retain the information. In this study, the framework I am providing for students to organize their knowledge is the four-phase model. Though each phase contains detailed information, the straightforward, process-oriented four phases are intended to enable students to organize the information in a functional way that also indicates how to apply all they have learned about CSD.

Students' Motivation Determines, Directs, and Sustains What They Do to Learn

Motivation is a particularly important component of learning, as a student must see the value of what they are learning before they will put the effort in to integrate the new information

with what they already know. Students must perceive a benefit to mastery and feel supported in the learning environment in order to attempt to incorporate the new material. Fortunately, motivation is clearer, almost a given, in the graduate school setting, as these students all have reasons for wanting to become qualified and effective practitioners. That said, it is important to tap into this motivation often in the classroom setting as the students are learning a lot of new information, processes, and behaviors at once. In the teaching intervention for this study, the second activity, a think-pair-share focused on personal reflection and assessment of beliefs about CSD, incorporates personal beliefs and values about CSD and, ultimately, about counseling. This activity makes the lesson personal and taps into each student's individual motivations for being an ethical and effective counselor.

To Develop Mastery, Students Must Acquire Component Skills, Practice Integrating Them, and Know When to Apply What They Have Learned

Students must not only learn the pieces that contribute to the bigger picture concepts but also be given the space to practice integrating those component skills and knowledge. In this teaching intervention, the students learn the how to identify CSD as it comes up by talking about the definitions and functions of the interventions. They also solidify their own beliefs and attitudes about the role CSD can/should play in counseling and practice using their judgment to integrate those pieces. In the third activity of the lesson, the instructor prompts the students to apply what they have learned and then changes the situation slightly to challenge the students to reconsider (and reconsider, and reconsider again) their application choices. In this activity, students are prompted to integrate all they are learning about CSD.

Goal-Directed Practice Coupled with Targeted Feedback Enhances the Quality of Students' Learning

Educators must clearly set expectations for receiving feedback and utilize feedback opportunities to enhance student learning. In this study, the students will receive peer feedback at several points throughout the teaching intervention lesson. These learners will share with each other how they are interpreting and applying the information and then give one another feedback that is targeted toward exploration rather than assessment. The goal of the feedback is to ensure that each student can communicate their stance on utilizing CSD, rather than assessing for what is right or wrong. One of the intended takeaways of the lesson is that use of CSD is idiosyncratic; however, each clinician can be prepared to make those unique decisions by clarifying their understanding of CSD.

Students' Current Level of Development Interacts with the Social, Emotional, and Intellectual Climate of the Course to Impact Learning

Class climate is as impactful on student learning as each individual student's development up until they walk into the class. The energy of the instructor, the way students interact with one another, the way the instructor interacts with students, all affect the social and emotional aspects of learning. The *way* students learn is as important as *what* students learn. I intend for the lesson plan in this study to foster engagement, openness, and exploration and, therefore, must show up to teach in a nonjudgmental, animated, enthusiastic way. I intend to create an environment of enthusiastic exploration which may be enhanced or limited by the existing environment of the class.

To Become Self-Directed Learners, Students Must Learn to Monitor and Adjust Their Approaches to Learning

The seventh principle is where Ambrose et al. (2010) tie in the role of metacognition in learning. *Metacognition* is thinking about thinking; it is monitoring and controlling how we think through different things. Whether assessing the task at hand, planning how to respond, or applying prior learning to the current situation, metacognition is involved in the upper-level process of *how* to integrate knowledge and put it into practice. One of the tools that Ambrose et al. (2010) suggested for directing metacognition is to supply learners with *simple heuristics.* Simple heuristics are direct questions that learners can use as a tool to assess their own work and self-correct. In this study, metacognition and simple heuristics are foundational to establishing *how* participants think through their CSD decisions. The instructor will supply the participants with the simple heuristics (e.g., What does the client need from me? Would sharing personal information be helpful to THIS client at this time? What would make me change my mind about disclosing right now?) and will be assessing their cognitions (and metacognition) via a thought listing exercise.

While all seven of the learning principles are infused into the lesson plan used as the teaching intervention for this study, they do not speak specifically to the metacognition of counselors. By supplementing SoL with reflection-in-action, this researcher is able to teach directly to the specific thought-process that counselors must master for effective in-session CSD decision-making.

Reflection in Action

Donald A. Schön, who was a professor of Urban Studies and Education, developed an epistemology of practice that emphasizes the importance of reflection-in-action (1987).

Developed to apply to any and all practitioners, Schön utilized vignettes of architects, psychotherapists, engineers, planners, and managers, to illustrate the universality of his theory. The key component of RIA is that it is time-bound in the action-present, which Schön defined as the time within which a practitioner can still effectively change the situation as a result of their reflection and decision (1983, p. 62). Schön described the process as accurately identifying and prioritizing *the problem,* and the problem is always unique to the situation. The practitioner must selectively manage a large amount of information and, therefore, must possess the capacity to analyze the situation in several ways without disrupting the flow of their practice.

Similar to the four-phase TCM of CSD, Schön identified RIA as having three stages: appreciation, action, and reappreciation (1983). He went on to speculate that this process is how practitioners utilize their prior knowledge to create new frames of reference, theories, and strategies for action. Similar to the SoL concept of simple heuristics, Schön recommended practitioners ask themselves specific questions to guide their reframing of the situation (e.g., "Can I solve the problem I have identified?" "Have I made it congruent with my fundamental values and theories?" "Have I kept inquiry moving?"; 1983. p. 133). The goals of RIA are two-fold: seeking to understand the problem and to change it. Schön identified that the way to do this is o use past information to identify what is different in the current situation, leading to a constant reintegration of prior knowledge into the current situation. He described the pursuit of RIA as necessarily involving experiment and exploration and that the practitioner is always *in* the situation they seek to understand.

The main goal of the teaching intervention in this study is to foster a reflective approach to utilizing CSD; therefore, Schön's (1983, 1987) reflection-in-action epistemology is the perfect complement and guide for the SoL learning principles applied in the lesson plan.

Measurement

Lack of Existing Measures

With a concept as nuanced as CSD, it is easy to understand why there are not many standardized quantitative measures. Some researchers have focused on frequency of CSD (Barrett & Berman, 2001), and some have studied the effect that using CSD has on the working alliance (Levitt et al., 2016; Myers & Hayes, 2006; Pinto-Coelho et al., 2016; Simonds & Spokes, 2017; Solomonov & Barber, 2018) or the attractiveness of the counselor (Barrett & Berman, 2001; McCormic et al., 2019; Myers & Hayes, 2006; Nyman & Daugherty, 2001). Even the one frequency study of CSD did not measure it, but rather manipulated frequency as the experimental element of the study that impacted other outcomes as a result (Barrett & Berman, 2001). Most of the quantitative studies manipulate CSD and then assess working alliance using Tracey and Kokotovic's (1989) Working Alliance Inventory-Short form (WAIS; Levitt et al., 2016; Myers & Hayes, 2006; Pinto-Coelho et al., 2016; Simonds & Spokes, 2017). Researchers have also utilized versions of the Counselor Rating Form (CRF; Corrigan & Schmidt, 1983) to analyze the effect that CSD can have on clients' perceptions of the counselor (Myers & Hayes, 2006; Nyman & Daugherty, 2001).

Seemingly the only quantitative measure that incorporates the actual content of possible CSD is Hendrick's (1988) Counselor Disclosure Scale (CDS). Hendrick built upon the Jourard Self-Disclosure Questionnaire (JSDQ; Jourard, 1971) and the Self-Disclosure Situations Survey (SDSS; Chelune, 1979) which both measured self-disclosure in social contexts, to create the Counselor Disclosure Scale as a specific assessment of what information clients wanted their counselors to disclose to them. As it is the only validated measure related to the content of counseling-specific self-disclosure, counseling researchers have modified and applied it in

various ways. Cashwell et al. (2003) adjusted the prompt to assess for differences in client preferences for CSD depending on the interaction of race between the participant surveyed and the counselor they imagined working with. Though the scale was originally written to gauge potential clients' interest in their counselors' disclosures, most researchers have modified the scale in some way to assess CSD from the counselor's point of view (Duke & Murdock, 1992; Edwards & Murdock, 1994; Knight, 2012, 2014). All of the aforementioned researchers modified the scale to address practitioners' frequency of utilizing CSD: Knight (2012, 2014) sampled social work trainees, while Duke and Murdock (1992) and Edwards and Murdock (1994) recruited practicing talk therapists (counselors and psychologists). Each of these researchers validated the instrument with their sample and found similar psychometrics to Hendrick's (1988) original instrument development.

Though the Counselor Disclosure Scale (Hendrick, 1988) has been modified and successfully utilized for various studies before, it has never been used to assess preparedness or decision-making. Due to the limited measures available for studying counselor self-disclosure, however, the CDS was the most viable available instrument to employ for investigating the stated research questions of this study.

CHAPTER III: METHODOLOGY

Appropriate use of counselor self-disclosure is nuanced and context-based, and scholars have called for standardized training for decades (Barnett, 2011; Bottrill et al., 2010; Boyle & Kenny, 2020; Henretty & Levitt, 2010; Knight, 2014; McCarthy Veach, 2011; Pinto-Coelho et al., 2016; Teyber & Teyber, 2014). Though categorical models of CSD exist, they are rarely ever synthesized or operationalized as a tool to be used by novice counselors. These models also lack the process-oriented element that captures the metacognitive processing required to make a thoughtful, appropriate disclosure and then integrate each instance of CSD as a learning experience toward making an even more informed decision next time. Thus, I have developed The Contextual Model of CSD as a model for that decision-making process, complete with reassessment of the outcome after the counselor has made a clinical choice with their client. This model was used to inform a lesson plan that (a) aims to teach CITs what constitutes CSD and rules of thumb for using or not using it, (b) inspires students to personalize the concept and practice of CSD, and (c) models for them how to actually make an informed clinical decision with the information and knowledge they have in a given situation.

This study will serve as an initial test of the effectiveness of the TCM model of CSD. I will utilize a mixed methods embedded quasi-experimental design, as a combination of both quantitative and qualitative data are required to fully illuminate the impact of the teaching intervention (Creswell & Plano Clark, 2007). The study will involve pretest and posttest measures comprised of a modification of the *Counselor Disclosure Scale* (CDS; Hendrick, 1988), and a researcher-created decision-making vignette that prompts participants to engage in a thought listing exercise to report how they think through qualitative process questions about the possible application of CSD with the vignette client. The CDS scores will measure participants'

beliefs and attitudes around their preparedness, while the responses to the vignette-prompted exercises (thought listing and qualitative process questions) will illuminate participants' thought process around applying counselor self-disclosure. Coding of their thoughts will include students' inclusion or exclusion of elements of the Contextual Model of CSD and content analysis for themes. Thus, the qualitative vignette data will allow for nuances not captured in the quantitative data.

In this chapter, I describe the sample and recruitment measures taken to ensure participation in the study. I then outline The Contextual Model of CSD and connect the model to the lesson plan intervention. I include the lesson plan and specific directives for in-class activities and thought exercises to be employed throughout the intervention. The procedures section will elucidate the particulars regarding the processes for data collection and analysis organized in four subsections: pretest-posttest administration, utilization of vignette-based thought listing, instrumentation, and statistical analysis. The instrumentation section will cover the rationale for the demographics questions included, the psychometrics of the *Counselor Disclosure Scale* (CDS; Hendrick, 1988) and the modification of the scale that will be used to measure participants' self-perceived preparedness to disclose regarding assorted subjects. I will also describe the development of the clinical vignettes used for the thought listing exercise and process questions that will illustrate participants' metacognition when assessing a clinical situation that involves use of CSD. This chapter will close with discussion of ethical considerations, perceived limitations, and pilot studies conducted in preparation for this dissertation study.

Research Questions

Research Question 1 (RQ 1): How does implementation of the TCM of CSD teaching intervention affect CITs self-reported preparedness to utilize CSD in various content areas?

Research Question 2 (RQ 2): How does implementation of the TCM of CSD teaching intervention affect:

d) How frequently CITs consider tenets of the TCM of CSD model when thinking through counselor self-disclosure decisions compared to CITs who receive CSD "teaching as usual?"

e) What CITs consider when thinking through a clinical decision that could involve CSD?

f) Whether or not CITs choose to utilize CSD with clients?

Participants

Counselors-in-training in their first helping skills course in three programs in the Southeast US accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) will form the population under study. Accreditation standards indicate the programs will have similar learning benchmarks and educational standards. This comparison model will consist of two groups, both employing the same course delivery format, either online or in-person instruction. The intervention group will be composed of participants matriculating in one counselor education master's program. The control group will be composed of approximately the same number of participants from comparable counseling programs. One group will receive the TCM of CSD teaching intervention and the other will get "teaching as usual" on the subject of CSD. By conducting an a priori G*Power analysis, this researcher found that in order to obtain the most robust power (0.80), a moderate effect size (0.50), and a conservative alpha level (0.05), the target sample size is 51 participants per group and 102 participants total.

Sample

Convenience sampling will be used to recruit participants for this study. As this method of sampling prioritizes the ease of access to the sample, it is appropriate for the initial test of the model given the in-person nature of the teaching intervention and the population parameter that students be enrolled in their first semester of CACREP-accredited counseling programs. Historically, the regional programs that fit these parameters admit cohorts of approximately 15-35 students, all of which participate in the introductory helping skills course. I will ensure that the programs recruited and selected for this study have enrollments of approximately equal size or that multiple smaller cohorts can be grouped together to equate the number of participants in the larger cohort. Despite the fact that convenience sampling is a non-probability method (Lavrakas, 2008), the sample is representative of the target population because the introductory helping skills course is a requirement of all CACREP-accredited programs.

Intervention and The Contextual Model of CSD

The intervention is based on The Contextual Model of Counselor Self-Disclosure (TCM of CSD), developed from a thorough, in-depth review and synthesis of existing counselor self-disclosure literature. As described in the model, to use CSD effectively CITs must first be equipped with a straightforward understanding of what CSD is in the counseling context (Define; Hill & Knox, 2002; Zur et al., 2009). Then they must be given the space to reflect on their own beliefs and weigh how their personal characteristics (e.g., cultural identities, personality traits) and those of their client will affect their CSD decisions (Reflect/Personalize; Bottrill et al., 2010; Peterson, 2002). Next, they ultimately make an in-the-moment decision of whether and what to disclose or opt for another, more appropriate response (Decide and Apply; Knight, 2014; Knox & Hill, 2003). The final step of effective CSD is reassessing the effects of one's choice

afterwards in supervision and/or treatment planning (Reassess; Knight, 2014; McCarthy Veach, 2011; Teyber & Teyber, 2014).

The Lesson Plan

As the TCM of CSD conceptualizes each occurrence of CSD as requiring its own decision-making process, the teaching intervention is grounded in both the science of learning (Ambrose et al., 2010) and reflection-in-action (Schön, 1987) pedagogies. This one-hour lesson will cover how to recognize what constitutes counselor self-disclosure, provide the opportunity for reflection on one's personal stance regarding CSD, equip students with *simple heuristics* (Ambrose et al., 2010) to aid in-the-moment CSD decision-making, and model how to synthesize all they have learned into a process they can employ when making CSD decisions with clients. The ultimate message of the lesson is that each CSD decision must be individualized based on the context of the situation, which changes not only from client to client but also from session to session. This context includes what is going on with the client in the moment based on personal circumstances as well as wider impacts like what is going on in the world or their community.

The one-hour lesson consists of four main components, each corresponding to a step in TCM of CSD: Define, Reflect/Personalize, Decide and Apply, and Reassess. The lesson will begin with a class discussion on what constitutes CSD, opened by the instructor asking the class, "tell me what you know about counselor self-disclosure." This discussion will be five to ten minutes long and student driven. The instructor should also be sure to incorporate a comparison of what CSD is not (i.e., similar skills like broaching and immediacy). This discussion should end with a conclusive, general definition of what CSD is written out for all to see (e.g., "the revelation of personal information by the counselor to the client").

To address the Reflect/Personalize stage of the TPM, the instructor will prompt students to think about their own characteristics, culture, opinions, ethical stance, and theoretical orientation and consider how this personalization might affect their utilization of CSD with clients. They will be given approximately ten minutes to reflect on their own and make notes as they feel helpful to organize their thoughts. Participants will then come together in groups of two or three students and share their thoughts on their own position on CSD in their future clinical practice for about 10 minutes. Then the instructor will open the conversation to the whole class for 10 minutes or less of sharing in the wider setting.

Next, as a group, we will move through a 20-minute application decision-making activity in which the instructor gives a very sparse description of a client and session situation and then asks the class if they would utilize self-disclosure in response. Then, the instructor will provide a little bit more information about the client and/or situation and re-prompt the class with the question of whether or not they would employ CSD. This process will continue three more times, with the instructor changing or adding information about the situation each time and then having the participants engage around whether and to what extent they would self-disclose in the given situation. After a few students answer (and justify their responses), the instructor will briefly describe the "rules of thumb" for CSD (Miller & McNaught, 2018) and share the simple heuristics for CSD decision-making. The rules of thumb are (a) the disclosure must have a clear purpose, (b) fit the situation at hand, (c) maintain therapeutic boundaries, and then (d) the therapist must reflect on their use of CSD afterwards. The simple heuristics are the questions to ask themselves in the moment to prompt effective decision-making: What does the client need from me? Would sharing personal information be helpful to THIS client at this time? What would make me change my mind about disclosing right now? The purpose of this activity is to

highlight for students that a clinician must have a certain amount of information about the client, the situation, the contextual factors involved, and self-awareness of their own assumptions and beliefs in order to more accurately predict the possible impact of CSD.

During the last activity of the lesson, participants will get back in their previously formed groups, and the instructor will prompt them with the question, "When reflecting on what you decided you would have done in the previous situation, what would make you change your mind?" The instructor will identify that this is the most important simple heuristic for the in-the-moment CSD decision and for the reassessment stage of the TCM. The instructor will also ask the students to discuss with one another how their personal views impacted each unique decision and what they are taking away from this lesson for further consideration. The instructor then will bring the whole group back together and ask a few volunteers to share the experience of reevaluating their choices. The instructor will explicitly state that this reassessment could take place in a supervision setting when they are in practice.

The instructor will then close out the lesson with a reminder of the definition and the stages of the model and ask that a few students share their takeaways from the lesson.

Table 1. TCM of CSD Lesson Plan and Pedagogical Foundations

The Contextual Model of Counselor Self-Disclosure
Lesson Plan and Pedagogical Foundations

TCM of CSD Phase	Learning Activity	Pedagogical Foundations
Define	Discussion: What do the students already know about CSD? Ends with instructor providing the general definition for CSD.	Science of Learning: accessing prior knowledge Reflection-in-action: integrating past information into present situation.
Reflect/Personalize	Think-Pair-Share: Organize personal thoughts, beliefs, and approach to CSD; pair up with another classmate to talk through it; class-wide discussion around use of CSD.	Science of Learning: provide a framework; access motivation; peer feedback Reflection-in-action: Accurately identify and prioritize "the problem"
Decide and Apply	Class-wide application activity: Vignette-based application exercise where students are prompted to make CSD decisions before they have all the information. Information is doled out detail by detail to get students thinking about how much information they really need before they can make an informed CSD decision. Ends with instructor providing rules of thumb and *simple heuristics.*	Science of Learning: simple heuristics*;* metacognition; instructor feedback Reflection-in-action: selective management of large amounts of information; use past information to identify what's different in current situation; questions to reframe
Reassess	Small groups: What would make you change your mind? Intimate discussions to practice discussing the nuances involved in each CSD decision.	Science of Learning: metacognition; simple heuristics; peer feedback Reflection-in-action: capacity to look at something in several ways at once without disrupting the flow of inquiry

Procedures

Pretest-Posttest Administration

Recruitment of participants in the intervention group will occur at least two weeks prior to the implementation of the teaching intervention. I will visit the intervention group's helping skills class to deliver scripted instructions (Appendix A) for participating in the study and informed consent for participation (Appendix B). In discussion with my chair and some colleagues, we have decided that as I am not supervising any of these students or working with them one-on-one, it is appropriate for me to do my own recruitment for this study. I will inform students of the purpose of the study (i.e., "This researcher is interested in improving how counselors-in-training are taught about counselor self-disclosure so that novice counselors feel more prepared to work with clients"), describe all measures to be used (the CDS, the vignette-based thought listing exercise, and the qualitative process questions), and the time required to participate. I will emphasize that participation in the study will have no effect on the students' evaluation or course grades. I will also emphasize that the teaching intervention will occur in their regularly scheduled class, so all students will receive the teaching intervention regardless of formal participation in the study (i.e., completing the pretest and posttest measures). I will incentivize intervention group participation with a small food treat to be determined and the promise to share the results of the study and explain the impact of their participation once all the data have been analyzed.

To recruit participants to the control group, the principal investigator will follow similar protocols to those listed above. As I will not have any previous or dual relationships with the control group participants, there is no significant limitation of recruiting these students for my own study. I will appear in the control participants' helping skills class(es) via zoom to deliver

the informed consent and the scripted instructions for the study. The recruitment procedures will match those from the intervention group except for any talk of an intervention. I will inform the students of the purpose of the study, describe the measures used, and inform them of the time required to participate in the study. Again, I will emphasize that participation in the study will have no effect on the students' evaluation or course grades. I will incentivize participation by donating to an organization chosen by the control group if 95% of possible participants complete both the pretest and posttest.

Following recruitment, students in both groups will have approximately 20 minutes to create an identification code (Appendix C), complete a short demographics questionnaire, and the pretest CDS (Hendrick, 1988), vignette-based thought listing exercise, and qualitative process questions via Qualtrics survey during their respective helping skills classes. Two weeks after completing the pretest, I will implement the teaching intervention in the intervention group's class while the control group receives CSD "teaching as usual." Within two weeks of the intervention, participants in both cohorts will complete the posttest CDS (Hendrick, 1988), vignette-based thought listing exercise, and qualitative process questions, again via Qualtrics during class. I estimate that the posttest should take approximately 15 minutes.

Instrumentation

Within this section, I will review the demographic information to be collected, the CDS, the vignette-based thought listing exercise, and the qualitative process questions.

Demographics

The demographics questionnaire will be a free-response survey that captures age, gender, sexual orientation, race and ethnicity, and theoretical orientation. As researchers have found evidence in prior studies that these factors (in relation to the counselor, the client, and the

interaction between them) can influence how counselors utilize self-disclosure (Burkard et al., 2006; Cashwell et al., 2003; Edwards & Murdock, 1994), there may be some patterns that emerge in relation to these particular demographics; accordingly, each of these demographics are represented in the vignettes as they relate to the imagined client. As the participants will still be very early in their training and will not have seen clients yet, they may not be at a point in their professional development to indicate a theoretical orientation; there will be an option for those who are "undecided." The demographics survey is provided in Appendix D.

The Counselor Disclosure Scale (CDS). The Counselor Disclosure Scale was originally created to understand the types of self-disclosure clients wanted from their counselors. It is a 32-item scale broken down into six subscales: Interpersonal Relationships (6 items; e.g., "The counselor's relationship with his/her parents"), Personal Feelings (8 items; e.g., "The counselor's feelings of depression"), Sexual Issues (5 items; e.g., "The counselor's sexual orientation"), Professional Issues (5 items; e.g., "The counselor's training and professional experience"), Success/Failure (4 items; e.g., "The counselor's personal successes"), and Attitudes (4 items; e.g., "The counselor's political views"). The items originally were rated on a 5-point Likert scale from 1 = *strongly agree* to 5 = *strongly disagree* regarding what the participant (client) preferred their counselor self-disclose; therefore, lower scores indicated higher preference for CSD about that topic. Hendrick reported internal consistency as evidenced by standardized alphas ranging from .71 for Attitudes to .86 for both Interpersonal Relationships and Personal Feelings. There exists reasonable independence among the subscales to indicate that they measure unique categories of self-disclosure, but there is some overlap to indicate general themes of self-disclosure. Intercorrelations between subscales range from .10 for Sexual Issues and Professional Issues to .69 for Personal Feelings and Interpersonal Relationships. These correlations make

sense, as the first two constructs, Sexual Issues and Professional Issues, are generally unrelated (correlation of .1) while the latter constructs, Personal Feelings and Interpersonal Relationships, are similar in that they measure the counselor's experience outside of the therapeutic relationship (correlation of .69).

The Counselor Disclosure Scale has been used in several slightly modified forms in prior research studies of various topics under the umbrella of counselor self-disclosure. Based on the researcher's search, the CDS is seemingly one of very few, if not the only, quantitative measures created specifically for the study of counselor self-disclosure. It has been used to study the effect of cross-racial counseling on client interest in self-disclosure from the counselor (Cashwell et al., 2003), experienced psychologists' self-reported frequency of disclosing on different topics in clinical practice (Duke & Murdock, 1992; Edwards & Murdock, 1994), and social work students' perceptions of how often they disclose on each of the categories in Hendrick's (1988) measure (Knight, 2012b, 2014). Each of these studies have reported similar psychometrics to those originally reported by Hendricks (1988) with internal consistency for each subscale represented by standardized alphas ranging from .69 to .92 (Cashwell et al., 2003; Duke & Murdock, 1992; Edwards & Murdock, 1994).

For the purposes of this study, participants will receive this prompt:

PLEASE READ SLOWLY AND CAREFULLY: Counselors have to make many decisions moment-by-moment about what skills to use when in session with clients. Sometimes, those decisions are around whether to disclose personal information. This questionnaire is assessing whether you feel **prepared** to ***make decisions*** about self-disclosure when in session with clients. [Space here] Please indicate how **prepared** you feel to ***make***

> ***decisions in the moment*** about whether to disclose the following topics to a client. [Space here] This survey is not asking you whether or not you would disclose, it is asking if you feel prepared to think through the decision to disclose or not. Please note: this scale moves from **left** (most prepared) to **right** (least prepared).

In this study, responses are scored from 1 = *completely prepared for in-session decision-making* to 5 = *completely unprepared for in-session decision-making*). As the prompt has been modified from Hendrick's original intention for the measure, the modified CDS was evaluated for clarity and updated as part of the pilot study (see "Pilot Study" section of this chapter). Both the original CDS and the modified version used for the purposes of this study can be found in Appendix E and Appendix F, respectively. In line with the original scoring mechanism of the CDS, the modified version of the instrument is structured so that higher scores indicate feeling less prepared,

Vignettes

Following established guidelines for creating cognitive appraisal vignettes (Evans et al., 2015), I created two balanced counseling vignettes (Appendix G) to illustrate counselor-client dyad interactions that leave the counselor in a position of needing to decide whether and/or how to use CSD. Participants will complete a standardized thought-listing protocol articulating their thoughts in response to the vignette and then answer qualitative process questions regarding their actual CSD decision, a written response with the wording they would use, and what new information might change their mind. The vignette and thought listing prompts underwent pilot testing and review by three expert judges; that process is described in the "Pilot Study" section at the end of this chapter.

The vignette development was grounded in the guidelines provided by Evans et al. (2015) for studying clinical decision-making. Those authors defined a *vignette* as a brief, thoughtful description of a person or situation designed to imitate crucial characteristics of a real world scenario (Evans et al., 2015, p. 162). Vignettes are flexible, efficient, and well-suited to the study of clinical judgments and decision-making as they are able to place study participants in a simulated experience that models the nuance of a clinical interaction and bypasses possible ethical concerns of studying professional judgment with real clients (Evans et al., 2015). Practice knowledge gained through lived experience and previous research on a subject matter can be used to inform the creation of vignettes (Taylor, 2006). Vignettes should be relatively short, 50-500 words, grounded in the relevant literature, phrased in the present tense, balanced regarding demographic information across related vignettes, and as neutral as possible regarding cultural and socioeconomic factors (Evans et al., 2015). Researchers should avoid placing the participant in the vignette in a first- or third-person capacity to avoid confusion or passive engagement with the scenario; accordingly, the vignettes created for this study have participants considering the scenario from the second person (you) viewpoint.

Evans et al. (2015) described *experimental aspects*, *controlled aspects*, and *contextual aspects* of vignettes as the characteristics that are, respectively, either manipulated, kept consistent, or varied to keep the stories interesting across the various vignettes used in a study. Although some characteristics are manipulated or kept consistent for how they could affect the dependent variables being studied, the *contextual aspects* are varied with no perceived effect on the outcome variables and are not necessarily included in all vignettes (e.g., changing the physical description of a character in the vignette without changing any consequential demographic information). The experimental variables to be studied in a vignette can be

categorical, ordinal, or interval (Taylor, 2006). As the vignettes developed for this study are being used for pretest-posttest data collection, they do not include experimental aspects. The manipulated variable in this study is the teaching intervention, external to the vignette. Most of the details of the vignette are controlled variables regarding demographics of the client or details about the counseling scenario (i.e., sex, gender, race/ethnicity). Though the remaining variables are balanced and intended to evoke similar reactions from participants, technically they are contextual aspects that have been varied between vignettes to keep them interesting (i.e., age, duration of the counseling relationship and the presenting concern).

The literature on counselor self-disclosure that informed the creation of The Contextual Model of CSD emphasizes the importance of personalizing each CSD decision within the specific context of the counselor, the client, and their working relationship. Thus, the vignettes for this study were developed to inspire each participant to consider their own characteristics in combination with the description of the given client; hence, the second-person active voice perspective is used (e.g., "You are the counselor and you have been seeing this client for…"). To balance the vignettes and avoid creating extra variance, several of the demographic factors and identities held by the clients were kept consistent as *controlled aspects* of the vignette. As the literature indicates that working alliance, duration of the counseling relationship, and presenting concern all contribute to CSD decisions (Pinto-Coelho et al., 2018; Wells, 1994), these descriptors were also controlled aspects across the pretest and posttest vignettes. Although the two vignettes differ, they are balanced in regard to the developmental stage of the client (chronological age), the working relationship, and the intensity of the client's presentation. I also chose to have both vignettes describe clients experiencing negative emotions, as researchers have found that experienced therapists tend to disclose when their clients are experiencing negative

emotion and refrain from disclosing when the client is not experiencing negative emotion (Pinto-Coelho et al., 2018).

Thought Listing. Thought listing is an open-response cognitive assessment technique for obtaining and categorizing participants' *mental contents* via listing (Cacioppo et al., 1997, p. 929). These *mental contents* illuminate the person's cognitive processes, including "thoughts, feelings, ideas, expectations, appraisals, and images" (p. 929). Cacioppo et al. emphasized the flexibility and lack of assumptions involved in the technique. This technique is appropriate when a researcher believes they know what dimensions under study are relevant but have no particular theories about those dimensions (Cacioppo et al., 1997). This is relevant to the present study, as I expect to see the tenets of the CPM model in the participants' thought listing responses, though I have no assumptions about how they will utilize the model in practice. Thought listing applies solely to the participants' in-the-moment, stream of consciousness thoughts, rather than an attempt to recall past thoughts on a specific subject. Previous researchers have modified this assessment technique to evaluate thought processes related to specific topics in counselor education (e.g., supervision, Borders & Fong, 1994; school counseling leadership, LeBlanc, 2019).

The procedure of presenting participants with a prompt and subsequently asking them to list their thoughts was recommended by Cacioppo et al. (1997) and demonstrated by Cacioppo, Glass, and Merluzzi (1979) in their study on social anxiety. The researchers stated that the prompt for the thought listing exercise can be administered before, during, or after an experience involving the idea being studied. Cacioppo et al. (1979) prompted participants to think about an upcoming conversation with someone they did not know and then listed their thoughts. For the current project, the idea under study is students' mental content regarding the use of CSD with

individual clients (RQ 2). The intention is to gain insight into what factors the participants take into consideration in their decision whether to use self-disclosure and their thoughts while moving through the decision-making process that may or may not ultimately end in the use of counselor self-disclosure. The research question involves whether there is a change in the listed thoughts and considerations after the treatment group receives the teaching intervention grounded in TCM of CSD.

The content (thoughts) of the thought listing exercise will be scored by a team of trained coders for the presence of elements of the Contextual Model of CSD; essentially, these scores will reflect frequencies of thoughts related directly to the content of the model. Higher scores would indicate greater integration of the course material and internalization of the content and process necessary to make a therapeutic decision. The coding team will be trained using data collected in the pilot studies.

Appendix H Reflects the Qualtrics interface for the vignette-based thought listing exercise. The instructions have been adapted from thought listing exercises utilized in previous studies (e.g., Borders & Fong, 1994; Cacioppo et al., 1979; LeBlanc, 2019). Following the recommendations of Cacioppo and Petty (1981), participants will have three minutes to engage in thought listing after the given stimulus (the vignette). This timed portion will include only the thought listing exercise. The Qualtrics platform will be designed to allow them to remain on the thought listing page for only the amount of time allotted. When they are finished or when the allotted time has run out, they will be sent to the next page to make a final decision about what they would do in the given situation and to respond to qualitative process questions (which are described in more detail below). The time limit for documenting thought listing responses was a focus of the pilot study. In line with the recommendations of Cacioppo and Petty (1981), I found

that three minutes was a perfectly appropriate amount of time for students to list their current thoughts without shifting into reflecting on the thoughts they had written down.

Process Questions. Following the thought listing exercise, participants will answer three summative process questions for the purpose of qualitative content analysis.

Figure 2. Process Questions

PROCESS QUESTIONS
1. What would you say to the client?
2. Would you utilize counselor self-disclosure in response to this client? Please explain (briefly).
3. What most influenced your decision about how to respond to the client?
4. What might make you change your mind regarding your response to the client?

The purpose of this assessment is to understand the participants' ultimate decision (the Decide and Apply stage of the model) and to prompt them to reflect on the impact of whatever response they ultimately choose (the Reassess stage of them model). The first two questions will ask the participant directly whether they would choose to utilize CSD in response to the client situation depicted in the vignette, and the following two questions will provide more details around how they made those choices. I imagine that phase four, Reassess, may emerge as a theme in the participants' responses to the last question, though that is not the specific intention of the question.

All four qualitative process questions will be free response and give the participant the space to write out their culminating thoughts and responses to moving through the decision-making process of CSD. These responses will be analyzed by the same team of trained coders

mentioned in the thought listing exercise. For these questions, they will be conducting content analysis with open coding while keeping the Contextual Model of CSD in mind. Again, the team of coders will be trained using data collected in the pilot study.

Data Analysis

The quantitative data will be imputed into SPSS for analysis, while qualitative data will be analyzed separately via content analysis. The CDS scores as well as numeric ratings for the thought listing exercise will be examined using a repeated measures analysis of variance (ANOVA). The repeated measures ANOVA will demonstrate changes over time, between groups, and as a result of the interaction between change over time and difference between groups. The researcher will also take an exploratory look at how the demographics of the participants may have impacted the responses. Due to the small sizes of each demographic subgroup, these will not be formal analyses; however, this information could potentially point to future research questions. The qualitative data resulting from the process questions will be analyzed for content by a team of four coders. I will describe in the following subsections which analyses will be utilized and the rationale for those choices.

Counselor Disclosure Scale

To address RQ 1, the CDS data will be analyzed using a repeated measures ANOVA. For RQ 1, this researcher hypothesizes that a) the control group's posttest scores may either stay fairly consistent or decrease slightly, indicating more preparedness, due to receiving CSD teaching as usual, b) the intervention group's posttest scores will decrease as a result of receiving the TCM of CSD teaching intervention, and c) the intervention group's posttest scores will decrease more than the control group's posttest scores.

Thought Listing

To address RQ 2a, I will calculate the frequency scores for each group and, again, analyze using repeated measures ANOVA. The coding team will label each thought listed using deductive coding based on a priori codes; this is a more quantitative approach to content analysis (McKibben et al., 2020). The codes for this study will be elucidated in a codebook grounded in the TCM of CSD framework. The TCM of CSD will be broken down very explicitly and particularly in order to code each thought as specifically as possible. Frequencies will be compared within groups to assess pretest-posttest infusion of the model or CSD teaching as usual, and between groups to evaluate if teaching the model has a direct effect on the number of elements CITs consider when thinking through a CSD decision. As RQ 2a is measuring the frequency that participants reference tenets of the model when thinking through a CSD decision, I hypothesize that the pretest scores will be fairly similar, but the intervention group's posttest frequency scores will be higher than the control group's scores. The control group's scores may also increase after receiving CSD teaching as usual, as the TCM of CSD model is grounded in the existing literature, but I expect the intervention group's scores to increase more than the control group's scores. My hypothesis is that the frequency of elements of the model will be significantly higher in the intervention groups' listed thoughts posttest scores in comparison to both their pretest scores and both the pretest and posttest scores of the CSD teaching as usual group. The coding team will also take note of the content of the thought listing exercise for emergent patterns of what factors participants consider when thinking through a CSD decision or what skills they may employ instead of choosing CSD. These themes may serve to complement the findings of the Process Questions analyses.

Process Questions

Coders will utilize consensual qualitative research modified for simple data (CQR-M; Spangler et al., 2012) to code participants' responses to questions 1-4 for qualitative themes and patterns. If possible, ratings will also be coded numerically to test for differences between groups (Creswell & Plano Clark, 2007; Heppner et al., 2016). For question 1 ("What would you say to the client?"), answers will be open coded for emergent topics (e.g., disclosures of similar experience, emphasis on culture or identity, etc.) and types of responses (i.e., use of counselor self-disclosure, reflection, open question, etc.). Question 2 ("Would you utilize self-disclosure in response to this client? Please explain.") data will be analyzed quantitatively to measure the presence or absence of CSD in their responses and qualitatively for themes in their explanations of why or why not they chose to employ CSD. I will employ McNemer's test for repeated measures Chi-squared (Howell, 2013) for the quantitative analysis that will inform RQ2c. This test is appropriate as this analysis violates the standard Chi-square assumption of *independence* and accounts for the reality that the data points are related to one another as the same participants are completing both the pretest and the posttest. Question 3 ("What most influenced your decision about how to respond to the client?") will be coded with the Contextual Model of CSD specifically in mind, as well as open-ended coding of responses that do not reflect any aspect of the model in order to capture any currently unknown or missed factors that are considered by multiple CITs making CSD decisions. Question 4 ("What might make you change your mind regarding your response to the client?") will be content coded for categories respondents give. Examples of possible categories could be "the client was emotional," "if I had known XXX information," "someone telling me the right thing to do in that situation," "further reflection in supervision." Coders will remain open-minded and track all categories of responses.

Ethical Concerns

Though the study involves no deception and no evaluation that would affect participants' class grade (this will be emphasized to students in the informed consent and recruitment script), participation in the study could heighten students' developmentally appropriate anxiety. Though I do not foresee grounds for beginning with a specific content or trigger warning, I will monitor the room and intervene as needed. Experimenter bias, particularly my investment in the study as principal investigator and the educator providing the teaching intervention, and participant bias—possible social desirability as the intervention group participants are master's students in the same program that I am a doctoral student, may affect the results. Furthermore, I am acting as co-instructor of a different course that these students are taking this semester. Therefore, they may be more inclined to participate or respond a certain way for social desirability reasons. The American Counseling Association's (ACA) *Code of Ethics* (2014) stipulates that all researchers must conduct ethical research by obtaining informed consent, clearly explaining why data are being collected, and thoughtfully contemplate the risks and benefits of working with the participants in the study. I will apply these ethical principles throughout the duration of the study and will document any abnormality I may encounter in the process.

Pilot Studies

Vignette Validation

The purpose of this pilot study was to obtain expert review of the two vignettes I created in accordance with the guidelines and recommendations of Taylor (2006) and Evans et al. (2015). A table of Evans et al.'s recommendations is pictured below.

Figure 3. Table of Recommendations for Vignette Content

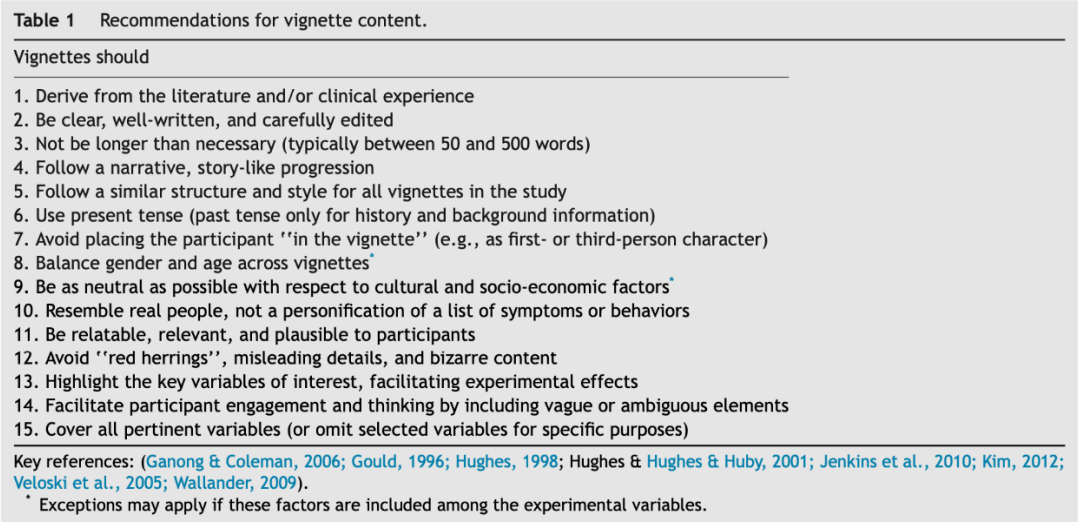


Table 1 Recommendations for vignette content.

Vignettes should
1. Derive from the literature and/or clinical experience
2. Be clear, well-written, and carefully edited
3. Not be longer than necessary (typically between 50 and 500 words)
4. Follow a narrative, story-like progression
5. Follow a similar structure and style for all vignettes in the study
6. Use present tense (past tense only for history and background information)
7. Avoid placing the participant ''in the vignette'' (e.g., as first- or third-person character)
8. Balance gender and age across vignettes*
9. Be as neutral as possible with respect to cultural and socio-economic factors*
10. Resemble real people, not a personification of a list of symptoms or behaviors
11. Be relatable, relevant, and plausible to participants
12. Avoid ''red herrings'', misleading details, and bizarre content
13. Highlight the key variables of interest, facilitating experimental effects
14. Facilitate participant engagement and thinking by including vague or ambiguous elements
15. Cover all pertinent variables (or omit selected variables for specific purposes)

Key references: (Ganong & Coleman, 2006; Gould, 1996; Hughes, 1998; Hughes & Hughes & Huby, 2001; Jenkins et al., 2010; Kim, 2012; Veloski et al., 2005; Wallander, 2009).

* Exceptions may apply if these factors are included among the experimental variables.

I sent the above table of recommendations, the two vignettes, and 12 evaluation questions to my expert reviewers (see form in Appendix I). I selected two of my doctoral committee members (not my chair) and one other counselor educator with applicable expertise as expert reviewers. As the vignettes depict interpersonal communication situations, I asked for feedback from my committee member who is a communications studies scholar and has taught seminars on interpersonal communication. I also requested feedback from two counselor educators, both of whom have developed vignettes for research purposes; one of these experts is on my committee and the other I have never met before.

The main focus for the vignette review was balance across the two vignettes. I also asked specific questions geared toward suggestions number 2, 4, 5, 9, 10, 11, 12, and 14 recommended by Evans et al. (2013), pictured above. I did not specifically address 1, 3, 6, 7, or 15, as these recommendations are straightforward and can objectively be included or excluded in the vignette. I also did not ask the expert reviewers to speak to highlighting key variables of interest that facilitate experimental effects (number 13), as that point does not speak to the intended function of the vignettes being discussed here. The experimental variable is the teaching

intervention, not a specific piece of information in the vignettes. All participants will respond to the same vignette at the same time; they will all see vignette 1 on the pretest and vignette 2 on the posttest.

The feedback I received was generally positive and consistent across the three expert reviewers. They all confirmed that the vignettes are written clearly and neutrally in regard to culturally relevant factors. Though one judge suggested the vignettes may be somewhat short, the other two judges agreed that the length is appropriate to convey the intended scenarios. All of the experts reported the vignettes appeared balanced in terms of intensity of the presenting concern, universality of the presenting concern, and overall content. One of the expert reviewers noted that vignette one (on the topic of divorce) might be more generally understood than vignette two (about the loss of a grandparent), as the second vignette involves human relations that may or may not actually resemble the counselor's relationships. On the other hand, one of the other experts noted that divorce is less universal than grandparent loss. I believe that these two conflicting observations speak to the reality that participants will react differently to each of the vignettes based on their own personal experiences. I see the two comments as canceling each other out and, therefore, did not make any changes to the presenting concerns based on these responses. All three of the expert reviewers reported that the vignettes are engaging and relevant with no obviously bizarre or misleading content. One expert commented, "The client is making a bid with their ending statement, and I would feel prompted to at least consider self-disclosure." This response validates the intended purpose of the vignettes and speaks to the possible thought content I may capture in the thought listing exercise. The feedback did not ultimately elicit any significant changes to the vignettes.

Pretest Pilot

Upon completion of vignette review, I created the Qualtrics form comprised of all the instruments used in this test battery, including some questions to create unique identification codes and the brief demographics survey (Appendices C and D). Both my dissertation chair and a colleague tested the Qualtrics link to ensure that they were able to access the appropriate page and that it functioned as intended (i.e., the instruments were separated on their own pages, the timed thought listing exercise functioned as expected, the qualitative process questions each loaded on the same page below the vignette). There were a few semantic suggestions, all of which were incorporated to make the prompts clearer. There was also a discrepancy between the description of how the timed thought listing exercise would function and how it actually functioned. Originally, the description of the exercise stated that the clock at the top of the page would be counting down, while the aforementioned clock actually counted up from zero. This was addressed and corrected to show a clock that counts down from the allotted three minutes.

Once the link was confirmed to be functional, five second-year counseling students in one internship supervision group were invited to participate in the pilot study to assess for clarity, functionality, and appropriate timing of the data collection instruments. All five supervisees in the group agreed to participate in the pilot study. I sent those who consented to participate the Qualtrics link to complete the pretest as I expected it to appear in the full study. All 5 participants completed the survey in its entirety. The quickest participants completed the survey in 9 minutes, and the last survey was turned in after 15 minutes.

After completing the survey, two of the participants asked how they should have responded to items that did not apply to them, such as content about children if one is childless. As a result of this question, as well as a consult with an educational research methods scholar, I

have added an "N/A" option in addition to the standard Likert scale that measures from *completely prepared* to *completely unprepared*. The consultant emphasized that it would be more harmful not to have an N/A option, as this would result either in having missing data or having participants hypothesize or make something up. The consultant recommended that if any participant selects "N/A" on more than two items in any given subscale, we should remove that participant from the data analysis.

The first-round pilot study participants also universally struggled with the wording of the prompt to the CDS. The prompt was written as:

> How prepared or unprepared do you feel to make decisions about self-disclosing the following topics to a client? In other words, today, do you feel completely read and prepared, or completely not ready and unprepared, or somewhere in between, to share the information named in each item with a client?

In collaboration with the ERM consultant and second-round pilot participants, I reworked the prompt to read:

> PLEASE READ SLOWLY AND CAREFULLY: Considering your training thus far, how **prepared** or **unprepared** do you feel to ***make decisions about self-disclosure***? [Space here] When reading over the following content areas, please indicate how **prepared** or **unprepared** you feel to ***make decisions in the moment*** around whether to share or not share the information with a client. [Space here] This survey is not asking you whether or not you would disclose, it is asking if you feel prepared to think through the decision to disclose or not.

We agreed that this phrasing speaks more to the participants' self-perceived preparedness in decision-making that may or may not have been instilled by their counselor education training. They had less feedback regarding the thought listing exercise prompt and the qualitative questions. They had a few minor suggestions regarding clarity, which I incorporated in the updated instructions.

After incorporating the changes suggested by the supervision group participants and ERM consultant, I distributed the survey to four more colleagues. There was still confusion around the intention of the modified Counselor Disclosure Scale. As a result, I rewrote the instructions to provide more clarity and then continued sending the survey out one person at a time to assess for clarity of the instructions. Ultimately, I sent the survey out four separate times, one-by-one to colleagues, before finalizing the verbiage of those instructions. In the end, the last pilot participants understood the prompts and confirmed the changes were beneficial to the clarity and functionality of the testing instrument (see final verbiage in Appendix F).

After implementing changes based on the results of the pilot studies, I proposed the study to dissertation committee members and all counseling faculty for their review and feedback during an open dissertation proposal seminar. The dissertation committee and the Institutional Review Board (IRB) both approved the study.

CHAPTER IV: RESULTS

The purpose of this study was to test the viability of The Contextual Model of Counselor Self-Disclosure (TCM of CSD) as a framework for teaching counselors-in-training (CITs) how to think through in-the-moment self-disclosure decisions. In this chapter, I will start by reviewing the sample demographics. Then I will outline changes made to the procedures to describe how the study was actually conducted. Finally, I will report the results of the analyses as they related to each research question and how these analyses evolved as necessitated by the realities of the study.

Sample

As described in Chapter III, the sample was recruited via introductory helping skills courses in regional CACREP-accredited counseling programs. The G*Power analysis to compute required sample size a priori for an independent samples *t*-test given an alpha error probability of 0.05, power of 0.8, and a moderate effect size *d* of 0.5, yielded a proposed sample size of 51 participants per group. However, due to the convenience sampling method used and the time constraint of the intervention site only offering a skills class in the fall semester, my committee and I proceeded with an intervention group with 34 possible participants. I then recruited for the control group from comparable, regional programs, with the goal of balancing the number of participants in each group. After speaking with several faculty members, participants were recruited from three comparable programs with instructors willing to designate class time in the helping skills course to collect the comparison group data. After recruiting in each of the four helping skills courses (in person for the intervention group and via zoom for the control group) and accounting for attrition in both groups, the final sample size was 54, composed of 26 participants in the intervention group and 28 participants in the control group.

This researcher collected demographic information from all participants: age, gender, sexual orientation, and race/ethnicity (see Table 2). The intervention group participants ranged in age from 22 to 42 years old (M = 25.308). The control group participants included those aged 20 to 51 (M =28.607). Twenty intervention group participants self-identified as cisgender women, and six identified as cisgender men. Participants in the control group self-reported gender as cisgender woman (n = 22), cisgender man (n = 4), transgender man (n = 1), and nonbinary (n = 1). Of the 26 intervention group participants, 20 self-reported sexual orientation as heterosexual or straight, five identified as members of the LGBTQ+ community, and one participant chose not to report. The majority of control group participants also self-identified as heterosexual (n = 20), while seven control group participants identified as LGBTQ+ and one participant chose not to report. The majority of both intervention and control group participants self-reported as White. The racial breakdown of the intervention group participants included White (n = 23), Black/African American (n = 3), Latino/Latina or Hispanic (n = 2), Asian (n = 1), and Biracial (n = 3); percentages for the race/ethnicity of the intervention group do not equal 100, as the participants who indicated two races were included in each of the individual racial categories as well as counted as "Biracial." The control group participants reported race as White (n = 21), Black/African American (n = 5), Latina/Latino or Hispanic (n = 1), or American Indian or Alaska Native (n = 1).

Table 2. Demographics of Participants in Intervention and Control Groups

Note. IG = intervention group, CG = control group

***N* = 54**	**Group**	**Identifier**	***n***	**%**	***M***	***SD***	**Range**
		AGE					
	IG		26		25.308	4.637	22-42
	CG		28		28.607	8.808	20-51
		GENDER					
	IG	Cisgender Woman	20	76.90%			
		Cisgender Man	6	23.08%			
	CG	Cisgender Woman	22	78.57%			
		Cisgender Man	4	14.28%			
		Transgender Man	1	3.57%			
		Nonbinary	1	3.57%			
		SEXUAL ORIENTATION					
	IG	Heterosexual	20	76.92%			
		LGBTQ+	5	19.23%			
		Unreported	1	3.85%			
	CG	Heterosexual	20	71.43%			
		LGBTQ+	7	25%			
		Unreported	1	3.57%			
		RACE/ETHNICITY					
	IG	White	23	88.46%			
		Black/African American	3	11.54%			
		Latina/Latino or Hispanic	2	7.69%			
		Asian	1	3.85%			
		Biracial	4	15.38%			
	CG	White	21	75%			
		Black/African American	5	17.86%			
		Latina/Latino or Hispanic	1	3.57%			
		American Indian or Alaskan Native	1	3.57%			

CSD Teaching as Usual

To ensure that the control group was receiving similar CSD education across the three programs from which the researcher sampled participants, I interviewed all the Helping Skills instructors beforehand to get a sense for how they would teach their students about self-disclosure. Two out of the three instructors utilize the same textbook for their courses, *Learning the Art of Helping: Building Blocks and Techniques* by Mark E. Young, while the other instructor teaches from *Intentional Interviewing in Counseling: Facilitating Client Development in a Multicultural Society* by Allen E. Ivey, Mary Bradford Ivey, and Carlos P. Zalaquett. All of the instructors included in this sample teach self-disclosure as a skill to be used thoughtfully rather than teaching nondisclosure as the only option. One of the instructors indicated that they teach CSD as one element of a class period labeled "Relationship, immediacy, and other advanced skills;" this instructor specified that this lesson also includes discussion of broaching and immediacy. The other two instructors led discussion-based class periods focused on CSD through the lens of *use of self*. All three instructors emphasized teaching students to be intentional around use of CSD, though did not specify what they communicated to students regarding *how* to determine if a disclosure is appropriate. The control group instructors all shifted their syllabi to ensure they discussed CSD between pretest and posttest data collection for this study.

Changes to Procedures

Through discussions with my committee after the proposal seminar and unforeseen circumstances during recruitment, data collection, and administration of the teaching intervention, changes were made to the procedures previously outlined in Chapter III. The only unforeseen circumstance that affected the planned study procedures was the unexpected

availability of more time to implement the TCM of CSD teaching intervention. Despite an original plan to teach for one hour and give a half hour for completion of the posttest, I was able to spend 1.5 hours implementing the intervention. Therefore, the participants were simply given more time throughout the presentation for each of the activities and discussions.

Recommendations from Committee

For comparison of the Counselor Disclosure Scale scores, my committee recommended that an independent *t*-test might be a more appropriate analysis of the difference between groups at posttest than ANOVA if preliminary analyses conveyed no difference between groups at the pretest. If the preliminary analyses showed no difference between the two groups, it would be appropriate to analyze the posttest scores using an independent samples *t*-test, which requires a smaller sample than ANOVA requires. This change is reported in the Data Analyses for Research Question 1 section in this chapter.

My committee also recommended further consideration and clarification of the qualitative coding methods used to analyze the thought listing and process questions data. To address all of the research questions, I selected two different qualitative approaches. By analyzing the quantitative CDS data, the qualitative thought listing data, and the qualitative process questions data using three distinct methodologies, I will better be able to triangulate all the data to understand the impact of the TCM of CSD teaching intervention.

As the thought listing data was always intended to be analyzed for the presence of tenets of the TCM of CSD framework, I chose to utilize deductive content analysis based on a codebook that elucidated each tenet of the model that might be found in the participants' thoughts. For the qualitative process questions, I took an inductive approach utilizing modified consensual qualitative research (CQR-M; Spangler et al., 2012). Using this methodology, I was

able to start with the data and develop domains, categories, and subcategories based on the participants' responses rather than coding to a pre-identified codebook. My committee emphasized the importance of ensuring trustworthiness and rigor in the qualitative data analysis processes; these topics will be addressed in the context of both the thought listing and process questions data analysis processes, as I applied unique qualitative coding approaches to each.

Data Analyses

Research Question 1 (RQ 1)

Does implementation of the TCM of CSD teaching intervention increase CITs' self-reported preparedness to utilize CSD in various content areas? (revised RQ)

All 54 participants (intervention group and control group) completed the Qualtrics survey that included the 32-item Counselor Disclosure Scale (CDS) at pretest and posttest. The CDS proved to be a challenging scale for the purposes of this study, though still the only option currently available to measure self-disclosure. As mentioned in Chapter III, the scale was modified after consultation with a statistician. As a result of that consult, the decision was made to include an "N/A" option, so the study participants would not be in the position to conjecture on some items and answer based on relevant experience for others. However, this choice meant some of the items were responded to at significantly lower rates than others. In collaboration with my dissertation chair, I made the decision to drop items with less than a 70% response rate from the planned analyses. This meant that any item answered by 20 participants or less from the control group or 19 participants or less of the intervention group were dropped. Ultimately, items 1 ("Your relationship with your partner"), 2 ("Your relationship with your children"), 11 ("Your suicidal thoughts"), and 19 ("Whether you have ever been physically or sexually abused") were dropped from the analyses. A test for normality ("straight line" test) revealed a normal

distribution for the data from both groups. The remaining 28 items were analyzed first comparing the composite scores of the two groups for both the pretest and the posttest, and then analyzed by item from pretest to posttest for each group.

The analyses began with preliminary analyses of the two groups' pretest CDS composite scores to establish that there was no significant difference between the two groups' participants' scores at baseline or pretest. The *t*-test was one-tailed, as the hypothesis was that the intervention would shift the scores specifically in one direction toward feeling more prepared; therefore, a two-tailed test was not necessary. There was no evidence of a significant difference at the alpha-level of 0.05 between the two groups' pretest scores [t (52) = 0.224, p = 0.413]. As the two groups were not significantly different at pretest, I was able to compare the posttest scores using the same independent *t*-test method rather than ANOVA. There was a difference in comparing the two groups' posttest scores that approached significance [t (52) = 1.533, p = 0.066]. Though the difference is not statistically significant at the p = 0.05 level, the difference could be interpreted as practically significant when considering statistical power and the small sample size, suggesting further study could be fruitful.

Nevertheless, the sample size was relatively small at 54 total participants, I was unable to achieve the preferred statistical power to protect against making a Type II error of failing to find a relationship where one actually exists (Balkin & Sheperis, 2011). A post hoc G*Power analysis of a one-tailed independent *t*-test using the results of SPSS analyses (effect size d = 0.59266, p = 0.066, sample size of group one = 28 participants, and sample size of group two = 26 participants) confirmed that the power achieved in this study was only 0.74, which is less than 0.80, the standard power level in social science (Balkin & Sheperis, 2011). If the study were replicated with a larger sample that could demonstrate appropriate power, the results could cross

the threshold into statistical significance.

Within groups, there was a statistically significant decrease in composite scores for both groups from pretest to posttest, indicating that participants in both groups felt more prepared overall to make self-disclosure decisions across various content areas. The paired samples *t*-test of the intervention group's composite CDS scores ($n = 26$) showed a statistically significant difference with a *t* statistic of 2.714 and *p*-value of 0.006. The control group ($n = 28$) also demonstrated a statistically significant difference in perceptions of their preparedness as evidenced by a *t* statistic of 2.460 and a *p*-value of 0.010 (see Table 3 for both groups' pretest to posttest analyses).

Because the result of the main comparison *t*-test comparing the composite scores at posttest of the two groups approached significance, I conducted exploratory tests of each item to identify where more specific differences between groups pretest to posttest might exist. As the purpose of these follow up analyses were merely exploratory, I did not run the items against the familywise error rate and simply compared the differences in means from pretest to posttest by item within each group. Both groups recorded feeling more prepared to utilize CSD across content areas at posttest, though the control group did report feeling less prepared on two items (items 9, "Your feelings of happiness," and 22, "Your theoretical approach to counseling") while the intervention group's preparedness increased on every item included in the CDS. It is also worth noting that it appears the intervention group's reported preparedness accounted for more of the difference between groups on the overall test than the control group's on items 3 ("Your relationship with your parents"), 5 ("How you have coped with problems you have had"), 6 ("Information about your family background"), 9 ("Your feelings of happiness"), 12 ("Your feelings about your physical appearance"), 14 ("Your feelings of anger"), 22 ("Your theoretical

approach to counseling”), 23 (“Your ‘diagnosis’ of the client in front of you”), 25 (“Your personal successes”), 26 (“Your personal failures”), and 28 (“Your professional failures”), as the control group’s pretest and posttest scores on these items were not very different. On the other hand, and equally as interesting, the control group saw a bigger change than the intervention group on only one item: item 29 (“Your religious beliefs"), indicating they felt more prepared to make CSD decisions on the topic of their religious beliefs. Both group’s pretest to posttest analyses on composite CDS and item scores can be seen in Table 3 below.

Table 3. CDS Pretest/Posttest Analysis by Group and Item

	Intervention Group			Control Group		
CDS Item	***n***	***t***	***p***	***n***	***t***	***p***
Composite Score	26	2.714	0.006*	28	2.460	0.010*
1. Your relationship with your partner	17	DROPPED FROM FINAL ANALYSIS		23	DROPPED FROM FINAL ANALYSIS	
2. Your relationship with your children	3	DROPPED FROM FINAL ANALYSIS		7	DROPPED FROM FINAL ANALYSIS	
3. Your relationship with your parents	26	2.361	0.013*	26	0.613	0.273
4. Your relationships with your close friends	26	3.134	0.002*	28	1.754	0.045*
5. How you have coped with problems you have had	26	3.728	< 0.001*	28	0.626	0.268
6. Information about your family background	26	2.058	0.025*	27	1.304	0.102
7. Your feelings of anxiety	26	1.959	0.031*	28	1.964	0.030*
8. Your feelings of depression	23	2.833	0.005*	20	1.788	0.045*
9. Your feelings of happiness	26	2.158	0.020*	28	-.284	0.389
10. Your fears	26	3.048	0.003*	28	1.705	0.050*
11. Your suicidal thoughts	26	DROPPED FROM FINAL ANALYSIS		8	DROPPED FROM FINAL ANALYSIS	
12. Your feelings about your physical appearance	26	2.383	0.013*	27	1.027	0.157
13. Your feelings about your personality	26	1.224	0.116	28	0.304	0.382
14. Your feelings of anger	26	2.640	0.007*	27	1.072	0.147
15. Your attitudes toward sex	26	1.115	0.138	28	0.422	0.338
16. Your personal sexual practices	25	0.732	0.236	26	1.570	0.064
17. Your sexual orientation	26	1.303	0.102	28	0.862	0.198
18. Whether you are attracted to the client in front of you	25	0.849	0.202	22	1.246	0.113

19. Whether you have ever been physically or sexually abused	26	DROPPED FROM FINAL ANALYSIS		15	DROPPED FROM FINAL ANALYSIS	
20. Your professional degree	26	0.402	0.346	28	0.550	0.293
21. Your training and professional experience	26	0.618	0.271	28	0.182	0.428
22. Your theoretical approach to counseling	26	1.933	0.032*	25	-0.283	0.390
23. Your "diagnosis" of the client in front of you	25	2.817	0.005*	27	0.880	0.194
24. Whether you like your work	26	0.537	0.298	28	1.473	0.076
25. Your personal successes	26	2.261	0.016*	28	0.739	0.233
26. Your personal failures	26	2.059	0.025*	28	0.694	0.247
27. Your professional successes	26	1.162	0.128	28	1.072	0.147
28. Your professional failures	26	2.952	0.003*	28	1.653	0.055
29. Your religious beliefs	26	1.234	0.114	26	3.089	0.002*
30. Your political views	26	1.798	0.042*	24	2.042	0.026*
31. Information about your health	26	1.690	0.052	28	1.092	0.142
32. Your personal tastes in art, music, books, and movies	26	1.225	0.116	28	1.126	0.135

Note. CDS = Counselor Disclosure Scale.
*Denotes statistically significant change from pretest to posttest

Research Question 2a (RQ 2a)

How does implementation of the TCM of CSD teaching intervention affect:

a) *How frequently CITs consider tenets of the TCM of CSD model when thinking through counselor self-disclosure decisions compared to CITs who receive CSD "teaching as usual?"*

Thought Listing: Content Analysis

I chose to conduct a deductive content analysis of the thought listing data to answer RQ2, given that the intention was analyze the participants' thoughts for the presence of the tenets of the TCM of CSD framework. A deductive approach to content analysis requires the researcher to define parameters for coding *a priori*, based on a preexisting framework, and classify the units being coded into categories based on specific procedures (McKibben et al., 2020). The big picture procedure for conducting deductive content analysis is broken down into four steps: unitizing, sampling, recording, and reducing (Krippendorff, 2019). Specifying what constitutes a unit of analysis under study is what Krippendorff called *unitizing.* In this data set, the unit of analysis was one individual thought. As participants were prompted to individually list all the thoughts they had in response to the vignette, each single thought was one unit of analysis; the thoughts were not further broken down and unitized, each thought was coded only once. There were two instances within the intervention group sample where a participant wrote more than one sentence in a textbox, and the principal investigator separated them for coding purposes. As this data set of listed thoughts was the only one in existence responding to this specific prompt and the unique vignettes created for this study, all of the existing units were analyzed; sampling units, sometimes utilized in content analysis, was unnecessary. Step three, recording categories, involves defining the codes that will be applied to the data units and creating a codebook or reference (Krippendorff, 2019; McKibben et al., 2020). The codebook increases validity and

reliability, as it elucidates as specifically as possible how each code should be applied, often with examples of representative units for the code. I created the initial codebook by assigning numbers to the different tenets of The Contextual Model of Counselor Self-Disclosure and then operationalizing each tenet for coding purposes. The fourth and final step in the content analysis process is reducing units into the categories specified in the codebook. This step is where the coding team gets involved and the consensus process take place (McKibben et al., 2020; Neuendorf, 2011).

For the analysis of the thought listing exercise in this study, the principal investigator recruited two other coders to act as the coding team. Both coders were given a gift card in thanks for their time and effort. One of the coders was a master's-level clinical mental health counseling student, and the other coder was a doctoral-level counselor education student. Both coders were current students at the same institution as the principal investigator. All three coders identify as cisgender women. One coder is Black, while the other two are white. The data were broken up by group (intervention, control) so that two coders looked at both the pretest and posttest data of one group. One coder analyzed the control group data, the other analyzed the intervention group data. I acted as the second coder on both teams, meaning I was immersed in all of the data. The three coders met for an initial training meeting that included a bracketing conversation amongst the three of us, an overview of TCM of CSD and the codebook, and a pilot test of the codebook where we group coded the data collected in the pilot study described in Chapter III.

Trustworthiness. Before coding begins, the coders must thoughtfully consider what personal assumptions and biases they are each bringing to the data analysis process (McKibben et al., 2020). This step is necessary to maximize validity and reliability of the findings and enable the research team to identify and recognize when their personal views are impacting what should

be an objective coding process based solely on the codebook. Additionally, an auditor should be employed to review the coding and to act as mediator when two coders disagree on a code (McKibben et al., 2020).

Our bracketing conversation included discussion of our personal views on CSD, how or if we tend to use it in practice, the impact of our cultural identities on how we use CSD, and recounting specific training, clinical, and supervisory experiences we have had related to use of CSD. All three coders acknowledged the fact that they were enrolled in counselor education programs at the time and discussed their training related to CSD. One coder named that she was taught "it depends" and to utilize CSD on an "as-needed" basis, though she was unable to articulate what it might depend on or how to know when it may be needed. She stated, "I am aware that my own identities may influence my level of comfortability using self-disclosure with clients, students, and supervisees who share similar identities." Another coder named that she does not like disclosing much about herself, "even if a client asks." This coder also shared that she has received mixed messaging in different supervision settings around whether CSD is appropriate, and these experiences have left her feeling that no one agrees, and she is still unsure what to do or how to use CSD. She also acknowledged that she confuses CSD with broaching and stated,

> I only 100% use it every intake session with broaching—I feel like it is a MUST and if it is not used within broaching I think it makes it less of a powerful experience (i.e., acknowledging my privilege and power in the space and how that could impact the client's experience).

The third coder shared that she also received mixed messaging in her clinical training around self-disclosure. Though first taught never to self-disclose, she was later told CSD could be a

counselor's most powerful tool. The third coder also acknowledged that "my privileged identities contribute to my sense of safety in many spaces and, therefore, a willingness to self-disclose with most people." The team kept these discussions in mind throughout the coding, returning to them as needed.

In line with the recommendations of McKibben and colleagues (2020), my dissertation chair was employed as auditor to review the codebook before coding began, arbitrate coder disagreements as needed, and assist with updating the codebook accordingly as a result of these coder discrepancies.

Content Codes. The codebook was created based on the TCM of CSD framework. Starting with the model's four phases—Define, Personalize/Reflect, Decide and Apply, and Reassess—I broke the model down into 9 applicable codes. Phase 1, Define, included two codes in order to differentiate thoughts that essentially reviewed what defines CSD and what doesn't (Code 1) from thoughts identifying an opportunity to utilize CSD (Code 2). Only two thoughts in the sample of 773 units between the two groups were coded as Code 1, and the two thoughts were by the same participant in her posttest. She wrote, "I chose not to disclose very personal information such as who I lost, when I lost them, [or] what I felt at the time." This is an example of defining what is CSD very explicitly and contextualized to the situation at hand. I ultimately ran statistical analyses of the data both by phase of the model and by the more specific codes.

During Code Team 1's coding process, it became clear that we needed to make the differences between CSD and broaching as specific and clear as possible so that we could accurately interpret the meaning of the participants' thoughts that included broaching. It became clear that some participants were using the word *broach* and then describing a response that was actually CSD (according to our definition). Additionally, we ran into some ambiguity around

whether being divorced or being a child of divorced parents constituted an identity that necessitated broaching. I consulted with a broaching scholar and expert who specified that broaching only occurs in relation to power dynamics in the counseling room, and the aforementioned identity around divorce is not one of the identities generally included when defining broaching (C. Jones, personal communication, December 8, 2021). As a result of this consultation, I updated the codebook to reflect the emphasis on power dynamics and specified that broaching, for the purposes of coding this data, would be limited to discussion of race, age, gender, sexual orientation, and social class, as those are the identities cited by broaching scholars (Day-Vines et al., 2007; Jones & Welfare, 2017). This definition outlined for Code 2 was then operationalized for application of codes in the Decide & Apply phase of the model.

The second phase of the model, Reflect/Personalize, was broken down into three separate codes. Code 3 was to be applied to any unit about the counselor, or in this case participant, including personal characteristics, qualities, or experiences the participant considered when deciding how to respond to the client. An example for Code 3, "My parents are still together so I might not get it." Code 4 was applied to thoughts about the hypothetical client's personal characteristics, qualities or clinical needs, including any thoughts conceptualizing the presenting concern described in the vignette (e.g., "five stages of grief," "maybe her grandmother raised her"). Code 5 was the final conceptualization code, and it was applied to any thought that considered both members of the clinical dyad. "I can empathize with how she is feeling," and "different cultural identities" are both examples of thoughts that were coded as Code 5.

The third phase of the model, Decide and Apply, also was broken down into three unique codes. Code 6 was applied to any thought listed that was a possible verbal response to the client that included CSD. We specified that even if the participant stated they were broaching, this code

would be applied if what they described was actually self-disclosure. For example, "broaching about my family background" was coded as Code 6, as we specified under Code 2 that family background is not something one broaches, but something one discloses. We also specified in the codebook that Code 6 would not be applied if the thought was merely "I can understand" or "I may not get it." The code team decided these types of sentence stems did not actually reveal personal information about the counselor. Any thoughts of possible verbal responses that did NOT include CSD were assigned Code 7. Code 7 includes all other options, such as reflections, questions, broaching identities and power dynamics, empathizing, validating, etc. Code 8 was a catchall code for the thoughts that were about the decision and application but indicated that the participant did not know what they were going to do (e.g., "I have no idea what to say," "I should consult").

Code 9 was the only code for the fourth and final stage of the model, Reassess, and was applied to any thought that spoke to considering a supervisor's possible input or evaluation of possible outcomes after the fact (e.g., "I hope my supervisor agrees with me").

The final codebook, complete with dates indicating additions and/or changes, can be found in Appendix J.

Interrater Reliability. To train the coding team, we coded 46 units of pilot data and utilized Freelon's (2013) ReCal3 to calculate interrater reliability (IRR). The coding team achieved agreement on 88.4% of the pilot data units with a Krippendorff's alpha of 0.83, a statistic that corrects for the amount of agreement that can be reasonably attributed to chance (Krippendorff, 2019; McKibben et al., 2020). Krippendorff (2018) stated that IRR above .80 is acceptable, therefore, we moved on from piloting the codebook to analyzing the data. According to Freelon's ReCal2 (2013; utilized when analyzing IRR of two coders), Krippendorff's alpha

and Cohen's kappa are the same when calculated for two coders. Landis and Koch (1977) offered the following interpretation of Cohen's kappa (*k*): 0.81-1.00 qualifies as substantial agreement, 0.61-0.80 represents moderate agreement, and 0.41-0.60 merits fair agreement.

As a result of scheduling and coder availability, the intervention group's thoughts were coded first and informed various adjustments to the codebook. As the first coding team (Code Team 1) ironed out any ambiguities and clarified where necessary in the codebook, our IRR steadily improved. IRR was checked four times throughout the coding process. After each IRR calculation, the coders met to discuss the coding, revise the codebook and add representative examples from the data, and reach consensus regarding which code to apply to each unit. Our interrater reliability fluctuated from fair to substantial. Coder agreement went down between the first and second rounds of coding, which prompted us to call in the auditor to attend our consensus meeting and help clarify. This meeting resulted in some updates to the codebook and much discussion around the meaning of the codes and how much coders can assume versus need to see explicitly to assign certain codes. The two coders' agreement went up for the third round. The fourth IRR check went back down to a moderate agreement at 68.6% and a Krippendorff's alpha of 0.61, therefore, Code Team 1 met again to clarify where the mismatches were and reach consensus on how to code each thought before completing the final round of coding. Code Team 1's overall IRR of the 393 thoughts coded was moderate with 77.1% agreement and a Krippendorff's alpha of 0.71 (see Table 4 for IRR statistics for each round of coding).

Table 4. Coding Teams Interrater Reliability for Content Analysis Coding of Thought Listing Data

(N = 773)

	Code Team 1			Code Team 2		
Coding Phase	***n***	**% Agreement**	***α***	***n***	**% Agreement**	***α***
Round 1	81	72.8	0.67	52	84.6	0.78
Round 2	26	69.2	0.54	44	81.8	0.73
Round 3	84	85.7	0.80	65	90.8	0.85
Round 4	105	68.6	0.61	115	81.7	0.75
Round 5	97	84.5	0.78	104	91.3	0.85
Round 6	N/A			50	90	0.84
Overall IRR	393	77.1	0.71	380	86.6	0.80

Note. α = Krippendorff's alpha

As a result of the first coding team's meticulous revision of the codebook, the second team (Code Team 2) was able to attain much more consistent IRR throughout the coding process. Exactly like the first coding team did, we coded a batch of units and then meet to reach consensus and address possible changes to the codebook. Code Team 2 did not need to adjust the codebook. We started with moderate agreement on the first two IRR checks before reaching substantial agreement with a Krippendorff's alpha of 0.85 (n = 65). The fourth IRR check showed our agreement fell back down to moderate levels before going back up to substantial agreement for the final two IRR checks. Code Team 2's overall agreement on the 380 units coded was 86.6% with a Krippendorff's alpha of 0.80, a level deemed acceptable by Krippendorff (2019) to validate the usability of the codebook as it exists currently (see Table 4 for IRR statistics for each round of coding).

Results. Ultimately, the coding team used the codebook to code 773 individual thoughts collected during the study (see all thoughts with the corresponding code applied in Appendix K)

into the nine discreet code categories (again, see final codebook in Appendix J). It became apparent very early in the coding that every single thought listed could be coded within a tenet of the model. As the model was created to encompass the entire decision-making process, every thought related to that process can be categorized somewhere within the model. Therefore, to answer RQ2a of how frequently CITs who receive the TCM of CSD teaching intervention consider the tenets of the TCM of CSD model when thinking through CSD decisions compared to CITs who receive "CSD teaching as usual," the results must be analyzed code-by-code and phase-by-phase of the model. The participants' thoughts in both groups were coded as considering at least one of the tenets of the model 100% of the time, whether they knew it was the model or not. The 26 intervention group participants listed 196 thoughts on the pretest with an average of 7.5 thoughts per participant and 197 thoughts with an average of 7.5 thoughts per participant on the posttest. The intervention group was notably consistent regarding the number of thoughts listed on both the pretest and the posttest. The 28 control group participants listed 174 thoughts with an average of 6.2 thoughts per participant on the pretest in response to Vignette 1 and 206 thoughts with an average of 7.4 thoughts per participant on the posttest in response to Vignette 2. The thoughts listed are broken down by code frequencies and percentages in Table 5 and Table 6.

Table 5. Intervention Group's Thought Listed by Time Point and Content Code

(n = 293)

Code Applied (based on tenets of TCM of CSD)	Pretest (*N* = 196)		Posttest (*N* = 197)	
	n	**% of Total Thoughts**	***n***	**% of Total Thoughts**
Code 1: Define CSD	0	0%	2	1.02%
Code 2: Identify Opportunity for CSD	7	3.57%	8	4.06%
Code 3: About the Counselor	28	14.29%	31	15.74%
Code 4: About the Client	63	32.14%	52	26.40%
Code 5: About the Dyad	15	7.65%	23	11.68%
Code 6: Response with CSD	10	5.10%	9	4.57%
Code 7: Response without CSD	68	34.69%	69	35.03%
Code 8: Indecision	4	2.04%	3	1.52%
Code 9: Consult a Supervisor	1	0.51%	0	0%

Table 6. Control Group's Thoughts Listed by Time Point and Content Code

(n = 380)

Code Applied (based on tenets of TCM of CSD)	Pretest (*N* = 174)		Posttest (*N* = 206)	
	n	**% of Total Thoughts**	***n***	**% of Total Thoughts**
Code 1: Define CSD	0	0%	0	0%
Code 2: Identify Opportunity for CSD	2	1.15%	3	1.46%
Code 3: About the Counselor	16	9.20%	15	7.28%
Code 4: About the Client	87	50%	99	48.06%
Code 5: About the Dyad	22	12.64%	27	13.11%
Code 6: Response with CSD	4	2.30%	6	2.91%
Code 7: Response without CSD	43	24.71%	53	25.73%
Code 8: Indecision	0	0%	3	1.46%
Code 9: Consult a Supervisor	0	0%	0	0%

In order to assess the significance of these frequency counts, I ran a multivariate analysis of variance (MANOVA) to compare the results between groups, within groups by timepoint (pretest and posttest), and the interaction effect of group and timepoint. This analysis showed there was no statistically significant impact of the teaching intervention on how frequently participants consider tenets of the TCM of CSD model when thinking through self-disclosure decisions (RQ2a). I ran the analysis two ways: comparing the frequencies of the nine specific codes between groups and timepoints and comparing the frequencies of the four phases of the model between groups and timepoints. With a sample size of 773 thoughts ($N = 773$), the only statistically significant difference at the .05 level was that between groups when comparing the frequencies of the phases of the model present in the coded thoughts ($F = 7.512$, $p = 0.006$). When comparing frequencies of the specific codes, even the difference between groups is no longer statistically significant at the 0.05 alpha-level, though the difference is very closely approaching significance ($F = 3.829$, $p = 0.051$). There was no statistically significant difference from pretest to posttest when both groups' data were analyzed by codes ($F = 0.63$, $p = 0.802$) or by phases of the model ($F = 0.004$, $p = 0.951$), nor when looking at the interaction effect of group and condition, pretest to posttest, by codes ($F = 0.622$, $p = 0.430$) or by phases ($F = 0.629$, $p = 0.428$).

Figure 4. Thought Listing MANOVA Results Comparing Frequencies of the Phases of the Model and the Specific Codes by Group, Condition (Pretest or Posttest), and the Interaction

Tests of Between-Subjects Effects

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Codes	10.903[a]	3	3.634	1.449	.227
	Phases	2.222[b]	3	.741	2.666	.047
Intercept	Codes	19017.997	1	19017.997	7583.217	.000
	Phases	4160.711	1	4160.711	14977.572	.000
Group	Codes	9.602	1	9.602	3.829	.051
	Phases	2.087	1	2.087	7.512	.006
Condition	Codes	.157	1	.157	.063	.802
	Phases	.001	1	.001	.004	.951
Group * Condition	Codes	1.561	1	1.561	.622	.430
	Phases	.175	1	.175	.629	.428
Error	Codes	1928.580	769	2.508		
	Phases	213.625	769	.278		
Total	Codes	21065.000	773			
	Phases	4398.000	773			
Corrected Total	Codes	1939.483	772			
	Phases	215.847	772			

a. R Squared = .006 (Adjusted R Squared = .002)

b. R Squared = .010 (Adjusted R Squared = .006)

As a follow-up to the initial MANOVA, I conducted separate Chi-squared analyses to evaluate if there was a statistically significant difference in the frequencies of the codes from pretest to posttest in either of the groups compared to an expected distribution. In looking at the Adjusted Residual values within each group by code and by phase, I found that there were no statistically significant differences in either group by code or by phase of the model. The Adjusted Residuals are interpreted like *z*-scores with an absolute value of 1.96 indicating statistical significance. As none of the Adjusted Residuals in either group, by code or by phase, are anywhere near the absolute value of 1.96, I concluded there was not an observed statistically significant difference in frequencies of the model considered by either group from pretest to posttest (see frequencies and Adjusted Residuals in Figures 5, 6, 7, and 8).

Figure 5. Intervention Group Adjusted Residuals by Code from Pretest to Posttest

			Code								
			Define	Identify	Counselor	Client	Dyad	CSD	NonCSD	IDK	Supervisor	Total
Condition	Pretest	Count	0	7	28	63	15	10	68	4	1	196
		Adjusted Residual	-1.4	-.3	-.4	1.3	-1.3	.2	-.1	.4	1.0	
	Posttest	Count	2	8	31	52	23	9	69	3	0	197
		Adjusted Residual	1.4	.3	.4	-1.3	1.3	-.2	.1	-.4	-1.0	
Total		Count	2	15	59	115	38	19	137	7	1	393

Figure 6. Intervention Group Adjusted Residuals by Phase of TCM of CSD Model from Pretest to Posttest

			Phase				
			Define	Reflect_Personalize	Decide_Apply	Reassess	Total
Condition	Pretest	Count	7	106	82	1	196
		Adjusted Residual	-.7	.1	.1	1.0	
	Posttest	Count	10	106	81	0	197
		Adjusted Residual	.7	-.1	-.1	-1.0	
Total		Count	17	212	163	1	393

Figure 7. Control Group Adjusted Residuals by Code from Pretest to Posttest

			Code							
			Identify	Counselor	Client	Dyad	CSD	NonCSD	IDK	Total
Condition	Pretest	Count	2	16	87	22	4	43	0	174
		Adjusted Residual	-.3	.7	.4	-.1	-.4	-.2	-1.6	
	Posttest	Count	3	15	99	27	6	53	3	206
		Adjusted Residual	.3	-.7	-.4	.1	.4	.2	1.6	
Total		Count	5	31	186	49	10	96	3	380

Figure 8. Control Group Adjusted Residuals by Phase of TCM of CSD Model from Pretest to Posttest

			Phase			
			Define	Reflect_Personalize	Decide_Apply	Total
Condition	Pretest	Count	2	125	47	174
		Adjusted Residual	-.3	.7	-.7	
	Posttest	Count	3	141	62	206
		Adjusted Residual	.3	-.7	.7	
Total		Count	5	266	109	380

Research Questions 2b and 2c (RQ 2b and RQ 2c)

How does implementation of the TCM of CSD teaching intervention affect:

b) What CITs consider when thinking through a clinical decision that could involve CSD?

c) Whether or not CITs choose to utilize CSD with clients?

Process Questions: Modified Consensual Qualitative Research (CQR-M)

To analyze the data from the Process Questions at the end of the survey instrument, I utilized a modified consensual qualitative research methodology (CQR-M). CQR-M is intended for use when analyzing qualitative data that is simpler than that which a full interview might yield (Spangler et al., 2012). Like the original CQR methodology, CQR-M is both discovery-oriented and exploratory, as the CQR-M researcher takes a bottom-up approach to create categories from the collected data instead of putting a preconceived framework onto the data. Judges meet to reach consensus regarding the domains and categories and then each code applied to ensure validity of the coding scheme and results (Spangler et al., 2012). One of the benefits of this inductive approach is that judges are not forced to assign codes or domains in an attempt to reach high interrater reliability; they are able to thoughtfully discuss the rationale for their coding rather than lose some possible nuances to the coding in service of trying to match codes with the other judge(s). Interrater reliability is not a component of CQR-M and neither is auditing (Spangler et al., 2012). The judges induce the domains and categories to be applied and reach thoughtful consensus on every domain, category, and code throughout the process. As the data are simple and concise, it is reasonable for the judges to discuss each discrepancy, rather than enforcing rigid coding protocols in service of achieving high IRR. For all of these reasons, CQR-M analysis is ideal for understanding a portion of a phenomenon and triangulating the findings with other, supplemental information. As this study had so many components, CQR-M lent itself

to the purpose of creating a multi-dimensional picture of how the TCM of CSD teaching intervention impacted the way counselors-in-training think about and think through CSD decisions.

Trustworthiness. Before any coding began, the coding team, which was comprised of myself and my dissertation chair, met to discuss personal biases and beliefs that may impact the way we coded the data. Both judges are cisgender, white women in the field of counselor education. We both acknowledged, among other things, our personal stake in this research project, as well as our own beliefs about CSD and about training novice counselors. For example, one judge noted that CSD is important and hard to teach, as it is "emblematic of the 'it depends' nature of several counseling skills and topics," and "beginners often misunderstand CSD, even with training." The other judge named her belief that counselors often misuse CSD, though it is "important, often necessary to a certain extent." She also stated, "I am rigid, and CSD is not" to indicate her awareness that this rigidity may be helpful but possibly limiting in the coding process. Both judges shared an excitement toward the process and the research project.

Inducing the Codebook. For the purposes of this study, the code team essentially conducted three individual CQR-M analyses. The initial plan was to look at the Process Question (PQ) data question by question to induce appropriate domains for each data set. However, as the principal investigator was reviewing all of the data before inducing domains, it became apparent that PQ 2 and 3 were essentially very similar and would elicit similar responses from participants. The judges agreed to combine the responses for PQ 2 and 3 and code each participant's responses to the two questions together. Therefore, we ultimately conducted three CQR-M analyses instead of four in the order that the questions were presented to participants.

We ended up with two domains for PQ1 [Skill in Response (Sk) and Content Focus of Response (Co)], two domains for PQ2 and PQ3 [CSD Decision (CSD) and Considerations (Con)], and one domain for PQ4 [Reassessment (Reax)]. The full codebook of domains and subcategories can be found in Appendix L and more detail around the coding for each question is provided below. All of the responses to the Process Questions can be found in Appendix M.

Process Question 1: What Would You Say to the Client? PQ1 was written to prompt participants to choose a final response to the client presented in the vignette after having completed the thought listing exercise. There were two domains created for coding the responses to this question with a total of 14 subcategory codes. The first domain was "Skill used in response" to capture what counseling skills the participants chose to use in response to the hypothetical client. The subcategories were: open question, immediacy, reflection of content, reflection of feeling, normalize/validate, broaching, and counselor self-disclosure (CSD). As there were no specific guidelines to the participant regarding how long their responses could be, some participants listed a response that was more than one sentence and included more than one skill; therefore, the codes for the first domains were not selectively applied with each participant's response being simplified to one code (i.e., responses could be coded in more than one category). The frequency counts and percentages of the two domains coded in Process Question 1 responses can be found in Table 8 and Table 9.

Table 7. PQ1, Domain 1: Skill in Response (Sk), Frequency Counts and Percentages

Categories Within "Skill in response (Sk)" Domain	IG Pretest		IG Posttest		CG Pretest		CG Posttest	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Sk1 – Open Question	17	31.5	9	16.4	18	37.5	18	33.3
Sk2 – Immediacy	4	7.4	7	12.7	2	4.2	8	14.8
Sk3a – Reflection of Content	8	14.8	7	12.7	4	8.3	4	7.4
Sk3b – Reflection of Feeling	10	18.5	9	16.4	9	18.8	7	13.0
Sk4 – Normalize / Validate	9	16.7	14	25.5	13	27.1	11	20.4
Sk5 – Broaching	1	1.9	0	0	0	0	0	0
Sk6 - CSD	5	9.2	9	16.3	2	4.1	6	11.1
Total	54	100	55	100	48	100	54	100

Note. IG = intervention group, CG = control group

As seen in Table 8, the most commonly used skills in response to the vignettes were open questions (Sk1) and attempts to normalize or validate (Sk4) what the client said. The open questions responses ranged from simple and direct exploration questions that could reveal more nuance in the client's situation (e.g., "What makes you say that you will not get over the divorce?") to more complex questions that were asked in combination with other skills, such as reflection, as in this response: "It sounds like you have very strong feelings surrounding the topic of divorce, can you explain more about that?" Responses coded as Normalize / Validate were those that expressed a sentiment of understanding from the participant, such as "I understand that this is a hard place for you even today." Alternatively, statements that expressed the participant's appreciation for the client's struggle were also coded in this subcategory. An example representative of those statements was, "It sounds like you are going through a very normal and extremely challenging process related to the recent passing of your grandmother."

The data coded in the first domain for PQ1 can be used to start to answer RQ2c of whether or not the teaching intervention impacted whether participants would utilize CSD, as

some of them chose a response to the client that included CSD. I ran a McNemar's Chi-square analysis of related samples to test whether there was a significant difference in either group from pretest to posttest for whether they chose to utilize CSD in response to the client. The tests for both groups yielded the same insignificant result with an exact non-significance value of 0.125 for both.

The Content Focus of Responses (Co) domain informs RQ2b, what CITs consider when thinking through a CSD decision. Across timepoints (see Table 9), the Content Focus of Responses (Co) was primarily focused on the client, whether it be their circumstances, their feelings, or on the words used in the vignettes. These client-focused responses are reflected in two coding categories: Key Words or Phrases and what the research team called *The Invitation*. Co5 Key Words or Phrases was applied to any response that spoke directly to the exact words either spoken by the client or described in the vignette. The Invitation refers to the part in the vignette (present in both Vignette 1 and 2) where the client states, "I don't know if you'll get it or not…" Any time a participant seemed to refer to this statement, the judges coded their response in the Co7 subcategory. Examples of responses that addressed The Invitation included phrases as direct as, "Why don't you think I'll understand?" and as vaguely referential as "I can understand how it feels that way right now…" The Invitation was also found to be a category within the fourth and fifth domains (Considerations and Reassessment, respectively) as well, as participants referred to the aforementioned phrase in the vignettes throughout their responses to Process Questions 1-4 (these findings reported below).

Table 8. PQ1, Domain 2: Content Focus of Response (Co), Frequency Counts and Percentages

Subcategory of "Content Focus of Response (Co)" Domain	IG Pretest		IG Posttest		CG Pretest		CG Posttest	
	n	%	*n*	%	*n*	%	*n*	%
Co1 – Client Circumstances	20	31.7	17	25.0	24	40.7	21	33.4
Co2 – Client Feelings	9	14.3	18	26.5	16	27.1	14	22.6
Co3 – Coping Strategies	1	1.6	1	1.5	1	1.7	0	0
Co4 – Identity / Culture	1	1.6	0	0	0	0	0	0
Co5 – Key Words or Phrases	7	11.1	8	11.8	2	3.4	13	21.0
Co6 – Counseling Relationship	6	9.5	3	4.4	1	1.7	1	1.6
Co7 – The Invitation	14	22.2	12	17.6	13	22.0	7	11.3
Co8 – Extratherapeutic Information	5	7.9	9	13.2	2	3.4	6	9.7
Total	63	100	68	100	59	100	62	100

Note. IG = intervention group, CG = control group

Process Question 2 and Process Question 3: Would You Utilize Counselor Self-Disclosure in Response to This Client? Please Explain (briefly). What Most Influenced Your Decision Around How to Respond to the Client? Process Question 2 was written for the direct purpose of addressing RQ2c of if the TCM of CSD teaching intervention had an impact on whether or not CITs would utilize CSD with clients and RQ2b of what considerations go into making that decision. In reviewing the data to induce domains and categories, I realized that a lot of the responses for PQ2 overlapped with those in PQ3 due to the inclusion of asking participants to explain their answer to PQ2. Therefore, the judges agreed to induce codes based on the combined data in response to PQ2 and PQ3. That process resulted in two domains: CSD Decision (CSD) and Considerations (Con; see Table 9 below). In the CSD domain, the

intervention group included 12 participants at pretest and 18 at posttest who indicated that they would utilize CSD in response to this client. In the control group, 13 participants indicated that they would utilize CSD at pretest and 17 indicated that they would utilize CSD at posttest. These responses did not necessarily reflect the responses each participant gave in response to PQ1. For instance, a participant may have answered PQ1 with a response that did not include CSD and then indicated in PQ2 that they would, indeed, utilize CSD with this client. Once again, the researcher ran two McNemar Chi-square analyses, one per group, to determine if there was a statistically significant difference in either group between how many participants would use CSD between pretest and posttest. The change in the intervention group was statistically significant at the 0.05 alpha level, with an exact significance of 0.031. However, though the control group did also have more participants indicate using CSD at posttest, the difference was not significant, with an exact significance value of 0.125. See SPSS output for the McNemar Chi-square test for each group below in Figures 9 and 10.

Figure 9. Intervention Group PQ2, Domain 3: CSD Decision, McNemar Chi-Square Analysis

		CSD_Post		
		No CSD	Yes CSD	Total
CSD_Pre	No CSD	8	6	14
	CSD	0	12	12
Total		8	18	26

Chi-Square Tests

	Value	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
McNemar Test		.031[a]	.016[a]	.016[a]
N of Valid Cases	26			

a. Binomial distribution used.

Figure 10. Control Group PQ2, Domain 3: CSD Decision, McNemar Chi-Square Analysis

		CSD_Post		
		No CSD	Yes CSD	Total
CSD_Pre	No CSD	11	4	15
	CSD	0	13	13
Total		11	17	28

Chi-Square Tests

	Value	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
McNemar Test		.125[a]	.063[a]	.063[a]
N of Valid Cases	28			

a. Binomial distribution used.

The Considerations (Con) domain for PQ 2 and 3 was divided into nine specific categories, with four of the domains being subdivided into subcategories. According to this analysis, participants considered the following when making their CSD decisions: The Invitation, Timing, Projected Impact of CSD or Non-CSD (two separate categories), Culture / Values, Counselor's Personal Experience, Counselor's Readiness to Discuss Personal Experience, Opinions About CSD, and Professional Training. Again, the judges decided not to debate or prioritize one consideration over the other and simply coded each consideration present in the participants' responses to PQ2 and PQ3. As indicated in Table 9, both the intervention and control group participants "considered" more at posttest than they did at pretest, evidenced by the total number of coded considerations within each group at each timepoint.

Table 9. PQ 2 and 3, Domain 4: Considerations, Frequency Counts

Categories Within "Considerations (Con)" Domain	IG Pretest	IG Posttest	CG Pretest	CG Posttest
Con1 – The Invitation	9	15	5	8
Con2 – Timing	3	7	5	7
Con3 – Projected Impact of CSD	Con3 Total: 18	Con3 Total: 25	Con3 Total: 25	Con3 Total: 29
Con3a – Strengthened therapeutic relationship / increased connection / empathy	10	13	9	13
Con3b – Normalize / Validate	2	4	4	4
Con3c – Model coping / inspire hope	0	3	8	2
Con3d – Alienate the client / "make it about me"	6	5	4	10
Con4 – Projected Impact of Non-CSD	Con4 Total: 19	Con4 Total: 11	Con4 Total: 16	Con4 Total: 17
Con4a – Strengthened therapeutic relationship / increased connection / empathy	8	3	9	5
Con4b – Normalize / Validate	0	0	4	2
Con4c – Focus stays on the client	11	8	3	10
Con5 – Culture / Values	Con5 Total: 5	Con5 Total: 7	Con5 Total: 5	Con5 Total: 4
Con5a – Of the client	2	4	1	2
Con5b – Of the counselor	3	3	4	2
Con6 – Counselor's Personal Experience	Con6 Total: 23	Con6 Total: 20	Con6 Total: 21	Con6 Total: 21
Con6a – Similar	6	11	8	10
Con6b – Dissimilar	14	8	9	5
Con6c – Unspecified	3	1	4	6
Con7 – Counselor's Readiness to Discuss Personal Experience	2	0	1	0
Con8 – Opinions About CSD	7	8	2	5
Con9 – Professional Training	3	0	6	3
Con9a – TCM of CSD Teaching Intervention	N/A	5	N/A	N/A
Total	89	98	86	94

Note. IG = intervention group, CG = control group

In Domain 4, Considerations, we found some similar categories to those in the previous domains for PQ1 and some new to this data set. The Invitation refers to the same idea as the category in Domain 2 (Content Focus of Response), that the participant is considering the fact

that the client in the vignette said "I don't know if you'll get it or not…" Timing refers not only to if the participant considered the timing of the interaction described, but also if the participant named or alluded to needing more information in order to make a CSD decision. Responses coded as Timing included phrases as direct as "I would not [self-disclose] just because it is early in the session," to those more vaguely indicating the need for more information, such as, "I might change my mind if I somehow knew or truly believed the client would benefit from my self-disclosure." Participants most frequently considered the impact of their responses (both CSD and non-CSD) and their own personal experiences (either similar, dissimilar, or unspecified) when deciding whether or not to self-disclose.

Process Question 4: What Might Make You Change Your Mind Regarding Your Response to the Client? The final Process Question was written to contribute to the knowledge of what considerations are influencing CITs self-disclosure decisions, but particularly when thinking about what circumstances would influence them so much as to change whether they felt CSD was or was not appropriate. We found through another round of inductive analysis that there was less variety in these considerations than those considered before or during the decision-making. In sorting through the data, judges only identified 5 unique categories of information that would make participants change their mind regarding their CSD decision: The Antecedent, Personal Experience ("If I had more experience with grief and felt some personal connections to her feelings then I would self-disclose as a way to normalize her experience"), Professional Experience ("More learning;" "More experience with self-disclosure"), Timing / More Information ("If she had mentioned this earlier or if after several more sessions she is still stuck, then I would pull out 'the big gun' of self-disclosure to show her that progress is possible"), and Feedback. The Antecedent was subcategorized into General Antecedent (what the client said or

did before the counselor was prompted to respond; “If she was angry when she stated her feelings”), The Invitation [“If the client didn’t say ‘I don’t know if you’ll understand’ I may choose not to self-disclose at this time (but another time I would);” the participant quote originally said broach where the researcher italicized self-disclose, as the context of the responses indicated that self-disclose was the more accurate label for what the participant was referring to doing], and Direct Question (if the client explicitly asked the counselor to reveal something about themself; “If the client were to ask me questions about my own grandparents or if I’d experienced something similar, I would then be more likely to self-disclose”). We also included a category for those who wrote in “N/A” in response to PQ4 or indicated that nothing could make them change their mind. The only other category broken down into subcategories was Feedback, as we found participants considering both feedback from the client (“If they have a bad reaction of some sort to what I asked”) and feedback from an imagined supervisor (“Perhaps a supervisor instructing me that what I’ve done is an incorrect response and not good”). Though the considerations seen throughout the PQ data relate to the TCM of CSD model, the data do not result in an observable impact of the TCM of CSD teaching intervention. The statistical analyses reported, and the similar frequency of categories coded in domain 5 from pretest to posttest in both groups, provide insufficient evidence of impact.

Table 10. PQ4, Domain 5: Reassessment, Frequency Counts

Categories Within "Reassessment (Reax)" Domain	IG Pretest	IG Posttest	CG Pretest	CG Posttest
Reax1 – The Antecedent	Reax1 Total: 12	Reax1 Total: 14	Reax1 Total: 11	Reax1 Total: 10
Reax1a – General antecedent	9	8	6	4
Reax1b – The invitation	2	5	0	1
Reax1c – Direct Question	1	1	5	5
Reax2 – Personal Experience	2	7	3	4
Reax3 – Professional Experience	0	0	4	2
Reax4 – Timing / More Information	3	9	5	7
Reax5 – Feedback	Reax5 Total: 5	Reax5 Total: 4	Reax5 Total: 4	Reax5 Total: 9
Reax5a – Client feedback	4	4	4	8
Reax5b – Supervision	1	0	0	1
Reax6 – Nothing or N/A	4	4	2	3
Total	26	38	29	35

Note. IG = intervention group, CG = control group

Summary

In this chapter, the researcher reviewed the data analysis procedures and results in relation to the two research questions posed before conducting the study.

Research Question 1 (RQ 1): How does implementation of the TCM of CSD teaching intervention affect CITs self-reported preparedness to utilize CSD in various content areas?

For the first research question, I hypothesized three things: a) the control group's posttest scores would either remain consistent or decrease slightly from pretest, indicating increased preparedness to utilize CSD; b) the intervention group's posttest scores would decrease as a result of receiving the TCM of CSD teaching intervention; and c) the intervention group's posttest scores would decrease more than the control group's posttest scores. The results of the *t*-tests comparing the control group's pretest to posttest scores did show a statistically significant

increase in preparedness to utilize CSD overall and across six individual content areas (relationships with close friends, feelings of anxiety, feelings of depression, fears, religious beliefs, and political views). The comparison of the intervention group's pretest and posttest scores also validated my remaining two hypotheses that the intervention group's preparedness to utilize CSD would increase after receiving the TCM of CSD teaching intervention and that this increase in preparedness would be greater than the control group's. That said, the difference in preparedness between groups was not statistically significant with a *p*-value of 0.066. As the sample was small at 54 participants across both groups, I was unable to achieve the preferred level of statistical power; therefore, it is possible that with a larger sample the difference between groups as a result of the IG receiving the TCM of CSD teaching intervention would achieve statistical significance. Within the IG, there was a statistically significant increase in preparedness overall and in 16 specific content areas at the .05 significance level.

Research Question 2a (RQ2a): How does implementation of the TCM of CSD teaching intervention affect how frequently CITs consider tenets of the TCM of CSD model when thinking through counselor self-disclosure decisions compared to CITs who receive CSD "teaching as usual?"

For RQ2a, specifically, the researcher hypothesized that the pretest frequencies of the phases of the model considered in a CSD decision would be similar between the groups, but the intervention group's posttest frequency scores would be higher than both their pretest scores and the control group's posttest scores. The hypothesis was that the higher frequency of the model would indicate integration of the framework as a way of thinking through the CSD decision prompted by the vignette. However, the MANOVA analyses of the differences between groups across timepoints by code and by phase of the model were all insignificant. These hypotheses

were not supported by the findings. The groups were significantly different in regard to how many phases of the model they considered at pretest (opposite of the hypothesis), but neither group was significantly different at posttest compared to their pretest frequencies. These results were validated by further follow-up Chi-square tests.

Research Question 2b (RQ2b): How does implementation of the TCM of CSD teaching intervention affect what CITs consider when thinking through a clinical decision that could involve CSD?

RQ2b was a strictly qualitative research question and was not analyzed quantitatively. By inducing thematic codes from the PQ data, the research team found participants considered whether the client felt the counselor could understand them (captured via "The Invitation" code across several PQs), timing and amount of information the counselor has about the client and the situation, the projected impact of their response to the client, culture and values of both the counselor and the client, the counselor's personal experiences and their readiness to discuss those experiences with clients, the counselor's opinions about CSD, and the counselor's professional training, including the TCM of CSD teaching intervention in the case of 5 IG participants. Both groups' participants considered a greater variety of things and displayed increased complexity of thought in their responses regarding their considerations for making the CSD decision at posttest than at pretest. This change in the quality of responses indicates that, generally, any education on CSD expands how CITs think through CSD decisions, whether that education is "CSD teaching as usual" or the TCM of CSD teaching intervention. That said, the teaching intervention did seem to mitigate the classic fear that CSD will universally alienate the client, as evidenced by this consideration decreasing in the intervention group and increasing in the control group. Additionally, the participants in the intervention group who explicitly mentioned the TCM of

CSD teaching intervention as a consideration generally expressed feeling less afraid of CSD, which could indicate an increased likelihood of considering using CSD at all.

Research Question 2c (RQ2c): How does implementation of the TCM of CSD teaching intervention affect whether or not CITs choose to utilize CSD with clients?

I did not explicitly hypothesize about how the TCM of CSD teaching intervention would impact whether or not CITs chose to utilize CSD with clients, as the spirit of the question was more qualitative. After coding the responses to PQ1 and PQ2, the researcher found two ways to assess the impact of the teaching intervention and "CSD teaching as usual" on whether the participants would use CSD with the hypothetical clients in the vignettes. The results of the McNemar Chi-square tests for both groups' PQ1 responses of how many participants would utilize CSD pretest to posttest showed no statistically significant difference within either group. However, the McNemar Chi-square test results for the intervention group pretest to posttest of the participants who indicated in PQ2 that they would utilize CSD was significant with an exact significance value of 0.031, less than an alpha level of 0.05. The number of participants in the intervention group who indicated they would utilize CSD with the client in the vignette increased significantly from pretest to posttest. Though the number of participants in the control group who would utilize CSD in the given situation also increased from pretest to posttest, this test for the control group yielded insignificant results with an exact non-significance value of 0.125. It is also worth noting that both the intervention group and the control group had more participants at posttest say they would utilize CSD. The intervention group went from 12 to 18 participants, and the control group went from 13 to 17 participants who would use CSD in the given situation.

CHAPTER V: DISCUSSION

In Chapter 4, I described the changes made to the study as outlined in Chapter 3, described the final sample using descriptive statistics, restated the two research questions (one of which was revised as a result of the proposal seminar), and then described all of the analyses conducted and the final results. In Chapter 5, I will review the purpose of the study as a guidepost for the discussion of the results that follows. I will also identify limitations of the study and postulate directions for future research in counseling, supervision, and counselor education, as well as implications for counselors and counselor educators

Purpose of the Study

This intervention study was designed to test the viability of The Contextual Model of Counselor Self-Disclosure (TCM of CSD) as a framework for CSD instruction. As discussed in Chapter 2, best practice guidelines for CSD instruction do not exist currently, and the messaging around CSD is often contradictory with instructors encouraging Rogerian *use of self* while also advising nondisclosure as a general rule (Chapman et al., 2003; Knox & Hill, 2003; Pinto-Coelho et al., 2016). This researcher developed a lesson plan grounded in the Science of Learning (SoL; Ambrose et al., 2010) and Reflection-in-Action (RIA; Schön, 1987) for teaching counselors-in-training (CITs) to think through CSD situations on a case-by-case basis. By providing CITs with a clear definition of what is and is not CSD, challenging them to reflect on their own beliefs and personal characteristics, inviting them to apply their knowledge and think critically through CSD situations, and discuss all their considerations with peers, participants in the intervention group were able to move through the phases of the TCM of CSD model and intentionally practice slowly moving through this decision-making process.

The way this researcher chose to measure the outcomes of the intervention were the participants' feelings of preparedness to think through CSD decisions, participants' willingness to utilize CSD, and qualitative exploration of what CITs thought about and considered in response to a clinical situation that could involve CSD. Therefore, this mixed methods study and its results can essentially be divided into three parts: preparedness as measured by a modified version of the Counselor Disclosure Scale (Hendrick, 1988), the thought process following exposure to a CSD situation and how much of that process fit within the four phases of The Contextual Model of Counselor Self-Disclosure, and the reasoning behind whether participants would ultimately utilize CSD in a given situation.

Discussion

In summary, the results of the study demonstrated some impact of the TCM of CSD teaching intervention, though, more so, they illuminated interesting patterns and trends that merit further investigation and inspire future research questions.

Counselor Disclosure Scale

The implication of the statistical analysis of the Counselor Disclosure Scale (CDS) responses is that the CSD teaching intervention did have some positive effects and merits further consideration, as the intervention group participants reported feeling more prepared across content areas compared to the control group. This difference between groups in composite scores on the CDS approached significance at the 0.05 level with a *p*-value of 0.066. Individually, each group reportedly felt more prepared at posttest as a result of receiving either the TCM of CSD teaching intervention or CSD teaching as usual. The overall impact of the TCM of CSD teaching intervention on the intervention group participants' preparedness to utilize CSD was statistically significant at the 0.05 level, as evidenced by comparing the composite CDS scores (*t* statistic of

2.714 and *p*-value of 0.006). The impact on specific items can be inferred by the exploratory paired sample *t*-tests of the 28 remaining items on the CDS, as well as the composite scores from the pretest to the posttest. In the same vein, the impact on the control group of receiving "CSD teaching as usual" is evidenced by a *t* statistic of 2.460 and a *p*-value of 0.010 when comparing their pretest to posttest composite CDS scores. More specifically, it is interesting that the control group's reported preparedness seemingly decreased on two items, 9 ("Your feelings of happiness") and 22 ("Your theoretical approach to counseling"). The decrease in confidence around theoretical orientation could be due to the developmentally appropriate process of learning about the theories and participants feeling unsure about them at this early point in their counselor education. More interesting is the decrease on item 9 "Your feelings of happiness." Although researchers have found that disclosures of negative valence are more common and can have favorable impacts on clients (Henretty et al., 2014; Pinto-Coelho et al., 2018), clients in the original validation study of the CDS indicated that they were very interested in the counselor's feelings of happiness as item 9 was the third lowest rated out of the 32 total items (the lower the score, the more strongly participants wanted counselors to disclose). This was one of the items about which the control group felt most prepared to make a CSD decision at pretest, though that did not translate to their posttest for reasons unknown to this researcher.

As stated in Chapter 4, there were 11 items that the intervention group displayed a greater increase in preparedness than the control group, based on exploratory analyses: 3 ("Your relationship with your parents"), 5 ("How you have coped with problems you have had"), 6 ("Information about your family background"), 9 ("Your feelings of happiness"), 12 ("Your feelings about your physical appearance"), 14 ("Your feelings of anger"), 22 ("Your theoretical approach to counseling"), 23 ("Your 'diagnosis' of the client in front of you"), 25 ("Your

personal successes"), 26 ("Your personal failures"), and 28 ("Your professional failures"), whereas the control group's preparedness also increased but not by much. Among these items, those with the most significant change from pretest to posttest for the control group (*p*-value less than 0.01) were items 5 ("How you have coped with problems you have had"), 9 ("Your fears"), 23 ("Your diagnosis of the client"), and 28 ("Your professional failures"). Items 4 ("Your relationships with your close friends"), 7 ("Your feelings of anger"), and 8 ("Your feelings of depression") also had *p*-value less than 0.01 in the intervention group, however these items were also significantly different in the control group at posttest compared to pretest.

Subscales

One way to make sense of all these items and how to translate the increase in preparedness among them is to group them based on the six original subscales found by Hendrick (1988) when validating the original CDS. Though two of the items originally found in the Interpersonal Relationships subscale were dropped from this analysis due to less than 70% of participants selecting a rating and instead opting for "N/A" (items 1 and 2, relationships with partner and children, respectively), the remaining four items (3, 4, 5, and 6) are all listed above as either the intervention group or both groups demonstrated increased preparedness on those items. Five of these items (7, 8, 9, 12, and 14) relate to the participants' personal feelings (an 8-item subscale on the original CDS). It is important to note that these survey items do not specify the context of these feelings. Therefore, educators must emphasize the difference between immediacy and sharing feelings about things other than the client or the therapy. For instance, "Your feelings of happiness" (item 9) could refer to a counselor's feelings of happiness in their personal life outside of the therapy (CSD) or it could refer to feelings of happiness regarding the client, the client's progress, or the therapeutic relationship (immediacy). In this sample, the one

item related to suicidal thoughts was dropped due to a completion rate of less than 70%. This could be due to the fact that participants had never experienced suicidal thoughts, or they simply wanted to opt out of the question of how prepared they felt to talk about those feelings. If the latter, this could be related to the stigma of suicide and/or new CITs feeling unprepared or fearful to have that conversation, more generally than specifically self-referentially.

Interestingly and unsurprisingly, there was not a lot of change in either the Sexual Issues or Professional Issues subscales (both 5-item subscales). Neither group reported feeling particularly prepared to discuss Sexual Issues at pretest or posttest. In fact, several of the items appear in both groups' bottom five items at pretest and posttest, which I will discuss in a further section. The final item in the Sexual Issues subscale is item 19 "Whether you have ever been physically or sexually abused." This item was one of the items dropped from analysis due to more than 30% of participants selecting the N/A option. Similar to the item regarding the counselor's suicidal thoughts, participants may have opted out because the item truly does not apply to them or due to the stigma surrounding abuse. The two Professional Issues items that the intervention group reported feeling more prepared to discuss were "Your theoretical approach to counseling" and "Your 'diagnosis' of the client in front of you." Both of these items are a little more complex in nature than the other items in the subscale and, therefore, could have been influenced by being two weeks further into clinical training at posttest than at pretest. Perhaps the students discussed the role of diagnosis or theory in another class in the time between test administrations. The final three items in which the intervention groups' preparedness increased from pretest to posttest all fall within the Success/Failure subscale of the original CDS (items 25, 26, and 28). The only item in this subscale that did not see a significant change was item 27

"Your professional successes," which was one of the items that both groups felt most prepared for at either pretest (intervention group) or posttest (control group).

From Most Prepared to Least Prepared—Top 5 and Bottom 5

Another way of looking at the impact of the TCM of CSD intervention and "CSD teaching as usual" is to evaluate which items each group felt most prepared and least prepared for from pretest to posttest. Both groups across both timepoints indicated that they felt most prepared to make a CSD decision around their professional degrees and their training and professional experience (items 20 and 21, respectively). This makes sense, as all participants sampled are matriculating in a state that requires all counselors to deliver a Professional Disclosure Statement to every client they see. This means all the participants sampled are trained to disclose their professional degrees, training, and experience 100% of the time. The control group rounded out their top five items at pretest with item 32 ("Your personal tastes in art, music, books, and movies"), item 9 ("Your feelings of happiness;" discussed above), and item 17 ("Your sexual orientation"). The only change at posttest was that they felt more prepared to disclose their sexual orientation (which really may be more accurately labeled as broaching identity, discussed below in the limitations section of this chapter) and to make a disclosure decision regarding "Your relationship with your close friends" (item 4). The intervention group's pretest top five included item 24 ("Whether you like your work"), item 17 ("Your sexual orientation"), and item 27 ("Your professional successes"), in addition to items 20 and 21 previously discussed. These changed a bit at posttest. The intervention group felt most prepared at posttest to make CSD decisions regarding item 9 ("Your feelings of happiness"), item 22 ("Your theoretical approach"), and, again, item 17 regarding sexual orientation.

Table 11. Intervention Group Top 5 Preparedness Items on CDS

	Intervention Group					
	Pretest			Posttest		
	CDS Item	*M*	*SD*	CDS Item	*M*	*SD*
Top 5	20. Your professional degree	1.58	0.64	20. Your professional degree	1.50	0.58
	21. Your training and professional experience	1.65	0.69	21. Your training and professional experience	1.54	0.65
	24. Whether you like your work	2.11	0.99	9. Your feelings of happiness	1.81	0.63
	17. Your sexual orientation	2.27	1.15	22. Your theoretical approach	1.85	1.05
	27. Your professional successes	2.35	0.98	17. Your sexual orientation	1.92	0.74

Note. CDS = Counselor Disclosure Scale

Table 12. Control Group Top 5 Preparedness Items on CDS

	Control Group					
	Pretest			Posttest		
	CDS Item	*M*	*SD*	CDS Item	*M*	*SD*
Top 5	20. Your professional degree	1.71	0.76	20. Your professional degree	1.61	0.69
	21. Your training and professional experience	1.75	0.65	21. Your training and professional experience	1.71	0.66
	32. Your personal tastes in art, music, books, and movies	2.04	0.92	32. Your personal tastes in art, music, books, and movies	1.79	0.79
	9. Your feelings of happiness	2.11	0.69	17. Your sexual orientation	1.93	0.98
	17.Your sexual orientation	2.14	1.04	4. Your relationships with your close friends	2.00	0.90

Note. CDS = Counselor Disclosure Scale

Both groups reported feeling least prepared at both pretest and posttest to make disclosure decisions regarding their personal sexual practices (item 16), whether they are attracted to the client (which is more of an immediacy statement, again, discussed below in the limitations section; item 18), their political views (item 30), and diagnosis of the client (item 23). As politics become more and more polarizing in this country, it makes sense that counselors-in-training do not feel prepared to decide whether to disclose their political views in session with clients. As a matter of fact, Hendrick (1988) found that clients do not typically want their counselor to disclose their political views. However, Solomonov and Barber (2018) found that most counselors do disclose their political views, either explicitly or implicitly, to clients, and that patients reported stronger therapeutic alliances with counselors with whom they perceived political similarity. The only change in where the control group felt least prepared was seen in the pretest bottom five in item 10 ("Your fears"), and the posttest bottom five in item 15 ("Your attitudes towards sex"). The intervention group changed a bit more from pretest to posttest, with item 5 ("How you have coped with problems you have had") included in the bottom five at pretest but not at posttest. They also felt less prepared to make disclosure decisions about their relationship with close friends (item 4) at pretest, whereas they felt less prepared regarding their relationship with their parents (item 5) at posttest.

Table 13. Intervention Group Bottom 5 Preparedness Items on CDS

	Intervention Group					
	Pretest			Posttest		
	CDS Item	*M*	*SD*	CDS Item	*M*	*SD*
Bottom 5	23. Your 'diagnosis' of the client in front of you	3.36	1.25	18. Whether you are attracted to the client in front of you	2.72	1.51
	30. Your political views	3.31	1.32	30. Your political views	2.69	1.23
	18. Whether you are attracted to the client in front of you	3.08	1.78	16. Your personal sexual practices	2.64	1.44
	5. How you have coped with problems you have had	2.92	1.13	23. Your 'diagnosis' of the client in front of you	2.52	1.00
	4. Your relationships with your close friends	2.92	1.06	3. Your relationship with your parents	2.27	0.83

Note. CDS = Counselor Disclosure Scale

Table 14. Control Group Bottom 5 Preparedness Items on CDS

	Control Group					
	Pretest			Posttest		
	CDS Item	*M*	*SD*	CDS Item	*M*	*SD*
Bottom 5	16. Your personal sexual practices	4.00	1.23	18. Whether you are attracted to the client in front of you	3.41	1.37
	18. Whether you are attracted to the client in front of you	3.86	1.39	16. Your personal sexual practices	3.46	1.58
	30. Your political views	3.54	1.28	23. Your 'diagnosis' of the client in front of you	2.93	1.24
	23. Your 'diagnosis' of the client in front of you	3.22	1.12	30. Your political views	2.79	1.35
	18. Your fears	3.86	1.39	15. Your attitudes toward sex	2.82	1.25

Note. CDS = Counselor Disclosure Scale

In Hendrick's (1988) original validation study, clients reported most wanting disclosure regarding the 'diagnosis' that the counselor has given them (item 23), whether the counselor likes his/her work (item 24), the counselor's training and professional experience (item 21), the counselor's feelings of happiness (item 9), and how the counselor has coped with problems they have had (item 5). The most obvious indication to CITs from these results is that counselors need to be comfortable talking about diagnosis, though that item is really more of an immediacy topic than CSD as it is revealing the counselor's thoughts about the client and the work they are doing together. These results also indicate that clients want their counselors to disclose positive things, like feelings of happiness and how they have coped with issues in the past. This researcher gained some insight related to this item of modeling coping in the Process Question coding, where the judges induced a category within the Projected Impact of CSD consideration (Con3). A subcategory we coded was Con3c, Model Coping / Inspire Hope. However, we only coded responses in this category13 times within the 108 total responses including both groups across pretest and posttest.

On the other hand, clients in Hendrick's (1988) study reported least wanting disclosures related to the counselor's sexual practices (item 16), whether the counselor has ever been physically or sexually abused (item 19), the counselor's political views (item 30), the counselor's sexual orientation (item 17), and information about the counselor's health (item 31). The topics that clients reported wanting less information about aligned with topics around which CITs reported feeling unprepared to make CSD decisions. Several of these items were either included in CITs' bottom 5 items about which they feel prepared to make disclosure decisions (items 16 and 30) or were removed from this analysis due to less than 70% of the sample choosing to even address the question (item 19). The client results are also fairly dated at this point, as the study

was conducted in 1988. The culture has changed quite a bit since then particularly regarding how sexual orientation is discussed. The topic is much less taboo with more societal acceptance of various sexual orientation identities. The way these two studies' results relate to one another indicates a need for replication of the original study to investigate how clients' interests in CSD have possibly changed over time, as that could impact how counselor educators and counselors approach the topic.

Thought Listing

An important revelation to discuss in more detail than when previously mentioned in Chapter 4 is the reality that each thought listed could be coded somewhere within The Contextual Model of Counselor Self-Disclosure. Though the original assumption was that only some thoughts would fit within the model, the model encompasses the entire decision-making process and, importantly, regardless of whether the person moving through the model ultimately decides to employ CSD. Therefore, the intention of the RQ2a was to compare between groups and timepoints how many thoughts fit within the model. However, we ultimately found that the frequencies did not differ much, as every thought within the decision-making process could be coded. As a result, the themes and patterns found more qualitatively in the data reveal some of the richer outcomes of collecting participants' thoughts in the way that this study was designed to.

In trying to find more nuanced differences between the groups in how they may have thought within the TCM of CSD framework, I calculated the frequencies of how many phases of the model each participant utilized in response to the vignettes. Though the vast majority of thoughts listed were coded within the Reflect/Personalize and Decide and Apply phases of the model (Codes 3-8), some participants listed thoughts only classified in one phase or the other and

some participants moved between phases. Although the control group remained fairly consistent with about half of the participants only listing thoughts in one phase (n = 15 at pretest, n = 13 at posttest), the intervention group shifted from almost half of the participants considering only one phase at pretest (n = 11) to a small minority, less than 20%, only thinking in one phase at the posttest (n = 5). This alludes to a deeper complexity of the decision-making process as a result of the intervention. As mentioned in Chapter 4, all thoughts listed with their corresponding codes can be found in Appendix K. See Table 14 for the number of phases considered by each participant by group and timepoint and Table 15 for which phases were considered by each group at both timepoints. As indicated in Table 15, the intervention group participants' predominant phases were consistently phases two and three, Reflect / Personalize and Decide and Apply, respectively. At pretest there were more participants thinking in one or the other of these two phases than there were considering aspects of both. At posttest, more than half of the intervention group participants listed thoughts in both of these phases with less than one quarter of them thinking solely within one phase of The Contextual Model of Counselor Self-Disclosure.

Table 15. Number of Phases Considered by Participants by Group and Timepoint

IG (N = 26), CG (N = 28)

# of Phases of TCM of CSD Considered	**IG Pretest**		**IG Posttest**		**CG Pretest**		**CG Posttest**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
One phase	11	42.3	5	19.2	15	53.6	13	46.4
Two phases	9	34.6	16	61.5	12	42.9	13	46.4
Three phases	5	19.2	5	19.2	1	3.6	2	7.14
All four phases	1	3.8	0	0	0	0	0	0

Note. IG = intervention group, CG = control group

Table 16. Phase of TCM of CSD Considered by # of Participants in Each Group at Each Timepoint

IG (N = 26), CG (N = 28)

	IG Pretest		IG Posttest		CG Pretest		CG Posttest	
Phase(s) of TCM of CSD Considered	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
1. Define	0	0	0	0	0	0	0	0
2. Reflect/Personalize	4	15.4	1	3.8	10	35.7	9	32.1
3. Decide & Apply	7	26.9	4	15.4	5	17.9	4	14.3
4. Reassess	0	0	0	0	0	0	0	0
Phases 1 & 2	0	0	1	3.8	1	3.6	0	0
Phases 2 & 3	9	34.6	14	53.8	11	39.3	12	42.9
Phases 1 & 3	0	0	1	3.8	0	0	1	3.6
Phases 1, 2, & 3	5	19.2	5	19.2	1	3.6	2	7.1
All four phases	1	3.8	0	0	0	0	0	0

Note. IG = intervention group, CG = control group

When looking closer at the content of the thoughts listed, some noticeable themes and patterns emerged. Most notably, participants across both groups thought about asking more questions at posttest. To clarify, the thoughts they listed included more possible responses in the form of open and closed questions they would ask the client in response to the vignette. One possible explanation for this trend is that CSD instruction, both the intervention and CSD teaching as usual, emphasized the importance of deeply understanding the client and the issue at hand before jumping into counselor self-disclosure. This researcher can confirm that the teaching intervention did focus on the gravity of understanding all of the context (as implied in the title of the model framework used to create the lesson plan), and it is certainly possible that the control

group instructors focused on those things as well. A strong therapeutic alliance and significant understanding of the client can be key to identifying possible therapeutic value of CSD (Gelso & Palma, 2011; Wells, 1994).

In addition to questions, participants mostly thought through possible reflections to the client in response to the vignettes. The overwhelming presence of these two skills in their listed thoughts makes sense, as these are the two mechanisms most often employed to "go deeper" with clients and, therefore, emphasized in the early stages of counseling students' education. A conclusion drawn from this general theme is that the participants understood there was still a lot of missing information, or it was too early in the clinical relationship described to utilize CSD. Another noticeable pattern amongst both groups was the focus on whether or not they could relate their own circumstances to that of the client. Watkins (1994) conceptualized this tendency to share what one has in common with the client as "consistency." Is what the counselor discloses consistent with whatever the client has shared already? Most of the participants' thoughts at pretest and posttest included a sort of accounting of what traits or life experiences they had in common with the client and/or what was different. This focus on consistency aligns with the literature, as several researchers have found that consistent disclosures tend to be perceived more favorably by clients than those highlighting difference and these consistent disclosures tend to improve therapeutic outcomes (Henretty & Levitt, 2010).

An interesting trend exclusively found in the intervention group's thought listing responses was a much higher presence of immediacy statements amongst their posttest thoughts. As differentiating between CSD and immediacy was a foundational piece of the TCM of CSD teaching intervention, it makes sense that the participants in the intervention group also had immediacy top of mind when completing the posttest. As immediacy is a skill counselor

educators encourage CITs to utilize, these immediacy thoughts may have felt like a way of getting close to CSD without actually deciding to utilize it or even beginning to consider it.

When looking more closely at the thoughts coded as CSD, some additional observations stood out in the intervention group. One participant listed several thoughts considering pretty blatant, intimate CSD at pretest but listed no options for utilizing CSD at posttest. In pretest, this participant had several thoughts around personal information they could share, such as, "I might also disclose something about my history with short-lasting unfulfilling relationships as well." At posttest, this same participant did not list any thoughts coded as applying CSD, but rather stayed almost exclusively in the Reflect / Personalize phase, conceptualizing the client and themself, only veering into Decide and Apply in one thought that conveyed the choice to vaguely validate the client's feelings. Another IG participant expressed uncertainty in their pretest thoughts that included CSD, "I'm just going to say that I went through a parents rough divorce and see how it goes." Her next thought listed, "Lord I hope this goes well." At posttest, this same participant more confidently considered self-disclosing a more general feeling, "I'll self-disclose that I know what it is like to feel as if something is going to overshadow me for the rest of my life." This posttest application of CSD is much more about empathizing with the specific feeling the participant seems to recognize in the client, rather than sharing the participant's specific life circumstances with the client. These types of subtle evolutions in how to apply CSD were not observed in the control group's thoughts, which could point to an effect of the TCM of CSD teaching intervention and also seems to reflect that the intervention group participants were integrating what they have learned about other skills into their thoughts about CSD.

Process Questions

There also were some observable themes in the frequencies coded within the domains of PQ 1 ("What would you say to the client?"). For instance, in Domain 1 Skill in Response, the coding team saw more normalizing and validating in response to the vignette in the intervention group's posttest responses. However, there was an observed decrease in normalizing and validating in the control group from pretest to posttest. Notably, CSD was a more common posttest response in both groups in response to what participants would say to the client, though neither increase was statistically significant in this domain. Consistent with the existing literature on CSD use, identity, culture, and broaching were not the focus of most participants' responses. One IG participant chose to broach in response to the client at pretest and focus on identity and culture in their response; however, this participant was the only one to mention culture or utilize broaching in response to the client. The participant wrote,

> I want to take a moment to thank you for choosing to share this with me. Your identity as a lesbian woman and my identity as a heterosexual woman, we may not have had the same experiences and it may be hard to think that I could understand, I appreciate your honesty with me.

Skipping ahead to what participants considered when making their CSD decision (PQ3) for a moment, culture was not a dominant consideration in Domain 4, Considerations, either. These results suggest to this researcher that counselor educators currently are not putting enough emphasis on the impact cultural identities can have on CSD situations. Despite studies of how cultural identities can affect CSD since 2003 (Cashwell et al., 2003), the connection still does not feel explicit. The TCM of CSD teaching intervention explicitly focused on the impact of cultural

identities, among other things, which may explain why the intervention group considered culture more often than those in the control group at posttest. However, the difference was negligible.

Another trend in the proposed responses to the client is that participants in both groups seemed less influenced by "the invitation" at posttest than they did at pretest. This was evidenced by a decrease in frequency of focusing the content of their responses to the client on whether or not the counselor could understand or "get it" (the invitation from the client included in both vignettes: "I don't know if you'll get it or not…"). The coders found less focus on the invitation in both groups at posttest, which indicates that they were possibly more influenced by other factors. This could suggest a deeper level of critical thinking in response to the client's whole presentation and/or a better understanding of CSD at posttest, as "the invitation" was included to inspire the participants to answer that challenge to share.

When analyzing the responses to the questions of whether the participant would utilize CSD and what they considered to make that decision (PQ2 and PQ3), both judges were initially struck by the complexity of the responses at posttest in contrast to those from pretest. Although the responses included content that fit within the induced domains and subcategories, it was more challenging to essentialize the responses to fit within those codes. In consensus conversations, the judges brought in more hesitancy, less surety of the accuracy of the codes they had assigned, and questions around how to code participants' entire responses. In coding the pretest, questions were more concrete and often focused on one particular code the judges were unsure about applying. The intervention group's posttest responses were also much longer, as participants explained themselves in more detail and defended their reasoning and decision more passionately than those in the control group. One intervention group participant wrote at posttest:

> I would not utilize self-disclosure in response to this client because I do not believe that any two people experience grief in the same way. I do not know how my expression at experiencing grief would benefit the client in any way other than making her feel less alone. I believe this same feeling can be experienced through a ROF [reflection of feeling] instead. I do not want to make the session about me and my grief. I want to allow the client to sit in her own experience.

This researcher sees a connection to the idea that, generally, thinking through CSD, intentionally evaluating one's professional stance on it, and understanding one's personal beliefs about it can better inform every subsequent CSD decision (Peterson, 2002). It seems that after spending an hour and a half thinking about, discussing, and practicing/applying CSD, these participants' thoughts were more complex and nuanced than the codes created at pretest initially accounted for. Another participant wrote:

> I would not use self-disclosure in response to this client. I think that anything that I would disclose in this moment would distract from the client and what she is going through. Additionally, while she did state that she "didn't know if I would get it or not," she didn't ask a direct question and the rest of the quote ("I feel like this loss is going to overshadow everything for the rest of my life") feels like the important part for me to focus on as a counselor. [Considerations included:] Words the client used, lack of similar experience in my own life, [and] wanting to keep the focus on the client.

The theme or dimension of "consistency" was as present in the PQ data as it was in the thought listing data. The induced codes included several instances where coders looked for the participant's consideration of their own personal experiences to inform their CSD decision (Co8, Con6, Reax2). Participants were constantly thinking through if they had any similar personal experiences to disclose, implying and often stating outright that disclosure was merited or necessary if the counselor had some life experience in common with the client. One participant stated directly, "Yes [I would self-disclose with this client] because she is unsure if I'll get it or not when in reality I do." Another participant who had not experienced a similar loss wrote, "My lack of experience in losing a close family member—I have 'lost people' but not in the same way." These statements from two IG participants' posttest responses are illuminating in that they reveal that CITs, even those post-training, still put themselves into binaries of share/don't share and similar/not similar rather than thinking more expansively in terms of disclosure. On the other hand, the participant's statement above that they "have 'lost people' but not in the same way" points to negotiating the prospect that you can simultaneously relate in some ways and not others. If they can continue to move away from the all-or-nothing mindset, these participants could disclose regarding experiencing loss generally or having experience with the particular feelings the client shared. Though some participants seemed to achieve a higher complexity level of thinking, this was not the norm in the data collected in this study.

This sort of flexibility in approach more closely mirrors Watkins' (1994) framework of the four dimensions of CSD one must take into consideration: valence, consistency, intimacy, and depth. In this study, valence of what the participants considered disclosing was often negative, as the client in the vignettes are expressing distress as a result of negative circumstances (i.e., divorce, loss of a loved one). However, those with dissimilar or inconsistent

experiences with divorce or parental divorce expressed sentiments of inappropriateness of sharing not only because their experience was different, but equally importantly that their situation seemed inherently *good* while the client in the vignette's circumstances seemed inherently *bad*. It can be interpreted that the participants in this study considered consistency, whether they shared a similar or dissimilar experience with the client, throughout their responses to the Process Questions. This is most apparent within the coding of Domain 4, Considerations, as participants' consideration of their own personal experiences (whether similar, dissimilar, or unspecified) was almost as frequently coded as the projected impact of their choice whether or not to disclose. In this sample, the intimacy and depth of the disclosures actually seemed to go up at posttest. Though this is not something we coded, it seemed participants were generally more compelled to share details of their losses than they were to share details of their experiences with divorce. This could be due to the difference in subject matter between the vignettes or as an unexpected result of both methods of teaching CSD, the teaching intervention and "CSD teaching as usual."

Limitations

Limitations of this study exist in relation to convenience sampling, the inability to prove causation, and the measures employed. Though the goal was to observe a difference in how the two groups thought through decisions of self-disclosure, the methodology used was not able to demonstrate that the teaching intervention itself caused a change in thinking; proving causation is simply not the intention of the study design. Additionally, due to the convenience sampling method used, the intervention was given to one relatively small, relatively homogenous group across four full-time, in-person master's programs. As such, the results may not be representative of those in programs that differ in structure from those sampled (i.e., online programs, non-

cohort modeled programs). Additional other factors may also have influenced participants' ideas regarding use of counselor self-disclosure (e.g., discussion in other classes, personal experiences during the time between pretest and posttest, experiences as a client in therapy, discussion with peers and/or mentors).

I also must note again my dual role as experimenter and facilitator. Experimenter bias may have been present throughout the intervention and data analysis processes. Though I worked with the Institutional Review Board to ensure that participating students were protected, there is the possibility that my enthusiasm for the subject and preconceived notions or beliefs I hold influenced the way I taught participants in the intervention group to think through decisions of CSD. As a result, the way I taught the intervention could have influenced the results another instructor might teach the model in a different way and/or emphasize different aspects of the model. Similarly, I had no control over the "teaching as usual" group—the content they were or were not provided, the enthusiasm of their instructor, etc. For both groups, I had no control over whether they were taught about or discussed CSD in courses other than the helping skills course I sampled from. Essentially, I could not control other ways participants in either group may or may not have been influenced to think about the use of CSD (see examples above).

The instruments used for data collection in this study also came with limitations. First, it is important to note a limitation of Qualtrics, the online platform used for collecting the data in this study. Though participants could take the Qualtrics survey on either a computer or mobile device, any emphasis added to instructions via rich text formatting (i.e., bolding, underlining, italicizing) did not translate to the mobile phone devices. There are also some limitations to the measures employed in this study. Hendrick originally developed the Counselor Disclosure Scale (1988) to allow potential clients to gauge the extent they wanted to hear about certain aspects of

their hypothetical counselor's life. Though the scale has been successfully modified for use with counseling professionals and counselors-in-training before, it has never been used to study *preparedness*, the wording used in the rating responses in this study. Regardless, this instrument was selected for this study as there are scant other existing, validated measures aimed at the study of counselor self-disclosure. Other researchers have used assessment tools for related constructs to infer conclusions about their relationship to self-disclosure. For example, researchers have looked at counselor self-disclosure in relation to the quality of the relationship between the counselor and the client, and, therefore, utilized measures that assessed working alliance (Levitt et al., 2016; Pinto-Coelho et al., 2016). Other research teams have used scales that measure shame or attitudes toward the counselor in the aftermath of counselor self-disclosure to speak to outcomes that result from using CSD (Nyman & Daugherty, 2001; Simonds & Spokes, 2017). In addition, there are items in the scale that do not fit within this researcher's operationalized definition of counselor self-disclosure, but more accurately could be labeled as broaching (item 17, "Your sexual orientation") or immediacy (item 18, "Whether you are attracted to the client in front of you"). Given the limited existing measures and the purpose of this study, a modified version of the Counselor Disclosure Scale was the most viable available instrument to use to answer the research questions. That said, it could have been further modified to exclude certain items that did not apply to the construct of CSD as defined by this researcher. I also chose to include an "N/A" option, which complicated data analysis. I might make a different choice regarding the ability to opt out of answering an item via "N/A" when I replicate this study.

I also chose to rate the responses to the thought listing exercise in a way that differs from the scoring guidelines originally set out by Cacioppo and Petty (1981). They developed the

thought listing technique as a way to assess attitudes and judgements that participants experienced as a result of a given stimuli, rather than rating responses for the presence of specific content in thoughts in reaction to the stimuli. Though the thought listing protocol has been modified in similar ways before, it must be noted that the scoring system used in this study differs from that of the original intention of the exercise.

Regarding the Process Questions, the judges had trouble limiting the responses to PQ1 to one code, though it could have been done if the directions to participants were more clear. I believe that if the directions had specified that the participant should limit their proposed response to the client to only one sentence, it may have been more practical to code each response as utilizing only one skill in response to the CSD situation; however, this would not have allowed for the complexity of responses found in this data set.

Implications

Future Research

In this study, the researcher sought to validate The Contextual Model of Counselor Self-Disclosure via quantitative and qualitative analysis of the impact of a teaching intervention grounded in the model. This first step in testing the viability of the model illuminated some promising results regarding how prepared CITs felt to make CSD decisions after receiving the intervention and suggested an increase in complexity of thought regarding CSD situations. Additionally, participants in the intervention group demonstrated a statistically significant increase in how many of them chose to utilize CSD in response to a client at posttest compared to pretest, suggesting more comfort with the use of this skill. This result indicates an openness to CSD after the TCM of CSD teaching intervention that I did not predict ahead of time and would like to focus on more intentionally in future iterations of this study.

This research design proved to be an insightful way to study this complicated construct, CSD, and the limitations indicate various modifications that could be done before replication. An obvious goal for future iterations is to obtain a much larger sample size. Whether the researcher could deliver the intervention at multiple programs in a given timespan or find programs with much larger class sizes, an increase in participants would improve the significance of the results by increasing effect size of the intervention and power of the analysis. Additionally, this researcher might make changes to the teaching intervention, possibly adding more roleplay-based practice, to get participants thinking with more agility on a case-by-case basis in addition to the more general and theoretical application. Most crucially, the Counselor Disclosure Scale is a very challenging measure when used for the purpose of gauging CIT preparedness to think through CSD. As a more appropriate instrument does not yet exist, more intentional modifications could be made before testing the model again. The next iteration could exclude items that do not accurately reflect CSD, but more so speak to the closely related skills of broaching or immediacy. This researcher would also strongly consider removing the N/A option that was added for the purposes of this study. It seemed to complicate the data collection more than add to it.

Regarding future related studies, there are several avenues for future researchers to build on this initial study. As a continuation of the study of how novice counselors are taught to think through CSD decisions and application, research in the field of clinical supervision could be an ideal venue for getting deeper into the nuance of how CITs integrate their CSD beliefs and attitudes into ethical, intentional clinical application. One of the most interesting and crucial areas of discovery is the impact that culture and identity have on counselors' use of CSD. We know that identity impacts how persons show up in different spaces and relate to different

people, which means it is inevitable that there are implications of identity and culture on how a clinician utilizes CSD. There are scant empirical works evaluating the impact of cultural identities on CSD. The conceptual literature on CSD in cross-cultural counseling highlights the themes of cultural mistrust, the necessity for broaching to demonstrate that counselors are sensitive to and willing to discuss cultural and racial issues in therapy, and that CSD can serve as a model for clients from cultural backgrounds that do not encourage therapy and, therefore, leave these clients unprepared for what to expect in counseling (Burkard et al., 2006). This researcher believes strongly that future study of CSD should explicitly differentiate the construct from the skill of broaching, as broaching is encouraged with every single client regardless of identities; though application of broaching is complicated and needs to be adapted to each client, the determination of whether to do it is a simple and universal "yes." CSD is more complicated in that the counselor must determine whether it is appropriate. A way to study the impacts of culture on CSD while excluding broaching statements is to look frequency and quality of CSD in cross-cultural counseling situations that span a variety of cultural dyads, some with shared identities and some with differing identities. Previous researchers have already started looking at these trends, though the research is scarce. One team found that African American clients felt more liked and self-disclosed more to their counselor if the counselor was African American as compared to if their counselor was European American (J. H. Berg & Wright-Buckley, 1988). They also found that African American clients felt more connected with European American counselors who disclosed more intimately than those who made shallow self-disclosures. Cherbosque (1987) found that Mexican Americans expected less self-disclosure from counselors than European Americans. One participant in the intervention group of this study wrote at posttest,

> I would [utilize CSD] just because in my experience being Spanish speaking and working with a lot of Latino clients, self-disclosure was always appreciated, and humanized me in their eyes, and helped them open up more, so I would go for it.

That participant was considering the cultural impacts, aside from simply broaching a similarity or difference in identity. These are the kinds of impacts that culture can have on CSD that are separate from broaching. A first step in illuminating these connections could be a focused qualitative exploration of how clinicians from different cultural backgrounds and experiences conceptualize their own experience utilizing or not utilizing CSD with various clients.

Another important direction for future study is developing a comprehensive instrument for evaluating counselors' use of CSD. An instrument development study to create a tool for studying clinicians' self-efficacy, attitudes, beliefs, and patterns of use around CSD is needed, as the measures simply do not currently exist.

For Educators and Clinicians

This initial study shed light not only on how prepared CITs feel to utilize CSD in a given situation, but also what they consider when thinking through the decision of whether to utilize CSD (i.e., procedural knowledge). The item-by-item analysis of the intervention group's CDS scores from pretest to posttest shed light on the impact of the TCM of CSD teaching intervention and informed which content areas could be emphasized more heavily, as participants seem to experience a greater impact on perceived preparedness as a result of talking about them. For example, it seems CITs feel very unprepared to make CSD decisions around their political views and their own personal attitudes and experiences with sex. Though there is not one universal

answer for whether or not counselors should disclose on specific topics, we do know that clients bring up all kinds of subjects in session. CITs need to be prepared to think on their feet and make decisions in the moment about what information and to what extent they are going to disclose. The fact that these subject areas appeared in both groups' bottom 5 CDS items is not unpredictable, as political and sex are both relatively taboo topics. However, CITs need to be prepared for how to handle these possibly uncomfortable topics as they arise.

It also must be discussed that teaching and measuring changes in procedural knowledge is challenging, regardless of the specific process being taught and measured. Though I do believe that the Science of Learning (SoL; Ambrose et al., 2010) and Reflection-in-Action (RIA; Schön, 1987) pedagogies lend themselves well to this endeavor, the application of those frameworks could possibly be improved upon. More focus on how to define and characterize CSD would be helpful as CITs this early in their training are still learning what it is. It is my belief that understanding Watkins' four dimensions—valence, consistency, timing, and intimacy—would be most helpful for emphasizing the point that CSD is ultimately inevitable, though the degree to which one self-discloses can and should be decided intentionally and based on these four things to produce the intended impact of the disclosure. These four dimensions can also help CITs to understand what the intended impact of the disclosure is. CITs need more criteria for making their decisions, as the SoL and RIA frameworks for thinking through complex, nuanced situations are very abstract education principles that need to be made more concrete according to the subject at hand—in this case, CSD. Thus, counselor educators must clearly explain what constitutes CSD and the various levels to which one can disclose across the four domains.

An important takeaway of this study is that the TCM of CSD teaching intervention seemed to make CSD overall less scary, and worth the risk of figuring out how to use it with

clients. One participant said, “This presentation has helped reframe the long-term gains of self-disclosure even if the short-term reaction appears to have ‘failed.’ Take a risk—it’s a win, win.” Another participant stated, “The presentation today has made me feel not so scared of self-disclosure.” By opening the door for conversation and possibility around a topic that may initially feel daunting and intimidating, we create the opportunity for novice counselors to get curious and really figure out what works for them. We create the opportunity for reflection-in-action and integration of learned material into in-the-moment application.

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APPENDIX A: IRB-APPROVED RECRUITMENT SCRIPT

(Version Date 10/22/21)

Intervention Group Recruitment Script

Hello. I am speaking to you today to invite you to consider participating in my Dissertation research study. My name is Lindsey Grossman, and I am from the University of North Carolina at Greensboro. I am researching counseling students' use of self-disclosure with their clients, especially how they decide to use—or not use—self-disclosure at particular moments in counseling sessions. The purpose of this study is to add to the knowledge base on how counselors-in-training are taught about counselor self-disclosure so that novice counselors feel more prepared to work with clients.

There is no penalty for agreeing or not agreeing to participate in this study. There will be no impact on your grade as a result of participating or not participating in this study. Your instructor does not and will not have access to the data and is simply volunteering their class time for this study. If you give consent to participate in this study, you will complete an online survey comprised of several parts. While the survey can be completed using a mobile device, the survey is clearer on a computer web browser. You will complete the same survey on two occasions several weeks apart. The first section is a series of questions to create an identification code for you that is not your name; the data collection process does not call for participants to identify themselves by name at any point. The second section is a brief demographics survey. Section three is a rating scale questionnaire about self-disclosure topics. The fourth and fifth sections are both based on a provided counseling vignette; the fourth section is a thought listing exercise, and the fifth and final section is comprised of a few qualitative questions about your decision-making process. The entire survey is estimated to take participants approximately 15

minutes to complete. If you do choose to participate, you will be given a small, individually wrapped food treat as a thank you from this researcher.

Before you complete the survey the second time, you will be asked to participate in a guest lecture in your helping skills class. This lesson will occur within your regularly scheduled class time and, therefore, will not require any additional time commitment from you to participate. All students in this class will be present for the lesson, regardless of whether you choose to participate in this study or not.

It is likely that many of you may have questions about what it would mean to participate or not in this study; given the history of research in our country, and the disproportionate harm to people with marginalized identities, these questions and concerns are valid and important. I am going to speak to some of the steps I and the research team will take to protect you as a research participant if you choose to participate. I also welcome additional questions or concerns if they come to mind and are part of your decision-making process. I want to represent as many student voices and perspectives as possible, and I want each participant to feel secure in their participation.

Additionally, I will be recruiting a research team so that analysis includes a diverse array of perspectives and voices. The goal is that the research team will be able to have conversations to ensure equity and cultural competency in analysis and interpretation of results, so that the voices of research participants are not misrepresented and do not cause harm to specific communities. Due to the de-identified nature of the data, we will not be able to conduct member checks to ensure that perspectives are accurately described but hope to have research team conversation to explore potential biases in our research process and enhance the quality of our research protocols.

Thank you for considering participating in this study. If you would like to participate, please complete the survey found at the link provided to you via your instructor. If you have any questions, you are welcome to contact me directly at lmgrossm@uncg.edu for further clarification.

Control Group Recruitment Script

Hello. I am speaking to you today to invite you to consider participating in my Dissertation research study. My name is Lindsey Grossman, and I am from the University of North Carolina at Greensboro. I am researching counseling students' use of self-disclosure with their clients, especially how they decide to use—or not use—self-disclosure at particular moments in counseling sessions. The purpose of this study is to add to the knowledge base on how counselors-in-training are taught about counselor self-disclosure so that novice counselors feel more prepared to work with clients.

There is no penalty for agreeing or not agreeing to participate in this study. There will be no impact on your grade as a result of participating or not participating in this study. Your instructor does not and will not have access to the data and is simply volunteering their class time for this study. If you give consent to participate in this study, you will complete an online survey comprised of several parts. While the survey can be completed using a mobile device, the survey is clearer on a computer web browser. You will complete the same survey on two occasions several weeks apart, between which you will receive teaching as usual in your helping skills course. The first section is a series of questions to create an identification code for you that is not your name; the data collection process does not call for participants to identify themselves by name at any point. The second section is a brief demographics survey. Section three is a rating scale questionnaire about self-disclosure topics. The fourth and fifth sections are both

based on a provided counseling vignette; the fourth section is a thought listing exercise, and the fifth and final section is comprised of a few qualitative questions about your decision-making process. The entire survey is estimated to take participants approximately 15 minutes to complete. If 95% or more of the class participates in the study and completes both the pretest and the posttest, the researcher will make a donation to the organization of your choice (The National Council for Behavioral Health COVID-19 Fund, The Trevor Project, or the American Foundation for Suicide Prevention).

It is likely that many of you may have questions about what it would mean to participate or not in this study; given the history of research in our country, and the disproportionate harm to people with marginalized identities, these questions and concerns are valid and important. I am going to speak to some of the steps I and the research team will take to protect you as a research participant if you choose to participate. I also welcome additional questions or concerns if they come to mind and are part of your decision-making process. I want to represent as many student voices and perspectives as possible, and I want each participant to feel secure in their participation.

Additionally, I will be recruiting a research team so that analysis includes a diverse array of perspectives and voices. The goal is that the research team will be able to have conversations to ensure equity and cultural competency in analysis and interpretation of results, so that the voices of research participants are not misrepresented and do not cause harm to specific communities. Due to the de-identified nature of the data, we will not be able to conduct member checks to ensure that perspectives are accurately described but hope to have research team conversation to explore potential biases in our research process and enhance the quality of our research protocols.

Thank you for considering participating in this study. If you would like to participate, please complete the survey found at the link provided to you via your instructor. If you have any questions, you are welcome to contact me directly at lmgrossm@uncg.edu for further clarification.

APPENDIX B: IRB-APPROVED INFORMED CONSENT

(Version Date 10/22/21)

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Teaching the *How* for Making In-Session Counselor Self-Disclosure Decisions: A model for developing procedural knowledge of counselors in training

Principal Investigator and Faculty Advisor: Lindsey Grossman and L. DiAnne Borders

Participant's Name: _____

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro.
Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

What is the study about?
This is a research project. Your participation is voluntary.
This study is about counseling students' use of self-disclosure with their clients, especially how they decide to use—or not use—self-disclosure at particular moments in counseling sessions.

Why are you asking me?
We are asking for your participation because you are in your first semester in your master's counseling program and/or in your first helping skills class.

What will you ask me to do if I agree to be in the study?
You would be asked to complete an online survey via Qualtrics. After creating your own identification code and some demographics questions, you would complete a rating scale about self-disclosure topics, a thought-listing exercise about a vignette, and a few open-ended questions about the vignette. The survey takes approximately 10 to 20 minutes to complete. Two

weeks after taking the survey for the first time, you would participate in a guest lecture in your helping skills course on the subject of counselor self-disclosure. Immediately following the guest lecture, you would complete the same online survey a second time.

Is there any audio/video recording?
No.

What are the risks to me?
The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. The research team does not foresee any risk of psychological or emotional distress given the content of the survey.

If you have questions, want more information or have suggestions, please contact Lindsey Grossman and Dr. L. DiAnne Borders who may be reached at 850-509-0427, lmgrossm@uncg.edu (Lindsey Grossman) or ldborder@uncg.edu (Dr. L. DiAnne Borders).

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study, please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Are there any benefits to society as a result of me taking part in this research?
This study may add to the knowledge base on how best to prepare master's-level counselors to work confidently and competently with clients, especially using self-disclosure.

Are there any benefits to *me* for taking part in this research study?
You may gain greater clarity around how to use self-disclosure with clients as a result of participating in this study.

Will I get paid for being in the study? Will it cost me anything?
There are no costs to you or payments made for participating in this study. Additionally, there will be no evaluation related to your helping skills course. Participation will in no way affect your grade or any other course evaluation.

How will you keep my information confidential?
All information obtained in this study is strictly confidential unless disclosure is required by law. The survey begins with a series of questions you will use to generate your own anonymous identification code. You will never put your name on either online survey. Only the research team will have access to the data—which will not have your name on it. Your course instructor will not see or learn about your individual responses. All data will be stored on Qualtrics and Box, both online platforms are password protected and secure.

Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

Qualtrics Security Statement (as of April 23, 2021)

Qualtrics' most important concern is the protection and reliability of customer data. Our servers are protected by high-end firewall systems and scans are performed regularly to ensure that any vulnerabilities are quickly found and patched. Application penetration tests are performed annually by an independent third-party. All services have quick failover points and redundant hardware, with backups performed daily.

Access to systems is restricted to specific individuals who have a need-to-know such information and who are bound by confidentiality obligations. Access is monitored and audited for compliance.

Qualtrics uses Transport Layer Security (TLS) encryption (also known as HTTPS) for all transmitted data. Surveys may be protected with passwords. Our services are hosted by trusted data centers that are independently audited using the industry standard SSAE-18 method.

Will my de-identified data be used in future studies?
Your de-identified data will be kept indefinitely and may be used for future research without your additional consent.

What if I want to leave the study?
You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

What about new information/changes in the study?
If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:
By participating in the study-related activities, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By participating in the study-related activities, you are agreeing that you are 18 years of age or older and are agreeing to participate, in this study described to you by Lindsey Grossman.

Signature: _____ Date: _____

APPENDIX C: PARTICIPANT ID QUESTIONS

The following questions were designed to create a unique identification for you as you participate in this study. The intention is that all of these questions will elicit the same answer from you during each administration, pretest and posttest. By creating identification codes, we can analyze the data without knowing who the answers are from.

For the following, please answer based on your name and birth city or town:

	What is the **second letter** in your **first name**? Answer 1	What is the **second letter** in your **last name**? Answer 1	How many letters are in your **first name**? Answer 1
Please respond to each of the questions based on your name. **Note: if you have legally changed your name for any reason, it is best to answer based upon your name as it reads today.**			

Please respond to the following about your birth city or town.

What is the **last letter** of the **city or town in which you were born**?

How many letters are in **the name of the city or town in which you were born**?

What is the name of the university where you are pursuing your Master's degree?

APPENDIX D: DEMOGRAPHICS SURVEY

What is your age?

What is your gender identity?

- Cisgender Woman
- Cisgender Man
- Transgender Woman
- Transgender Man
- Gender Nonbinary
- Prefer not to say

What is your sexual orientation?

Please select all that apply regarding how you identify racially/ethnically:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Latino/Latina
- Hispanic
- Other

What is your theoretical orientation?

- Psychodynamic
- Humanistic
- Cognitive Behavioral
- Postmodern / Systemic
- Undecided

APPENDIX E: COUNSELOR DISCLOSURE SCALE, ORIGINAL

Imagine that you are a client going to see a counselor. How much would you like to know about the counselor--about his or her background, attitudes, interests, etc.? On the following questionnaire, indicate how much you would like or dislike hearing about particular counselor-related topics.

	Strongly agree	2	3	4	Strongly disagree
The counselor's relationship with his/her partner	○	○	○	○	○
The counselor's relationship with his/her children	○	○	○	○	○
The counselor's relationship with his/her parents	○	○	○	○	○
The counselor's relationships with his/her close friends	○	○	○	○	○
How the counselor has coped with problems he/she has had	○	○	○	○	○
Information about the counselor's family background	○	○	○	○	○
The counselor's feelings of anxiety	○	○	○	○	○
The counselor's feelings of depression	○	○	○	○	○
The counselor's feelings of happiness	○	○	○	○	○
The counselor's fears	○	○	○	○	○
The counselor's suicidal thoughts	○	○	○	○	○
The counselor's feelings about his/her physical appearance	○	○	○	○	○
The counselor's feelings about his/her personality	○	○	○	○	○
The counselor's feelings of anger	○	○	○	○	○
The counselor's attitudes toward sex	○	○	○	○	○
The counselor's personal sexual practices	○	○	○	○	○
The counselor's sexual orientation	○	○	○	○	○
Whether the counselor is attracted to me	○	○	○	○	○
Whether the counselor has ever been physically or sexually abused	○	○	○	○	○
The counselor's professional degree	○	○	○	○	○
The counselor's training and professional experience	○	○	○	○	○
The counselor's theoretical approach to counseling	○	○	○	○	○

The "diagnosis" that the counselor has given me	○	○	○	○	○
Whether the counselor likes his/her work	○	○	○	○	○
The counselor's personal successes	○	○	○	○	○
The counselor's personal failures	○	○	○	○	○
The counselor's professional successes	○	○	○	○	○
The counselor's professional failures	○	○	○	○	○
The counselor's religious beliefs	○	○	○	○	○
The counselor's political views	○	○	○	○	○
Information about the counselor's health	○	○	○	○	○
The counselor's personal tastes in art, music, books, and movies	○	○	○	○	○

APPENDIX F: COUNSELOR DISCLOSURE SCALE, MODIFIED (QUALTRICS)

PLEASE READ SLOWLY AND CAREFULLY:

Counselors have to make many decisions moment-by-moment about what skills to use when in session with clients. Sometimes, those decisions are around whether to disclose personal information. This questionnaire is assessing whether you feel **prepared** to ***make decisions*** about self-disclosure when in session with clients.

Please indicate how **prepared** you feel to ***make decisions in the moment*** about whether to disclose the following topics to a client.

This survey is not asking you whether or not you would disclose, it is asking if you feel prepared to think through the decision to disclose or not. Please note: this scale moves from **left** (most prepared) to **right** (least prepared).

	Completely Prepared for in-session decision-making	Prepared	Neutral	Unprepared	Completely Unprepared for in-session decision-making	N/A
Your relationship with your partner	○	○	○	○	○	○
Your relationship with your children	○	○	○	○	○	○
Your relationship with your parents	○	○	○	○	○	○
Your relationships with your close friends	○	○	○	○	○	○
How you have coped with problems you have had	○	○	○	○	○	○
Information about your family background	○	○	○	○	○	○
Your feelings of anxiety	○	○	○	○	○	○
Your feelings of depression	○	○	○	○	○	○
Your feelings of happiness	○	○	○	○	○	○
Your fears	○	○	○	○	○	○
Your suicidal thoughts	○	○	○	○	○	○
Your feelings about your physical appearance	○	○	○	○	○	○

Your feelings about your personality	○	○	○	○	○	○
Your feelings of anger	○	○	○	○	○	○
Your attitudes toward sex	○	○	○	○	○	○
Your personal sexual practices	○	○	○	○	○	○
Your sexual orientation	○	○	○	○	○	○
Whether you are attracted to the client in front of you	○	○	○	○	○	○
Whether you have ever been physically or sexually abused	○	○	○	○	○	○
Your professional degree	○	○	○	○	○	○
Your training and professional experience	○	○	○	○	○	○
Your theoretical approach to counseling	○	○	○	○	○	○
Your "diagnosis" of the client in front of you	○	○	○	○	○	○
Whether you like your work	○	○	○	○	○	○
Your personal successes	○	○	○	○	○	○
Your personal failures	○	○	○	○	○	○
Your professional successes	○	○	○	○	○	○
Your professional failures	○	○	○	○	○	○
Your religious beliefs	○	○	○	○	○	○
Your political views	○	○	○	○	○	○
Information about your health	○	○	○	○	○	○
Your personal tastes in art, music, books, and movies	○	○	○	○	○	○

APPENDIX G: VIGNETTES

Vignette 1 (Pretest)

You have been seeing your client Carla for about one month. She is a 25-year-old, Latina, lesbian, cisgender woman. She originally reported her presenting concern as "relationship issues" and reports she has never been in a satisfying, long-term relationship. In her fourth session, Carla focuses on her parents a lot and describes the circumstances of their divorce. She looks to you and states, "I don't know if you'll get it or not, but I don't see how I'll ever get over the divorce." Please list all thoughts about responding to this client.

Vignette 2 (Posttest)

You have been seeing your client Gabrielle for about one month. She is a 27-year-old, Latina, lesbian, cisgender woman. She originally reported her presenting concern as "family stuff" and reports feeling "lost and untethered." In her third session, Gabrielle focuses on the recent death of her paternal grandmother and emphasizes that she was her last living grandparent. She looks to you and states, "I don't know if you'll get it or not, but I feel like this loss is going to overshadow everything for the rest of my life." Please list all thoughts about responding to this client.

APPENDIX H: THOUGHT LISTING EXERCISE (QUALTRICS)

Instructions/Prompt for the Thought Listing Exercise (with pretest vignette):

On the next page, there will be a vignette. Please take your time reading through it. Once you have read the vignette, proceed to the next page. The intention is to capture any and all thoughts you have as a counselor in response to this client, including all thoughts that contribute to how you might respond. In the text boxes on that page, with one thought per box, type as many thought statements (phrases or sentences) as you can. Write down anything you are thinking in response to the vignette.

You will have three minutes to write your responses. A timer at the top of the screen will indicate how much time you have remaining. Once time has expired, you will be automatically sent to the next page. If you finish before the time expires, click the red button at the bottom of the page to proceed. We have deliberately provided more text boxes than we think people will need.

All thoughts are valid; there are no right or wrong responses. Ignore spelling, grammar, and punctuation; a phrase (rather than a complete sentence) is sufficient. Please be completely open and honest. Any thought or reaction that occurs to you in your **stream of consciousness** should be noted, simply type the first thought you have in the first text box, the second in the second text box, etc. **Please put only one thought in each box.**

You have been seeing your client Carla for about one month. She is a 25-year-old, Latina, lesbian, cisgender woman. She originally reported her presenting concern as “relationship issues” and reports she has never been in a satisfying, long-term relationship. In her fourth session, Carla focuses on her parents a lot and describes the circumstances of their divorce. She looks to you and states, “I don’t know if you’ll get it or not, but I don’t see how I’ll ever get over the divorce.”

Please list all thoughts related to your reactions and your decision of how to respond to this client. We have deliberately provided more text boxes than we think you will need. All thoughts are valid; there are no right or wrong responses. One thought per box.

Text Box
Text Box
Text Box
Text Box

NOTE: 30 text boxes were presented to participants in the Qualtrics platform

APPENDIX I: QUESTIONNAIRE FOR EXPERT REVIEW OF VIGNETTES

Vignette Review for Grossman Dissertation Study

Thank you for agreeing to serve as an expert reviewer for the vignettes I've developed for my dissertation study. Information about the study and your review of the vignettes is provided below. If you have any questions, please feel free to email me at lmgrossm@uncg.edu.

The Context of the Study

I have developed a mixed methods teaching intervention study to assess the impact of a one-hour lesson on the subject of counselor self-disclosure (CSD). Many existing articles on the subject of CSD, both empirical and conceptual, begin with some mention of controversy or debate within the counseling and other talk therapy-related fields' literature. Some scholars indicate that the definition is inconsistent or conflicted (Henretty & Levitt, 2010; Jowers et al., 2019; Newberger, 2015; Somers et al., 2014), while others point to a lack of clarity or confusion about what constitutes CSD itself (Bottrill et al., 2010; McCarthy Veach, 2011). It seems that on a deeper level, the controversy is actually more about application than definition. I am looking specifically for changes in the way students think through a clinical decision that could involve CSD. The lesson plan was developed to teach a model of self-disclosure that I created based on the existing literature; I'm calling it The Contextual Model of Counselor Self-Disclosure (TCM of CSD).

In service of this goal, I have written two simple vignettes, one for the pretest and one for the posttest, to prompt participants to think through how to respond to a client. I developed the vignettes based on recommendations by Evans et al. (2015). A quick breakdown of their recommendations is pictured in the table below. Some of the recommendations are very straightforward (e.g., length of the vignette), while others a little more subjective (e.g., the vignette be clear and well-written). I am asking for your help to verify that the more subjective criteria are met.

Table 1 Recommendations for vignette content.

Vignettes should
1. Derive from the literature and/or clinical experience
2. Be clear, well-written, and carefully edited
3. Not be longer than necessary (typically between 50 and 500 words)
4. Follow a narrative, story-like progression
5. Follow a similar structure and style for all vignettes in the study
6. Use present tense (past tense only for history and background information)
7. Avoid placing the participant ''in the vignette'' (e.g., as first- or third-person character)
8. Balance gender and age across vignettes*
9. Be as neutral as possible with respect to cultural and socio-economic factors*
10. Resemble real people, not a personification of a list of symptoms or behaviors
11. Be relatable, relevant, and plausible to participants
12. Avoid ''red herrings'', misleading details, and bizarre content
13. Highlight the key variables of interest, facilitating experimental effects
14. Facilitate participant engagement and thinking by including vague or ambiguous elements
15. Cover all pertinent variables (or omit selected variables for specific purposes)

Key references: (Ganong & Coleman, 2006; Gould, 1996; Hughes, 1998; Hughes & Hughes & Huby, 2001; Jenkins et al., 2010; Kim, 2012; Veloski et al., 2005; Wallander, 2009).

* Exceptions may apply if these factors are included among the experimental variables.

Below are the two vignettes. Please read through these and then answer the questions that follow.

The Vignettes

1. You have been seeing your client Carla for about one month. She is a 25-year-old, Latina, lesbian, cisgender woman. She originally reported her presenting concern as "relationship issues" and reports she has never been in a satisfying, long-term relationship. In her fourth session, Carla focuses on her parents a lot and describes the circumstances of their divorce. She looks to you and states, "I don't know if you'll get it or not, but I don't see how I'll ever get over the divorce."

2. You have been seeing your client Gabrielle for about one month. She is a 27-year-old, Latina, lesbian, cisgender woman. She originally reported her presenting concern as "family stuff" and reports feeling "lost and untethered." In her third session, Gabrielle focuses on the recent death of her paternal grandmother and emphasizes that she was her last living grandparent. She looks to you and states, "I don't know if you'll get it or not, but I feel like this loss is going to overshadow everything for the rest of my life."

Survey for Expert Judges

1. Are the vignettes clear? If no, please elaborate.

2. Are the vignettes too long or too short? Please explain.

3. Are the vignettes neutral with respect to cultural and socio-economic factors? If no, please elaborate.

4. On a scale from 1-5 (with 1 meaning *not at all balanced* and 5 meaning *completely balanced)*, how **balanced** would you say the two vignettes are regarding ***intensity*** of presenting concern? Please explain.

5. On a scale from 1-5 (with 1 meaning *not at all balanced* and 5 meaning *completely balanced)*, how **balanced** would you say the two vignettes are regarding ***universality*** of the presenting concern (i.e., loss in the form of divorce or grandparent death)? Please explain.

6. On a scale from 1-5 (with 1 meaning *not at all balanced* and 5 meaning *completely balanced)*, how **balanced** would you say the two vignettes are ***overall***? Please explain.

7. Do the vignettes evoke a similar ***depth (or lack thereof) of emotion***? Please explain.

8. Do you find the vignettes to be ***engaging***? Please elaborate.

9. Do you find the vignettes to be ***relevant***? Please explain.

10. Would you categorize any of the content as ***misleading or bizarre***? If so, what?

11. Based on your teaching experience with master's-level counseling students, do you think the wording of the vignette invites the possibility of students' self-disclosure of a similar event or situation in their own lives? If not, what suggestions do you have?

    a. I originally ended the vignettes with a direct question prompting the participant to self-disclose (e.g., "do you have experience with divorce?"), but that felt too leading and direct, especially considering that the teaching intervention is not specifically geared toward responding to direct questions. Do you have any thoughts or opinions about ending with a direct question?

12. Do you have any other suggestions for changes to the vignettes as they exist currently? If so, please share these here via track changes, and please explain and/or elaborate.

Thank you so much for your responses and feedback. I appreciate your support of my dissertation work.

Lindsey M. Grossman

APPENDIX J: THOUGHT LISTING CONTENT ANALYSIS CODEBOOK

TCM of CSD Codebook

I. Define—the first phase of the model covers defining what is and what is not CSD and identifying opportunities to use it.
    1. Defining CSD, separating it from immediacy and broaching
        - CSD: the revelation of personal, extratherapeutic information by the counselor to the client (Hill & Knox, 2002)
        - Immediacy: When the helper discloses personal feelings about the client, the therapy, or the therapeutic relationship in the moment (Hill et al., 2018)
        - Broaching: The invitation to a client to discuss **identity** and **power dynamics** in the counseling room (Day-Vines et al., 2007); For the purposes of this study, broaching is limited to discussion of the following identities: race, age, gender, sexual orientation, and social class (note that this list does not include marital status or parental marital status…sharing those would be CSD) (Jones & Welfare, 2017) (12/7/21)
    2. Identifying the opportunity to utilize CSD
        i. EX: "I could share my similar experience"
        ii. EX: "it doesn't feel like I should tell the client that my parents are still together"

II. Reflect/Personalize—the second phase of the model covers the counselor's personal reflection on their own beliefs about self-disclosure and the personal characteristics of both the counselor and the client that impact the counselor's decision to utilize CSD.
    3. About the counselor: any thoughts that speak to personal characteristics, qualities, experiences of the counselor that the participant is considering when deciding how to respond to the client.
    4. About the client: any thoughts that speak to the personal characteristics, qualities, or clinical needs of the client, **including presenting concern**, that the participant is considering when deciding how to respond.
        a. This can include generalizations about the problem/presenting concern (12/11/21)
            i. EX: "five stages of grief"
            ii. EX:" parent relationships can be hard" or "some end up happier" or "relationships are a struggle"
    5. About the dyad: the therapeutic relationship/alliance, or any thought including consideration of BOTH the counselor and client (12/14/21)
            i. EX: "if the client-counselor relationship is strong enough to introduce self-disclosure"
            ii. EX: "I am older than Carla"
            iii. EX: "would my experience validate her?"

iv. EX: “confused about how to help” (this example is more conceptual, happens before deciding what to do)

III. Decide & Apply—the third phase of the model covers the counselor’s resulting decision and/or response to the client (these thoughts will most likely have quotation marks, include the word “you” in direct reference to the client, or begin with the phrase “I would/might tell/say...”)

6. Any thoughts listed that are possible verbal responses to the client **that include CSD**
    a. Apply this code even if a participant states that they are using “broaching,” IF their thought includes more information that indicates they are ACTUALLY using CSD (i.e., using the word ‘broaching inaccurately) (12/7/21)
        i. EX: “Broaching about my family background”
    b. Thoughts listed that indicate they have made the decision and are anticipating applying CSD (12/18/21)
        i. EX: “I hope this goes well”
        ii. EX” “here goes”
    c. DO NOT APPLY THIS CODE for responses that simply state whether the participant “gets it” or not (12/17/21)
        i. EX: “I can understand how you may feel”
        ii. EX: “I may not get it, but can you tell me...”
7. Any thoughts listed that are possible verbal responses to the client that are **not** CSD
    a. Include general statements that the participant would “broach” (we have to trust that the participant knows what the word means, that they are only talking about broaching the cultural identities listed above, if they do not indicate otherwise) (12/7/21)
        i. EX: “I would broach” (This is an example of a general statement that they would broach, and we will assume they know what broaching means)
        ii. EX: “Broaching ‘what is it like talking to someone who may not understand?’” (This is an example of the participant including enough info to indicate that they do not know what broaching means…and this is an example of immediacy, which is also not CSD)
    b. Less concrete statements that indicate a decision has been made to apply a response that does not include CSD (12/17/21)
        i. EX: “focus on feeling”
        ii. EX: “lean on helping skills, ex. Reflection"
        iii. EX: “empathize”
    c. Thoughts listed that indicate they have made a decision and are anticipating applying whatever they chose IF NOT CSD (12/18/21)
        i. EX: “I hope this goes well”

ii. EX" "here goes"

d. Please note in the "other comments" section what type of verbal response the participant would give to the client (e.g., reflection, open question, validation, broaching, etc.)

8. Any responses indicating that the participant is not sure what to do or has not yet decided what to do (a catchall code for the "I don't knows" and the "I do not want to do...")
    i. EX: "I have no idea what to say"
    ii. EX: "I should consult" (12/11/21)
    iii. EX: "you don't have to necessarily say you get it" (12/13/21)

IV. Reassess—the fourth phase of the model is to reevaluate the CSD decision afterwards considering feedback received from the client, explicit discussion with a supervisor, and/or ongoing treatment planning and reflection on clinical work.

9. Any thought listed that speaks to considering a supervisor's possible input or evaluation of possible outcomes after the fact (12/11/21)
    i. EX: "I hope my supervisor agrees with me"

APPENDIX K: THOUGHTS LISTED AND FINAL CODES ASSIGNED

Control Group—Pretest

Participant	Thought	Code
1.1	Impact of parent's divorce	4
2.1	Does she belive that beacuse she's never seen a healthy relatonhship its affecting her own	4
	Why does she think she hasnt had a satisfying relationship?	4
	What does a satisfying relationship look like to her?	4
	I'd tell her I haven't experinced that but I have seen others who have experienced divorce	6
3.1	When did the divorce occur?	7
	How did you feel when you were told about the divorce?	7
	can you explain to me what you think I may not understand?	7
	describe your past relationships to me.	7
	how do you feel the divorce has impacted you today?	7
	the divorce seems to have caused you a lot of distress.	7
4.1	I have never been through a divorce	3
	I know people who have and they survived	3
	Some end up happier	4
	How did the divorce make her feel?	4
	My parents should've gotten one	3
	Marriage does not equal happiness	4
5.1	Although we have different identities, I still empathize with you	7
	I would self disclose my own identities as a straight white woman to provide my client with honesty, genuineness, and trying to build trust	7
	I would make sure to tell her that yes I may not have experienced some of what she has in terms of her identities but I will do the best I possibly can to help her with my knowledge and continuing my education	7

	I'd give her the option to see someone else if she were to choose to do so because of our differences, but this would not be something I would begin saying	7
	I would say that although my parents are together my grandparents are divorced maybe?	6
6.1	She is trying to find someone to relate too	4
	She wants to be understood	4
	She is stressed about the situation	4
	She may feel unstable since her foundation is breaking in terms of family	4
	She may be projecting her parents failure on herself and her relationahips	4
	She may have some feelings of being responsible for the divorce	4
	She needs to understand her actions don’t equal her parents divorce	4
	Check in and see if she has any emotions toward a specific parent	7
7.1	Carla seems to have unresolved issues with her parents	4
	She may have learned helplessness	4
	Relationships are a struggle	4
	What is causing the shortness of relationships	4
	Seems insecure	4
	She may deal with some societal pressure	4
	May have trouble disclosing	4
8.1	How do you think your parent's divorce has impacted your view on commitment?	7
	Do you think your parent's divorce has impacted your view on relationships?	7
	I am a child of divorce and I understand how hard divorce can be.	3
	I know how my parent's divorce affected me, how do you feel that it affected you?	6
9.1	I have had parents who have been through a divorce	3
	It took me time to cope with the divorce	3
	Seeing parents fight can be hard on the children	4

	You should not fear you will end up like them	7
	You should focus on your own relationships instead of comparing them	7
10.1	my parents are not divorced	3
	I have never been in a divorce	3
	I think responding in a way that is empathetic "I can see that this divorce has been really hard on you." would be the first step	7
	it doesn't matter if I get it or not in this situation	3
	that's an easy statement to breeze past. client is not directly asking if you get it, its more rhetorical	4
	seems to be a very finite way to see the divorce so maybe trying to understand why the client is so definite would be the priority	4
11.1	I dont know her experience exactly	3
	I dont think I can fully get her experience after just 4 (really 3) sessions.	5
	I think we can dive deeper into the circumstances	5
	Mom and dad's relationship seems to impact her own	4
	She will prob want to discuss her sexuality further	4
12.1	I would say something like "no one can understand what you personally are going through, but you can get me there"	7
13.1	Help her to feel that she has it within her self to overcome this obstacle	7
	My parents have been divorced, so I could relate to what she is going through.	5
	Maybe disclose this to Carla.	2
	Gauge why she is bringing it up now, why not before?	4
	What does she feel like is blocking her from moving on?	4
	Is she afraid that she and her partner will also divorce if they get married?	4

	How is her relationship with her parents now?	4
	What was the cause of the divorce?	4
14.1	How has their divorce affected you ?	7
	Has the divorce affected your relationships?	7
	Does your culture openly accept lesbians?	7
	Is your family aware that you are lesbian?	7
	If they do not know, how would it impact your relationship with the family?	7
	Have you tried dating women, since you know you are lesbian?	7
15.1	Carla may be having relationship issues due to her parents divorce.	4
	Carla is feeling angry about her parents divorce.	4
	Carla does not want the relationship her parents had so she is avoided that long term commitment for herself.	4
	Carla is afraid she will end up divorced like her parents.	4
16.1	Am I the right counselor for this person?	5
	I dont understand lesbians or sexuality and how it impacts this kind of issue	3
	My parents didn't divorce	3
	I wonder if she thinks I am judging her	5
	I hope she can get incrementally better by talking to me	5
	This is complicated	4
	She is an interesting client	4
	I wonder if I make her uncomfortable	5
	I need to dig deeper to understand	3
	If she is willing then we can make progress	5
17.1	When did the divorce occur	4
	what kind of issues are you experiencing in your relationship	7
	what time frame do you consider to be long-term in a relationship	7

	what were the circumstances behind your parents divorce	7
	when was the last time she felt satisfied in a relationship	4
	has witnessing her parents divorce provoke negative feelings when she is in her relationships	4
18.1	Due to ethnic background, family may have a hard time accepting her sexuality	4
	Does parents divorce affect present relationships	4
	How long has she identified as a lesbian	4
	She may feel often misunderstood and alone	4
19.1	She feels alone	4
	Why wouldn't I get it	5
	Is her parents divorce the reason she hasn't been in a long term relationship	4
	She will probably get over it with time	4
	What has happened during the divorce to make her think she will never get over it	4
	She loves her parents	4
	She should talk to her parents about this	4
20.1	YOu are in a very emotional place	7
	That is very real for you	7
	I understand how disempowering that feels	5
	Not everyone has this experience	4
	My own childhood was blessed in comparison	5
	how did she cope until now	4
	what are the good ememories	4
	what are the bad memories	4
	what sticks out the most	4
	what did she think was the problem	4
	did she think she was the problem	4
	the relationship was not her fault	4

	children do not have any way of really understanding adult relationships	4
	that’s a tough place for a child to be in at any age	4
	the loss hurts	4
21.1	Ask how she felt about the divorce	7
	Ask if she believes the divorce effected her perspective on relationships	7
	Ask how she's feeling about the divorce now	7
	Disclose that I went throu	6
22.1	I probably wont get it	3
	my parents are still together	3
	difference in sexual orientation and ethnicity	5
	i have also trouble with long term relationships	5
	similar age	5
	youll probably get over it some day	7
	it wasnt even your realtionship	7
	obviously still affected	4
	parents role model of bad relationship	4
	what does she hold on to/ need to let go off	4
	broach	7
23.1	I can understand how hard that experience must have been for you.	7
	My parents never divorced but I understand that is a painful experience for a lot of people	5
24.1	I do get it. My parents were divorced.	5
	It makes sense that your past would influence your feelings about the present.	7
	Your parents relationship example might be the one you know the best.	7
	Do you find yourself exhibiting behaviors that you saw your parents doing?	7

	How do you feel like your parents divorce has affected your ability to form close relationships?	7
	Studies show that children of divorce are more likely to struggle in relationships.	4
	It seems like you have solid awareness as to how the choices of your parents are affecting your current choices.	7
25.1	it sounds difficult	4
	how does parents influence romantic relationships?	4
	loneliness	4
	experiences of failure	4
	I identify with wanting long term intimacy and not finding it	5
	i have similar wants	5
	what does "getting over" look like?	4
26.1	I can understand divorce	3
	relationships are challenging	4
	what modeling has she been given	4
	what other relationships does she partake in?	4
	How long is long-term?	4
	does she have other relationships that aren't intimate	4
	have those relationships lasted any longer	4
	why does she feel that she cannot overcome the divorce	4
	does she have siblings	4
	how have they handled the divorce	4
	does she have a support network friends/family/spiritual	4
	how old was she when they divorced	4
27.1	I can relate to questioning relationships in reference to my parents' divorce	5
	I feel empathy for this period in her life because i am near to it	5

	I realize we have significant differences as well	5
	She is looking for someone to understand	4
	She doesn't know how to cope with her parents divorce	4
	She doesn't know exactly what impact it has had on her, but she knows it's big	4
	I start to want to project my own feelings about my parents' divorce	2
28.1	What makes you think I wont get it	7
	How does that relate to your presenting concern	7
	What made the focus drift to her parents in terms of relationship issues	4
	Wanting to unpack her feelings of never being able to get over the divorce	4
	Why does she feel as though she has never had a long-term relationship	4
	Wanting to help her see that I will do my best to understand	5

Control Group—Posttest

Participant	Thought	Code
1.2	I am sorry for your loss	7
	Tell me more about you and your grandmother.	7
	Do you feel she is still present and you can carry her with you now?	7
	Why do you feel this loss is going to overshadow everything for the rest of your life?	7
2.2	concered	3
	confused	3
	empathetic	3

	wanting to understand what will be oveshadowed	3
3.2	Could you explain to me what this loss means to you?	7
	I would want to further explore her feelings of being untethered	7
	Maybe disclose a recent loss of my own to show I can understand?	2
4.2	I have too lost grandparents in my life	5
	it is normal to feel lost	4
	loss is something that is not easy to deal with	4
	ask about positive times with her grandmother	7
	focus on happy memories	7
	ask about traditions that can be carried on from her grandmother	7
	things that she could do with her grandmother	7
5.2	I would validate her feelings of lost and untethered	7
	I would also validate her feelings regarding her grandmother's death	7
	I'd ask her some questions like why do you feel that this loss is going to overshadow everything for the rest of your life? Then I'd move into asking additional follow up questions	7
	I'd ask questions about moving forward	7
	If necessary I would tell her that I have lost a family member too (self-disclosure)	6
6.2	Wonder how her feelings are impacted by her culture	4
	How does her family respond to her SO	4
	What kind of influence did her grandmother have	4

	How was their relationship	4
	Using coping skills and overdramatizing her grief	4
	Death of grandmother may bring back old feelings of being lost.	4
	How is she coping with said grief	4
	Can she have support through her family	4
7.2	In her late 20s	4
	amounts of axiety	4
	concerened with grief	4
	Looking for validation	4
	wants to be discreet with the reporting concern of family stuff	4
	struggling	4
	stressed	4
8.2	closeness to family	4
	grandmother's impact on child	4
	did grandma raise her?	4
	I have lost half of my grandparents from ages 6-now	3
	i can empathize with how she is feeling	5
	is there anything that she can direct her attention to in the mean time	4
	can she have positive memories of her grandma that can help her move on from day to day	4
9.2	Empathy	3
	Feel sad about the situation	3
	Wonder what holds her back	4
	Wonder what she can do to leap past this	4
	Any other emotions on her end	4
	Any emotions on her end	4
	Her support system	4
	I understand her pain	5
10.2	why does she assume I won't get it	5
	is this why she feels lost	4

	figure out why this death has SUCH an impact	7
	figure out why the client believes this will be with her for life	7
	maybe this family member supported her when no other family members did	4
	MY own understanding of the situation is irrelevant to the scenario	5
	I see this as rhetorical. client is not outright asking if I have had loss like this	5
	I think the simple statement of "loss it hard" or "I absolutely understand loss can be hard" would be enough to make client feel comfortable and heard MAYBE?	7
11.2	Family is utmost importance in the Hispanic community	4
	Close ties can heighten the sense of loss	4
	Discussion about relationship with parents	4
12.2	Empathy	3
	try to reach an understanding	7
13.2	Self-disclose that I also lost my only living grandparent	6
	Ask about her relationships with other family members	7
	Talk about a favorite story with her grandmother/favorite memory	7
	Ask how she has coped with other losses	7
	Was she very close to her grandmother?	4
14.2	Do you have another other female relatives?	4

	I understand that this is a great loss for you, I am sorry you're going through this, do you mind if we discuss why you feel it will outweigh everything else in your life?	7
	I felt an immense weight when I lost my great grandmother, I can understand it's a horrid feeling, were you very close?	6
	Unfortunantly, no I don't get it, but can you explain what you're feeling to me so I can try to understand you?	7
	What exactly do you mean by everything?	7
15.2	How close were you to your grandmother	7
	What is it that makes you feel this way	7
	Is there any other types of concerns at home	4
	Do you have any way that you cope with this feeling	4
	Where do you see yourself in the future	7
16.2	Confused about how to help	8
	Unprepared for the task based on my own experiences	5
	Worried I will do more harm than good	5
	Kindness always helps	5
	Heartfelt empathy can help her	5
	Humble listening goes a long way	5
	Helpful training is what I offer	3
	Loving words of affirmation can truly help	5
	Confusion how I feel	3
	Tired of not knowing how to help people	3
	Impacted by my presens	5
	Effected	5
	Different	5
	Out of my scope of capability	5

	Dishonesty	3
	Pretending	3
	Fraud	3
	Imposter	3
	Hopeful for change	5
	Potential for betterment	5
	Powerful	5
17.2	explain about the feelings of being lost and untethered	7
	what was your relationship like with your grandmother	7
	what is your relationship like with your family	7
	how often do you feel lost and untethered	7
	what specifically about this loss overshadows the rest of your life	7
	I'm wondering how you see your life being affected by this loss in the future	7
18.2	let client know her feelings are valid	7
	ask what role her grandmother played in her life	7
	why is this such a devastating loss	4
	how has "family stuff" been since grandmother's passing	4
19.2	Why was her grandma so important to her	4
	Why does she think it will overshadow everything	4
	Why does she think it will overshadowing the rest of her life	4
	Was this the first tragedy she has experienced	4
	Was she close to her grandma	4
	How is her relationship with her parents	4
	How are her parents handling the death	4
	What has she been doing since her grandmothers death	4
	Is she scared of death	4
	Does she have a small family	4
	What is culture like	4
	What does her culture do when there is a death in the family	4

	How does her culture view death	4
	Does she have a support system	4
	Has she had any suicidal though	4
20.2	were you and your grandmother close?	7
	This is really hard	4
	Thank you for sharing your feelings with me	7
	I relate to the loss	5
	How can I comfort her and move her forward	8
	Does she want to move forward	4
	Is she able to move forward	4
	Should I share my experience of loss	2
	Grief hurts	4
	I wonder how deep the sense of foreboding runs	4
	What areas do you feel like this will affect	7
	How will they be affected	7
	Tell me about your grandmother	7
	What is your fondest memor	7
21.2	Ask how close they are	7
	Ask if they dealt with s similar loss	7
	Ask about support systems	7
	Ask what is she doing now to cope	7
	Might disclose that I have been through a similar situation	6
	Ask about any recent accomplishments	7
	Ask what does she mean by "overshadow"	7
22.2	I dont quite understand	5
	It will not last forever	4
	what else if going on in her family	4
	overshadow everything?	4
	how?	4
	im sorry	5
	slow process	4
	but she will overcome	4
23.2	I get it, that makes sense	5
	I think a lot of people feel that way after the death of a loved one.	4

	It's okay to feel that way. Normal part of the grieving process	4
	It sounds like you're feeling overwhelmed.	7
	Many people find that taking it one day at a time is easier than thinking about your whole life	7
	It sounds like you're feeling very hurt and hopeless	7
24.2	I would like to know how close she was to this grandparent?	4
	How does she feel like it will overshadow her life?	4
	Why would she think that I wouldn't get it?	5
	I feel like everyone, at some point in their lives, has experienced loss. I would be curious why she thought I would be any different.	5
	I would want to know her relationship to that side of the family and if her parents or immediate family are affected by the loss in other felt ways such as finances or social networks.	4
	Has this client lost anyone else in her life?	4
	Is this her first experience with death of any kind?	4
	Does she have other close family members who can share in her experience?	4
	Does she want to know about my experiences with loss? And why?	2
	How might I offer validation without oversharing?	8
	How recently did she lose her other grandparents?	4
25.2	extreme thinking	4
	attachment wounds?	4
	grandma might have been the only acceptor of her	4
	what did grandma mean to Gabbrielle/ family	4
	loss focus	4
	romantic 4 on enneagram?	4
	feel isolation what are feelings for Gabbrielle?	4
	painful feeling	4
	directionlessness	4
26.2	suffering grief	4
	broach our differences	7
	what is her relationship to her family?	4

	what makes her feel grounded	4
	what are her support networks	4
	is she religious/spiritual	4
	has she ever lost anyone as close as grandmother	4
	I have experienced loss but everyone experiences grief differently what is it like for her	5
	what is in her life that the death is overshadowing	4
	can anything be set aside for now while she takes time to grieve	4
	what is her self care	4
27.2	She is 27 like me	5
	I want to know more about lost and untethered	4
	How does it relate to family stuff?	4
	What is family stuff?	4
	This loss represents every other loss somehow	4
	She is looking for understanding	4
	I would use door openers to explore that more	7
28.2	Sharing my own experience of the death of my grandparents	6
	How I was able to cope	6
	Exploring her identity	7
	The relationship she had with her grandmother	4
	What she means by overshadow	4
	Other experiences with loss	4

Intervention Group—Pretest

Participant	Thought	Code
29.1	Sometimes, time can heal these feelings you have, but not always	7
	What you are feeling is valid, and something that we can collaborate on and work together	7
	It sounds like this is something that is affecting you deeply	7
	Do you feel like you are associating this divorce with your own feelings about relationships	7

	How do you feel right now talking about this with me	7
	What are some positive experiences you have had because their divorce	7
	What are some negative experiences you have had because of the divorce	7
30.1	My father came from a divorced family, and my parents are happily married.	3
	I have friends whose parents go divorced.	3
	Your parents relationship is not your own.	7
	Do you have a fear of divorce?	7
	What was their divorce like for you?	7
	What are your thoughts on marriage?	7
31.1	Sadness	4
	Investigative (why?)	7
	Understanding	7
32.1	I would tell Carla that she's right, we both have different experiences and mine is not the same as hers.	7
	I would also tell her that although I cannot empathize with the specific situation I can still emphasize over the feeling of not being able to get over something profound like that.	7
	I would tell Carla that her feelings about the situation are valid and shift the focus on how she is dealing with the situation, her feelings, and what we can do together to help her.	7
33.1	Struggles with divorce	4
	Worries about her own relationships	4
	Sees divorce as failure	4
	No personal history with divorce	3
	Divorce can be very impactful	4
	Feels she will not succeed in long term relationship	4
	Worried I will not understand her	4
	Stuck on divorce	4
	When did divorce occur	4

	Does she want to get married	4
	Parent support of her sexuality?	4
	What does she consider a satisfying relationship	4
	Will me having married parents impact her view of me	5
34.1	I get her	3
	My parents were divorced too	3
	That had a really big effect on me	3
	I'm going to self disclose	2
	I should self disclose	2
	Because I know exactly how she feels	3
	and their divorce affected my relationships as well	3
	But I'm married now	3
	so it could help her	5
	but it also might alienate her if I say "I'm married now"	5
	I should consult	8
	I'm just going to say that I went through a parents rough divorce and see how it goes.	6
	Lord I hope this goes well	6
	I hope my supervisor agrees with me	9
	Here goes	6
35.1	I am close in age to the client, but we are of different ethnicities and different sexual orientations	5
	I am not a child of divorce	3
	not sure how to broach that [I am not a child of divorce]	8
	Would need to broach when the client states "I don't know if you'll get it or not"	7
	Would ask client about parents relationship and how that affected her as a child and now in her adult life	7
	Would ask why she thinks she won't ever get over her parents divorce	7

	Potential of projection from clients parents marriage to her own relationships	4
	Client says she's never had a long-term relationship	4
	I would ask about short-term [relationship] possibilities	7
36.1	I would want to validate the client's experience	7
	I might try to relate to her as someone from the LGBTQ+ community as well	7
	I might disclose something about my divorced parents as well	6
	I would want to validate the fact that divorce can be tough	7
	I might say "I understand you think I might not get it, but I actually have divorced parents as well"	6
	I might also disclose something about my history with short-lasting unfulfilling relationships as well	6
	I would try to dive deeper into her values about relationships/marriage/divorce	7
	I would try to help her decrease totalizing language such as "I don't see how I'll ever get over the divorce"	7
37.1	empathize	7
	you don't have to necessarily say you get it	8
	focus on feeling	7
	you can empathize with feeling anger at parents	7
	you can empathize on how your parents conflict effects your life	7
	parent relationships can be hard	4
	I know how hard divorce is by what I have seen my friends and family go through	3
	I can understand how hard this is	3

	I don't think its appropriate to say my parents are still together and that I have never gone through divorce	2
	I need to focus on feelings	7
	I am sure I have felt confused and angry at my parents before	3
	confusion in parent relationships can happen to anyone	4
38.1	It sounds like you are unsure about how you can get over your divorce.	7
	Your parents divorce seems to have a lot of impact for you? What does it mean to you?	7
	Your are concerned that I will not understand your emotions surrounding your parents divorce.	7
	Can you tell me more about how the divorce has changed you?	7
	What emotions come up when you think about the divorce of your parents.	7
39.1	Client sexual orientation may be a broaching point as I am heterosexual	5
	My parents are not divorced	3
	"I can imagine it must be difficult..."	7
	Talk about how parent divorce impacted her view on relationships	7
	It is not about me, so I would not talk about my personal experiences.	2
	[disclosing my personal experiences] would not benefit the client and would only make it about myself.	5
40.1	Why do you think I will not get it?	7
	What makes you feel you will never get over their divorce?	7
	Is there any way that your relationships have been affected because of your parents' divorce?	7
41.1	Broaching "what is it like talking to someone who may not understand?"	7

	I don't understand - I have never been divorced or had parents who got divorced	3
	Does her fear of divorce affect her relationships with others?	4
	Is she close with her parents?	4
	Has she spoken to them about how she feels about their divorce?	4
	How long have they been divorced?	4
42.1	What makes you say that?	7
	What about their divorce has impacted you?	7
	What are some connections you can make from their divorce and its impact on your relationships?	7
	What would happen if you were to "get over" their divorce?	7
	^How would your life look different if you were able to "get over" their divorce?	7
	How do these thoughts appear	7
43.1	I relate to her because I am also a lesbian cisgender woman of color	5
	I am worried that I may not understand what she is going through because my parents are not divorced	5
	I would connect her perception of the divorce to why she hasn't been in a satisfying, long relationship	7
	I want to know why she doesn't think she can get over the divorce	4
	Why doesn't she think ill get it	4
44.1	I am quite familiar with divorce, please proceed	6
	I come from a divorced family and have married into a divorced family, I get it	3
	I am quite familiar with divorce, please proceed	6
	I have worked with many divorced people and understand	3
	Why do you think I would not get it?	7
	I understand divorced parents, that is a lived experience for me	3

	Divorce...that's an easy one	3
	I'm sorry to ask, but why do you think I would not understand that?	7
	Having gotten over a divorce, it's definitely possible	3
45.1	My parents also got divorced	3
	I also am not confident in long term relationships	3
	or my ability to be in one	3
	I understand her fear	5
	I also hear some self criticism	4
	not just that she is not sure about a long term relationship but somehow that makes her a bad person, or that she should be sure	4
	I want to tell her I do get it	5
	She is not her parents	4
	How is her relationship different than her parents	4
	how is her relaitonship she same as her parents	4
	how is SHE similar to her parents	4
	how does she view relationships	4
	does she actually know what she wants	4
	have there been other relationships where these thoughts have come up?	4
	Do you enjoy being in your current relationship	7
	What does the current relationship mean to you	7
46.1	why wouldn't I get it	3
	I have been divorced	3
	my parents are divorced	3
	what cultural factors are at play here, especially in relation to her being latina	4
	how might my experiences with divorce as a white person relate to her experience with divorce as a latina	5
	are there any religious factors at play here	4
	I am white and do not identify as a lesbian	3
	how might her lesbian identity impact her views of marriage and divorce	4
	what social factors and pressures are at play	4
	what are Carla's assumptions about me as a person	4
	I am older than Carla	5

47.1	Client's concern comes before my need to address whether I'll "get it"	5
	My parents are divorced, but my situation is likely very different from hers	5
	Disclosing my parent's divorce likely not helpful because my experience with it was not very damaging	2
	Want to address client's apparent uncertainty in the counseling process.	7
	Want to follow up on impact of divorce on relationship issues.	7
48.1	My parents are still together so I might not get it	3
	The parent's divorce seems related to client's "relationship problems"	4
	It doesn't feel like I should tell client that my parents are still together	2
	Lean on helping skills, ex. reflection	7
	"You're not sure if you'll ever get over their divorce"	7
	"You're feeling uncertain about how to proceed"	7
	"You're feeling like I might not be able to understand what you're going through"	7
	"Do you see any connection between your parent's divorce and your relationship issues?	7
49.1	latina and lesbian	4
	relationship issues	4
	stuck on parents divorce	4
	parents divorce - her relationship issues	4
	she feel like it is her fault - lesbian?	4
	never felt satisfied	4
	fells alone - dont think anyone gets it	4
	something deeper - relationship with parents	4
	what was her relationship with each parent before divorce	4
	what is her relationship with each parent after divorce	4
50.1	restate/summary of her statement	7

	reflection of feeling nervous about future relationships because of her parents relationship ending in divorce	7
	disclose that my parents never went through a divorce, so I may not fully understand, but that I am willing to try	6
	disclose my heterosexuality	7
	[disclose my] parents relationship	6
	use as an opportunity to broach	7
51.1	I wonder if the parents divorce has affected her ability to have a satisfying long-term relationship.	4
	Since she did not have a satisfying long-term relationship mirrored from her parents, is that why she isn't able to be in one herself?	4
	I wonder what her relationship with her parents look like.	4
	I wonder how her culture plays into the effect her parents divorce has on her.	4
	I wonder why she thinks I won't get it.	5
	I wonder if I could broach.	8
52.1	looking to me for answer and or reassurance	4
	potentially poor role model of healthy relationship via parents	4
	explore non romantic satisfying relationships	7
	using very strong definitive verbiage "never, ever"	4
	hasn't dealt with pain relating to parents breakup	4
	multicultural considerations, family is important in latinx community	4
	marginalized identity, lesbian, explore more	4
	ask open ended questions about relationship with parents	7
	identify maladaptive theme in previous	7
53.1	The divorce of her parents may be affecting her relationship issues	4
	What are her core beliefs about relationships?	4
	I'm curious if she experiences anxiety or depression	4

	What parts of her relationships feel unsatisfying?	4
54.1	Carla has trouble getting through her emotions about her parents divorce	4
	Her parents divorce may be playing a role in how she views her own relationships.	4
	there is a time to broach about why she thinks I will not understand	7
	Ask her ways in which she can describe the feelings that come up for her about the divorce.	7
	Deciding whether disclosing about my own experiences and understanding of divorce can be helpful for Carla.	2

Intervention Group—Posttest

Participant	Thought	Code
29.2	I'm sorry that you lost your grandmother	7
	I hate that you're feeling this way	7
	I'm sorry that you're feeling hopeless	7
	I know that you're life isn't over	7
	It might overshadow some things in your life	7
	What you take away from this might affect how you move on	7
	It's ok to be upset	7
	I heart that you feel like you're lost	7
	I know what that can feel like to feel like something will affect you this deeply	6
30.2	Sometimes a familiar death can feel overwhelming	7

	It is normal to feel this will overshadow everything	7
	I appreciate you being so vulnerable with me	7
	I want to make sure this is a safe space for you to process what has happened	7
	What would be most beneficial for you during this time?	7
	Would you like to me to self-disclose something about myself and a similar experience I had?	7
31.2	I have had a death before	3
	all my grandfathers passed away	3
	my grandfather played a big part of my life	3
	my grandparents raised me	3
	I can understand how you may feel	7
32.2	Her statement of "I don't know if you'll get it or not" makes me immediately think of self-disclosing.	2
	This statement makes me feel as if she feels a disconnect in our relationship because I may not understand how she feels.	5
	I would respond by saying "You're right, I don't know the exact feeling of how losing your grandmother has made you feel. We've had different experiences in life. I do know, however, how big and all-encompassing grief can be."	7
	I chose to not disclose very personal information such as who I lost, when I lost them, what I felt at the time.	1
	Instead I disclosed that I can relate because I've experienced grief too and instead focus on how the grief feels to her.	1

33.2	Close to family	3
	My family	3
	Also close to family	4
	Personally experienced grandparent loss	3
	Has not dominated my life	3
	Would sharing this make her feel like she is overreacting?	5
	Cultural differences	5
	Maybe her grandmother raised her	4
	Extreme thinking?	4
	Long lasting feelings	4
	Would my experiences validate her	5
	Would she feel understood	4
	What is the purpose of my CSD	5
	Empathy may help her feel supported	4
34.2	I need to do a reflection of feeling content	7
	Do I need to self disclose?	2
	I hear you.	7
	I'll self disclose that I know what it is like to feel as if something is going to overshadow me for the rest of my life	6
	I've worked with mostly Spanish speaking clients, in my experience in Latino culture self disclosure is seen as positive	5
	so let's go for it [self-disclosure]	6
35.2	different cultural identities	5
	if self-disclosure is appropriate	2
	how to address the "I don't know if you'll get this"	8
	if enough time has passed to self-disclose	5
	if the client-counselor relationship is strong enough to introduce self-disclosure	5

	how to incorporate client's ethnicity and cultural information and how that affects decision-making and feelings towards situations	4
	addressing the "lost and untethered"	7
	family values	4
	value system in regards to death in the family	4
	potential self-disclosure of experiencing a traumatic family death of a grandparent and how I got through it? if that would be appropriate	2
36.2	I understand what it's like to lose a grandparent	3
	When my great grandmother passed away, it felt like in a way my world was collapsing	3
	I understand what it is like to feel disconnected from family	3
	Death is not an easy thing to cope with	4
	It is never easy losing a loved one	4
	Your feelings are valid	7
	Grief is a different experience for everyone	4
37.2	I can understand that, especially after losing someone special to you	7
	reflect feelings	7
	I get that	3
	I have felt that at times when someone close to me has died.	3
	what are some feeling that you have around this belief	7
	how is that showing up for you today?	7
	I do get it, I have gone through something similar	6
	I get that it can be overwhelming/encompassing	7

	Saying that statement just now, what feelings come up for you?	7
38.2	responding in reflection of "it seems like you are unsure that I will understand the impact of your grandmothers death on your outlook on life?"	7
	I could disclose having similar feelings when my uncle passed away and not feeling sure others would truly understand the impact that had on my life	2
	Empathizing with the lost and untethered feelings and thoughts	7
	Asking what the relationship was like between her and her grandmother	7
	Asking the importance of family relationships on clients worldview	7
	Disclosing my personal thoughts on family and outlook on life	6
39.2	I understand the pain of losing a grandparent you were close to	6
	My experience with loss is not the same as the clients	5
	I have felt grief and how it seems never ending.	3
	Maybe knowing I have experienced this feeling will make Gabrielle feel like she is not alone.	5
	Can I create this same feeling through a ROF instead of CSD	8
40.2	"I know how much hurts loosing a grandparent"	6
41.2	What is it like for you talking to someone who doesn't understand what thats like?	7
	Why is it important for you to have me to "get it"?	7

	I'm hearing a lot of grief and worry for how this will affect your future.	7
	"Everything for the rest of your life." That seems like a very long time.	7
	I don't get it, but I want you to help me understand.	7
42.2	Curiosity	3
	Empathy	7
	Broaching	7
	Loss	4
	Confusion	4
	Difficulty	4
	Disclose personal experiences	6
	I've lost my grandparents	3
	Appreciation for vulnerability	3
	Kindness towards client	3
	Explore family dynamics	7
	Explore present relationships	7
43.2	I would want to let her know Im also lesbian bit I probably wouldn't because it doesn't have to do with the conversation	2
	I have also lost my paternal grandmother	5
	I don't know how she is feeling because I still have 2 grandparents alive	5
	I would want to get a better understanding for what she means by overshadow everything for the rest of her life because that is a very heavy statement	7
	I know family is big in hispanic cultures	4
	so I would maybe ask what family means to her	7
44.2	I too have lost a grandparent	5

	I am sorry to hear that	3
	Sound like your grandmother was very important to you	7
	Were you tethered when your grandmother was alive	7
	Did you spend a lot of time with your grandmother	7
	I have had grandparents too	5
	If i lost a grandparent, would that change your opinion about whether or not I "get it"	7
45.2	I've lost a loved one and felt the same way	3
	It gets easier over time	4
	I liked to think about happy memories of her	3
	I liked to think she is with me all the time	3
	Can you tell me about your relationship with her?	7
	How do you think your father will handle it?	7
	Are you worried about your father?	7
	Can you describe your emotions to me?	7
46.2	What about it do you not think I will get?	7
	I have not lost a lot of loved ones close to me.	3
	I was never close with any of my grandparents.	3
	What was your relationship to your grandmother?	7
	I have experienced a loss of a grandparent.	3
	I cannot relate to a death overshadowing the rest of my life.	3

	What ways does this death overshadow everything?	4
	Her culture may play a role in this familial relationship.	4
	My culture values family differently.	5
	What were your relationships with your other grandparents?	7
	Could you share more about what other "family stuff" is?	7
	What does being "lost and untethered" mean for you?	7
	How does it feel to share this with m	7
47.2	CSD is not necessary for most ideas that I would explore	2
	While I have experienced loss of grandparents, it did not effect me as powerfully as it has her	5
	Is there a way that I can reaffirm connection and confidence in counseling that doesn't involve CSD	8
	Broaching may be appropriate to assess cultural context of grandmother's role in her life	7
	Immediacy may be appropriate for assessing how she thinks my "getting it" or not affects our counseling session	7
	Does the client seem to be looking for a reassurance that there is connection?	4
	I have experienced other losses that overshadowed my life for a time	3
48.2	I'm not sure that I will get it	3
	Do I need to get it to help?	5
	What would getting it look like?	5
	This experience is not extremely relatable for me at the moment	5

	Is this one experience the full scope of the "family stuff"	4
	What does it mean that your grandmother was the last of your living grandparents?	7
	This sounds like "normal" grieving	4
	"overshadow" is quite a specific verb	4
	What does "overshadow" mean for the client?	4
49.2	paternal --> cultural	4
	family history is important	4
	she is sad	4
	close to grandmother	4
	orientation effect relationship?	4
	overshadow?	4
	family stuff= grandma .. is anyone else involved	4
	untethered?	4
	why do you think this will over shadow?	7
	is she the closest family member	4
	who else is she close to in her family	4
	does she have any one to support her	4
50.2	I know how hard that it must be to talk about such a difficult experience, thank you for sharing this with me	7
	While I haven't personally lost all of my grandparents, I am familiar with this type of loss.	3
	I remember feeling that way when I lost my grandparents	3
	I want to normalize feeling this way and reassure you that loss is a difficult thing to move through	7
51.2	I have also lost grandparents and do kinda get what you're going through.	6

	Why do you think the loss is going to overshadow everything for the rest of your life?	7
	I wonder how close she was with her grandparents.	4
	Are there others in her family she could relate to that feel the same way?	4
52.2	understand feeling of hopelessness	5
	catastrophic thinking	4
	relation to difficult family relations and navigating those	5
	difficulties grasping with death and its meaning	4
	feelings of being alone and misunderstood	4
	uncertain, asking outwardly for direction that she can access inwardly	4
	building up self awareness and empowerment	7
	aask more questions to further broaden the difficulties facing at hand	7
53.2	I haven't lost a grandparent	3
	Feeling like you'll never get through it (relateable)	5
	Losing people	4
	What that means	4
	How to cope	4
	Grieving	4
	Feeling the feelings	7
	Grounding	7
	Finding new hobbies/interests	7
	Connecting with loved ones/friends	7
	Self-care	7

54.2	The close relationship she had with her grandmother.	4
	Feelings of being left	4
	closeness of her other mainly members	4
	Possible thoughts of self harm based on attitudes of desolation	4
	Feelings of being lonely	4
	Possible disclosure about losing a loved one	2
	What her family and culture mean to her	4
	How her grandmother has treated her compared to her family	4

APPENDIX L: PROCESS QUESTION CQR-M CODEBOOK

Process Questions CQR-M Codebook

PQ1—What would you say to the client?

Domain 1: Skills used in response (Sk)

1. **Open Question:** questions intended to explore; can be phrased as a closed question (e.g., "did you…," "is it that…"); *includes door openers (e.g., "tell me more about that."); excludes confirmation questions tacked onto the end of another skill (e.g., "is that right?")* (definition updated 1/6/22)
2. **Immediacy:** When the helper discloses personal feelings about the client, the therapy, or the therapeutic relationship in the moment (Hill et al., 2018) (definition added 1/6/22)
3. **Reflection**
    a. **Of content**
    b. **Of feeling:** This code can be used for explicit reflection of feeling that includes feeling words AND for general attempts from the participants to focus their response on the emotional or affective experience of the client (e.g., "I can understand that this is hard for you," "I can understand why it feels nearly impossible..." "I can understand how it could be upsetting.") (updated 1/7/22)
4. **Normalize/validate:** Can include phrases like, "I understand what it's like..." or "I understand how upsetting this must be for you." (Updated 1/6/22)
5. **Broaching:** The invitation to a client to discuss identity and power dynamics in the counseling room (Day-Vines et al., 2007); For the purposes of this study, broaching is limited to discussion of the following identities: race, age, gender, sexual orientation, and social class (note that this list does not include marital status or parental marital status...sharing those would be CSD) (Jones & Welfare, 2017) (definition added 1/6/22)
6. **Counselor Self-Disclosure (CSD):** the revelation of personal, extratherapeutic information by the counselor to the client (Hill & Knox, 2002) (definition added 1/6/22)

Domain 2: Content focus of response (Co)

1. **Client circumstances:** the circumstances that the client is discussing in the vignette, including both the original presenting concern and the topic specified by the client for that session (relationships, divorce, loss, grief, grandmother)
2. **Client feelings:** response includes mention of client's feelings, whatever they are; also includes general statements or questions like "how does that make you feel?"
3. **Coping strategies:** response that include mention of or addressing client's current or potential coping strategies
4. **Identity / Culture:** response that mentions the identities and/or culture of either the client, the participant/counselor, or both
5. **Key words or phrases:** responses that focus on (and possibly parrot) a keyword spoken by the client or mentioned in the vignette (example: "overshadow," "never get over this")
6. **Counseling relationship:** the response directly and explicitly addresses the therapeutic relationship or the interaction of the client and the counselor

7. **The invitation:** the response addresses the client's possible invitation for CSD ("I don't know if you'll get it or not…"); this includes any response that essentially says, "I get it." (Updated 1/6/22)
8. **Extratherapeutic personal information:** the response includes the revelation of any personal information by the counselor to the client (whether they have lost someone, whether they have experienced divorce, the nature of their relationships with their grandparents or other family members)

PQ2+PQ3—Would you utilize CSD in response to this client? Please explain (briefly). What most influenced your decision about how to respond to the client?

Domain 3: CSD Decision (CSD) (1/9/22)

1. **Yes**
2. **No**
3. **Both**

Domain 4: Considerations in CSD Decision (1/9/22)

1. **The invitation:** responding or choosing not to respond to the client's invitation "I don't know if you'll get it or not..."
2. **Timing:** response dependent on how far along they are in the therapy; include statements about not having enough information yet to make an informed decision
3. **Projected impact of CSD**
    a. **Strengthened therapeutic relationship / increased feeling of connection / empathy**
    b. **Normalize/validate**
    c. **Model coping or inspire hope**
    d. **Alienate the client / "make it about me":** We will probably code this response when participants indicate that they would NOT utilize CSD (e.g. 12.1, 19.1, 21.1, 22.1) (1/14/22)
4. **Projected impact of non-CSD response**
    a. **Strengthened therapeutic relationship / increased feeling of connection / empathy**
    b. **Normalize/validate**
    c. **Focus stays on client:** explicitly stated that participant wants to focus on client OR responses that include deeper exploration of the client's experience (1/18/22)
5. **Culture / values**
    a. **Of the client**
    b. **Of the counselor**
6. **Cslr's personal experience** (definitions added 1/13/22)
    a. **Similar:** response indicates participant has a lived experience similar to the client, even if experience is not fully described or specified
    b. **Dissimilar:** response indicates participant DOES NOT have a lived experience similar to the client OR that their experiences are very different, even if experience is not fully described or specified.

    c. **Unspecified:** response states that participant's personal experiences influenced how they would respond to the client, but there is no indication of what personal experience influenced them or if that/those experience(s) are similar or dissimilar to the client (example: "personal experience as well").
7. **Cslr's readiness to discuss personal experience:** scar versus wound; is the content something that the counselor has processed and is ready to discuss unemotionally or do they still feel too vulnerable discussing their personal experience.
8. **Opinions about CSD:** pro-CSD, believe CSD helpful in small doses, anti-CSD
9. **Professional training:** this code includes any reasoning related to clinical training, class experiences, or professional ethics.
    a. **CSD Teaching Intervention**

PQ4—What might make you change your mind regarding your response to the client? (1/22/21)

Domain 4: Reassesment

1. **The antecedent (general):** the participant indicates that they would change their response if the client had said or done something different in the moment before the response.
    a. **General:** This could be the client's words being different, the counselor perceiving the client's needs as different, or whether the counselor perceives the client wanting or not wanting CSD.
    b. **The Invitation:** if the participant states that the invitation directly impacted their response and if it were different, they would have responded differently
    c. **Direct question:** if the participant states that they would have used CSD if the client asked them a direct question or asked for CSD
2. **Personal Experience:** the response indicates that the participant would or would not disclose based on whether or not they had personal experience that related to the client (in essence: "me too," or "not my life"); this could also be applied if the participants relationship to their personal experience would affect their CSD decision (ex: "my own progress with healing is still fresh")
3. **Professional Experience:** the response indicates that the participant would respond differently if they had more or different clinical experience or training.
4. **Timing / More Information:** if the response highlights needing more information to make a different decision or the timing of the response impacted the way the participant responded. (e.g., If client already knows my parents were divorced) 1-24-2022
5. **Feedback (anticipatory)**
    a. **Client feedback:** how the client reacted (could be positive or negative) to the response would make the participant change their mind about the response
    b. **Supervision:** If a supervisor's feedback would make the participant change their mind

6. **Nothing or N/A:** the participant states that nothing could make them change their mind or they simply wrote "N/A;" could also apply this code to an "I don't know" response to PQ4

APPENDIX M: PROCESS QUESTION RESPONSES BY GROUP, QUESTION, AND TIMEPOINT

Control Group—Pretest

PARTICIPANT	RESPONSE TO PQ 1 - "What would you say to the client?"
1.1	I'm sorry to hear about your parents and how their divorce has effected you.
2.1	Why don't you think I'd understand?
3.1	Carla, I am hearing that the divorce of your parents has caused a lot of distress for you. Could you explain to me what it is about the experience I may not understand?
4.1	How did their divorce make you feel?
5.1	I understand how upsetting this must be for you, Carla. It is okay to mourn the loss of this relationship. If it is okay with you, I would like to talk this through with you and eventually come up with a plan to help you cope with this moving forward.
6.1	I can understand how it can be upsetting how do you feel about the divorce?
7.1	Divorce is tough and it can affect everyone in the family, How do you think the divorce most affected you
8.1	"Do you think that your parent's divorce has influenced the way that you see commitment or relationships?"
9.1	"What is holding you back from getting over the divorce?"
10.1	I can defiantly see that your parents divorce was hard on you and I can see that its something thats weighing very heavily on your heart still today.
11.1	While I cannot ever fully understand your situation, I can see that this has affected you deeply.
12.1	"No one will ever fully know what you are going through, but you can help me understand, so that I can help you"
13.1	I understand that this was a traumatizing experience for you, what is bringing this to the surface in our meetings now?
14.1	"I can understand why it feels nearly impossible to get over your parents divorce. Does it feel like its affecting your personal view of a successful relationship?"
15.1	How long ago was the divorce of your parents? and how did you feel right after it happened versus now?
16.1	Carla, I would love to hear more about your parents divorce and how you think it might be impacting you currently."
17.1	What about your parents divorce acts as a symbol that keeps you bounded
18.1	Carla, I understand how dealing with your parents' divorce can be difficult and I am glad you have decided to actively seek counseling. In what ways do you think their divorce affected you?
19.1	"What makes you believe you will never get over your parent's divorce?"
20.1	I understand that this is hard place for you even today.
21.1	"That is a powerful statement you made. Would you care to elaborate on the feeling that you are having towards the divorce?"
22.1	"you're right, I have a different experience regarding my parents relationship and how that affected my own, but I am curious what parts of their divorce is hardest for you to come to terms with?"
23.1	Many people consider this to be a painful experience.
24.1	“I may not understand your situation fully, but I have an inkling as to how it feels to be a child of divorce. My parents divorced when I was young.”
25.1	it sounds like you are frustrated about your parents divorce still affecting you.
26.1	I would like to understand what the divorce was like for you. Can you tell me about it?
27.1	I realize that I cannot fully understand your situation and your experience, but I can empathize with struggling with your parents' divorce.
28.1	“Tell me more about what it would look like for you to be able to get over it”

PARTICIPANT	RESPONSE TO PQ 2+PQ3 - "Would you utilize counselor self-disclosure in response to this client? Please explain (briefly)."
1.1	Yes. She indicated she doesn't know if I will get it or not. Empathy. Personal experience as well
2.1	Yes, because although i've never experienced it i know people who have. people want to feel like they can relate to their counselor and that they have a sense of understanding. Rather than lying about my own experience , I can acknowledge her, and give example of what ive seen and how it can effect individuals
3.1	No, I do not think it is important for Carla to know my history with divorce. This is her story and her experience to process. The fact that she believe I could not understand is an opportunity to ask her to elaborate allowing her to explore deeper into her feelings regarding the divorce.
4.1	I would self-disclose by saying I have several friends who's parents have been divorced and how much happier things have been. My parents decision to not get a divorce has impacted me but I, myself, have not dove into that topic so I would not disclose that with a client
5.1	I probably would not initially because I do not have divorced parents so I do not think this would really help the situation. My lack of common experience and wanting to convey empathy/understanding
6.1	No, I am not a fan of self-disclosure. I want to keep the focus on the client and would rather label emotions than present personal experience. I don't hold much personal value in marriage
7.1	I feel like a small amount of self disclosure would be helpful to let the client feel comfortable. My own experience with divorce
8.1	Yes because I am a child of divorce and I feel that self-disclosing would be beneficial to Carla. I think that divorce is very common and everyone has a different experience, but I think that I could help her through her feelings regarding the divorce which could help her issues with relationships.
9.1	I think I would in order to provide the client with some sort of common ground. I have been in her spot before and being able to talk about the issues with people who understand leads to it becoming easier to getting over. My heart
10.1	I would not because it does not feel necessary to the session. Client did not ask directly if I understood, her question was rhetorical. its empathetic without having to answer
11.1	I would probably disclose some because it seems like she is seeking understanding. My experiences and the techniques I have learned thus far.
12.1	No, because her situation is her own, and I feel like if I was to use self-disclosure I would be invalidating her experiences. What I have learned from my classes that everyone's experiences are their own.
13.1	Yes, b/c I think it would help the client know she is not alone. I'm not sure.
14.1	Yes. I would explain that my parents were divorced. Also that it makes me afraid of marriage now. However, I would use it in a way to frame the clients thoughts to make her feel supported and heard. Seeing others go through divorce can often make children afraid of going through the same experience.
15.1	I would not just because it is early in the session. Carla needs to keep talking on the situation. That I have learned to keep my views an opinions out of my work as a counselor.
16.1	I think I would choose to listen and not self-disclose because my personal experience doesn't seem to be relevant to her situation. The differences in our backgrounds, demographics, etc.
17.1	Probably not because I have never experience a situation like this plus I don't know the circumstances of why her parents divorced to self-disclose. The fact that she is holding on to a situation that represents a bystander effect. She was the one to witness her parents struggles therefore whatever happen in that situation acts as a trigger that she doesn't seem able to forgive
18.1	I would not use self-disclosure until I have a better understanding of her relationship with her parents and how their divorce affected her. I want the client to feel comfortable and heard.
19.1	No, because I have not been in a situation like hers. I believe even if I had been in a similar situation, I would not self-disclose because I would not want to shift any of the focus onto myself or make her feel as though I am comparing our situations. Clearly her parent's divorce is having a huge impact on her and it would not seem appropriate to self-disclose at this time.
20.1	I would not because I have nothing to relate. My parents did not divorce. I wanted to acknowledge how she was feeling about the issue today although it happened years ago
21.1	I would not because although I have been in a similar situation, I wouldn't want to have Carla making the situation about me. I may state I was in a similar situation, and I can empathize but no further than that. Since this is the first time she has brought it up, I think it would be best to wait and see if the issue is a constant before adding more value to it.
22.1	I would not disclose my experience, because compared to hers it is more fortunate, since my parents are still together and happy, and I wouldn't want to add more salt to the wound. Do no harm!! I don't want to make her feel worse about her situation by disclosing my own
23.1	No, it doesn't seem relevant. My parents never divorced so I can't speak about my own experience. It normalizes the client's experience and conveys empathy.
24.1	I think I would in order to demonstrate to Carla that she can continue, that I will probably be able to empathize more than she expects. Her statement, "I don't know if you'll get it or not." It felt like she was indirectly asking me if my parents were divorced.
25.1	no. It seems like I need more information and that I need wouldnt want to interfere with my client's emoting. client seems emotionally activated and I would want to explore that rather than make it about my romantic experiences
26.1	I might eventually because I my parents divorced each other and both divorced their 2nd spouse and are both married for the 3rd time. I am familiar with the sentiments of divorce as a child. unconditional positive regard to their phenomenological experience.
27.1	I think I would share that my parents are also divorced and maybe that it caused me to question my own relationship patterns, but I probably wouldn't go into more detail. I want her to know that I can empathize in a personal way without making it about me. What I've learned about self-disclosure being for the benefit of the client.
28.1	I would not. It seems somewhat unnecessary to me. However, I would broach the topic by saying "I can't say that I do know what that feels like, but I do want to honor where you are because of how this is impacting you uniquely." The way she said that I may not understand. I feel that it is important for her to know that while I may not understand exactly what that feels like, I can still do my best to validate and understand that experience and what it means for her.

PARTICIPANT	RESPONSE TO PQ 4 - "What might make you change your mind regarding your response to the client?"
1.1	My own progress with healing if still fresh
2.1	If she rejects my opinion of views about the situation
3.1	If Carla asked if I had experienced a divorce I would disclose.
4.1	More experience with self-disclosure
5.1	If she specifically asks me if my parents are divorced, I will tell her the truth
6.1	If the client begins to become irritated or escalate and the connection would help
7.1	Their reactions and demeanors
8.1	She may feel that I am trying to put words in her mouth or pretend I understand what she is going through.
9.1	The reason behind her parent's divorce
10.1	if the question was phrased differently. Im not sure where id take it from here
11.1	If I had more information about the circumstances surrounding the divorce and if it really did not align with my own experiences with divorce.
12.1	If I noticed that her thoughts on the divorce closely aligned with my own thoughts when my parents divorced
13.1	Probably a lot once I have been in the counseling program longer.
14.1	Nothing at this time.
15.1	If the divorce did not seem to bother her I would have asked a different question.
16.1	If she asked me directly about my background.
17.1	the circumstances of why her parents got divorced and her overall feelings about it, like whether she is infuriated about it or deeply hurt
18.1	N/A
19.1	If she asked me directly if my parents had gotten a divorce, I would self-disclose
20.1	More scenario exposure; more experience with this type of scenario
21.1	If I can tell whether she is looking for a chance to make the session not about herself
22.1	If she asked me more specifically if my parents were still together, I would give her an honest answer
23.1	If the client wanted self-disclosure from me.
24.1	If in the context of our sessions together she already knows that I'm a child of divorce. I wouldn't want to unnecessarily share that fact again or seem redundant. I wouldn't want her to think I was redirecting the conversation to my own story rather than just acknowledging a similarity between us.
25.1	more information. if I had a sense of the rapport with her I could better know if our relationship could handle a challenge or a self reveal.
26.1	If she does not want to talk about it.
27.1	If someone were to provide information or examples of how it was more unhelpful than helpful.
28.1	The way she worded her response about her parents divorce

Control Group—Posttest

PARTICIPANT	RESPONSE TO PQ 1 - "What would you say to the client?"
1.2	I am sorry for your loss.
2.2	"I have experienced loss myself, so I can empathize with how you might be feeling. What specifically do you think this will overshadow?"
3.2	It sounds like the loss of you're grandmother has left you feeling unsure of the future and disconnected is this correct?
4.2	"Loss is never an easy thing to overcome. Those feelings are quite common."
5.2	Gabrielle, I am sorry to hear about your grandmother. I have also lost a relative which was a difficult experience for me to go through so I can imagine how you feel right now. Would you be able to tell me more about why you feel as if this loss is going to overshadow everything for the rest of your life? Immediacy, CSD, Normalize/validate, Open question
6.2	Overshadow? Tell me about that
7.2	Is there a certain aspect about it that is bugging you?
8.2	"I can understand how hard that is for you as I have lost many of my grandparents myself. I would like for you to know that my thought and prayers are with you and your family. Do you feel comfortable sharing a little bit about your grandma with me?"
9.2	"What makes you feel that this is going to overshadow your whole life?"
10.2	wow yeah I can see that the loss of your grandmother has really affected you? can you tell me more about the relationship you had with her growing up?
11.2	I sense your grandmother meant a lot to you
12.2	"No one can understand exactly what you're going through, but with your permission, I would like to see if I can get close to understanding"
13.2	I'm so sorry for your loss Gabrielle - I too lost my only living grandmother. It is difficult and challenging when we lose our loved ones. What makes you feel like you won't overcome this?
14.2	I'm sorry to hear that, I know it can be very emotional to lose someone. Do you mind if we sit with the feeling for a second? Perhaps you can tell me why you feel like this event is going to overshadow the rest of your life.
15.2	I am sorry for your loss, I understand that this is a tough situation to be in.
16.2	Could you explain to me what you mean when you say "overshadowed" Gabrielle?
17.2	Have you always felt lost and untethered?
18.2	What do you mean when you say this loss will overshadow everything?
19.2	"Losing a loved one can be painfully difficult. I can see she must have meant a lot to you for you to feel like it will overshadow everything else in your future. Can you tell me more about your relationship with her?"
20.2	Thank you for sharing your grief with me; I can tell this is really hard for you.
21.2	"Can we dive deeper into what you mean by 'overshadow?'"
22.2	I hear that you are grieving the loss of your grandmother, and that she was very important to you.
23.2	That makes sense. Your grandmother was very important to you so that's a very normal reaction to her death.
24.2	"How do you feel as though it is going to overshadow everything in your life?"
25.2	Can you tell me about your grandma's role in your life?
26.2	It sounds like your grandmother was very important to you. I have experienced death of a loved one, but everyone experiences grief differently. What has the experience of this loss been like for you?
27.2	So, losing your grandmother is casting a shadow over everything else in your life right now, and you are afraid that shadow will never leave.
28.2	"I have been there as well. That feeling of overshadowing loss is difficult. Let's talk about what that feels like for you specifically."

PARTICIPANT	RESPONSE TO PQ 2+PQ3 - "Would you utilize counselor self-disclosure in response to this client? Please explain (briefly)."
1.2	Not at this time. This moment is about her feelings concerning her loss and I wouldn't want to take away from it by adding my experience to the conversation. Instincts
2.2	yes, so that she can understand that i know what it feels like to loss someone and be relatable with her experience. her stating " I don't know if you'll get it or not"
3.2	Yes. Grief a universal but intimate emotion I think by disclosing a recent loss Gabrielle may feel more comfortable to explore her grief. Gabrielle stating " you may not get it"
4.2	I might mention I have also lost a grandparent and probably say I felt the same way at the time. I would not go farther though because I would not want to make the session about me. I think class discussion helped me start figuring out the extent to self- disclosure I would use.
5.2	I would to let her understand that she is not alone in feeling devastated by a loss of a loved one. That she directly said that she didn't know if I would get it or not; this seems important to her
6.2	Not at first. I would want to allow the client space to experience and process her grief. She may need her feelings validated more than she needs me as a counselor to relate. I try to keep the sessions solely in the client or about the client. I only use self-disclosure if the client will benefit from it
7.2	I could use counselor self-disclosure to relate to the client. But I would not want to make their grief about myself. For this reason, any disclosure would be brief. Experience in life and experience from class.
8.2	Yes because I feel that she needs some guidance and closure in the situation and I feel that she would get some closure by understanding that she is not alone. I think that having a shared experience with someone else can sometimes make your pain lessen. Personal reasons
9.2	Yes, I have personally lost a grandparent and have been in her spot before. I think it is important to show empathy and understanding for this client. I can relate to the issues at hand
10.2	again, I don't know that its even necessary here? it felt like a rhetorical question and no answer is needed however I think if the client continued to press a simple " I have absolutely experienced loss and I know how hard it can be however im curious if you can tell me more about your relationship." a simple answer and then change of topic would be my move here. trying to better understand why this is so so life changing (more than just normal sadness and grief due to the loss of a grandparent)
11.2	Possibly because I have lost all grandparents as well but not coming from the same culture i don't exactly know her situation. Cultural influences and client language
12.2	No, because it's my client's story. Trying to be as emphatic as possible
13.2	Yes, because I think it will help me relate to Gabrielle. Personal experience and the skills we have been learning in class.
14.2	Yes. I would do it so the client does not feel so alone. However, I would try to keep the focus on my client as to not detract from her feelings. She already feels overshadowed. Trying to understand her better as to not make her feel abandoned.
15.2	I would not because I would not want the client to think I am making this about me, the counselor. The client is in a stage of grief and is coming to me to help her. The comment she made about "I don't know if you'll get it or not". I still would not want her to think I was making the situation about me, she should feel that I am here to help her whether I get it or not and I do not want to impeded my opinion or advice on her.
16.2	I would not. I do not feel like bringing my life into such a hurtful situation is very relevant or helpful. My own background does not relate to hers.
17.2	Not really only because I don't fully relate to her feelings in this situation. Although I have also lost a grandparent I was not entirely close to them, so I don't see the point in disclosing any information. Unless I would self-disclose about my experiences of loss but it just depends on how the session plays out. The overall relationship she has with her grandmother who because of her death ultimately leads her to think this will be something that will hold onto her for the rest of her life. And I personally, have not felt that close enough with my family to carry that burden.
18.2	I would choose not to use disclosure in this situation. I need to know more about the client and what their grandmother meant to them and the family. I would like to learn more about how the client was influenced by their grandmother.
19.2	I would not use self-disclosure because I have not been in that situation before. Even if I had been in that position, I would maybe bring it up briefly by responding, "I have lost a grandparent that I was very close to as well." This would be the extent of my self-disclosure because I feel like this is her time to grieve and it is her loss to feel. I would self-disclose so she knew I understand at least partially where she was coming from, but not so much that it would take away from her situation. I have not experienced a similar loss so I could not self-disclose.
20.2	At this point, I would not share my own loss. I feel like self-disclosure should be used sparingly. If there are other techniques that can move the client forward, I want to use those. This is the first mention of this, after three sessions. So, if this is the main reason for her visits, then she is holding back for a reason. It would be too soon, in my opinion to self-disclose. The session needs to be about her.
21.2	I would use minimal disclosure. Just state a true fact that gives her a sense of familiarity. It just seems like she needs to not feel alone and I want to assure her that grief is no stranger.
22.2	I would not because it is clear she is feeling pain and loss and it would be inappropriate to insert myself into the moment. I wanted to keep my reflection short to allow her to sit with the feelings of loss and process those a little bit, but still lending some words to show her I hear her.
23.2	No. I don't have much experience with grief so I don't think it would be beneficial to the client to use self-disclosure. It seems like the client would benefit from normalizing her feelings. It sounds like she is worried that no one else feels this way so reassuring her that her reactions are normal may provide some comfort.
24.2	I might be encouraged to use self-disclosure with this client. I think it might serve her well to know that I have also lost my grandparents and that while it can feel overwhelming, it does not necessarily have to overshadow our lives in a negative way. We might choose to reflect on our time with them positively and allow it to influence our future in a sort of remembrance rather than a mourning. It would also be important to highlight that our worldviews are more than likely different and the context of our relationship with our grandparents is probably unique, too. The lack of information. I would like to know how Gabrielle envisions it affecting the rest of her life.
25.2	I wouldn't self disclose here because she could be experiencing a grieving moment and I wouldn't want to take attention away from the intensity she is expereincing, but rather look further into what is underneath her loss. What does she understand this shift to mean? Asking something like "what is it that you think I won't get?" may put her in a thinking or argumentative place and I would want to ensure that her experience/perceptions are welcome. Losing a family member is a tough experience and I am very sensitive to not impose on each person's process. Being present and accepting is my go-to move.
26.2	I would self-disclose because she states, "I don't know if you'll get it or not" and I want her to know I do understand loss but also want to know what it is like for her. What the client said.
27.2	I don't think I would, because I have not experienced a loss that caused that level of grief. I think it would be better to empathize with her without drawing attention to my experience with loss or lack thereof. The fact that I do not feel as if I can relate on that level.
28.2	Yes. I feel compelled to let her know that I do get it, because I do. I wouldn't want her to think that I don't get it when I have a very similar personal experience. The fact that she is unsure if I understand her.

PARTICIPANT	RESPONSE TO PQ 4 - "What might make you change your mind regarding your response to the client?"
1.2	Further learning
2.2	If she stated that everything is always focused on others and no her feelings
3.2	Gabrielle diving right into her grief without any probing would make not want to disclose and let her move through her feelings.
4.2	If the client tries to ask more personal questions about my family I probably would no longer want to share more.
5.2	If the client had not said anything about my personal understanding, I would not have self-disclosed.
6.2	If she continues to feel like she isn't being understood or that what I'm saying won't be internalized because she is blocking what I'm saying.
7.2	The response of the client may affect my decision or certain aspects that I knew about the client prior to me giving my response.
8.2	Nothing
9.2	If I she was angry when she stated her feelings
10.2	im sure a lot of different factors may make me change my mind... if the client kept pressing I may want to know why it mattered so much that they knew if I had experienced loss
11.2	If I found out something different about the relationship
12.2	If I saw that I had a similar experience
13.2	I'm not sure.
14.2	Perhaps change in technique. Sitting with the feeling may cause more harm than good.
15.2	If the client made a another comment such as "I don't know that you understand", then maybe I would let her know that I do or I do not.
16.2	If her situation was more relevant and akin to my own.
17.2	Depending on how the session plays out, grief is a strong emotion, and although I don't know what it feels like to lose a grandparent (at least to the point I become emotional) I do know the feeling of loss. I guess it really depends on the right moment and if that is something the client wants to hear.
18.2	N/A
19.2	If the client were to ask me questions about my own grandparents or if I'd experienced something similar, I would then be more likely to self-disclose.
20.2	If she had mentioned this earlier or if after several more sessions she is still stuck, then I would pull out 'the big gun' self-disclosure to show her that progress is possible.
21.2	If the client deliberately wants to know about my experience to mirror the same coping techniques in her life.
22.2	If she stated a more specific feeling or issue I may have explored that but since it seems like a general feeling of grief I wanted to be simple
23.2	If I had more experience with grief and felt some personal connections to her feelings then I would self-disclose as a way to normalize her experience.
24.2	If I knew that Gabrielle lived with her grandparent and now she would be returning to an unhealthy living environment with her parents or other close relatives. If Gabrielle viewed that grandparent as her closest confidante and the strongest person in her support network.
25.2	If I recieved feedback from The client that my behavior somehow harmed our therapeutic alliance. Also, if there is particular evidence about effective interventions that would be appropriate for this particular situation, i would consider trying them under supervision first.
26.2	That my self-disclosure may not help her because our grief will not be the same. Maybe it is more important to not self-disclose and ask her about her experience with the grief and if she asks me more directly I would answer that I too have experienced loss of a loved one.
27.2	I'm not sure... if the client directly asked me maybe.
28.2	If I knew somehow that my self disclosure would be more harmful for her than helpful

Intervention Group—Pretest

PARTICIPANT	RESPONSE TO PQ 1 - "What would you say to the client?"
29.1	I feel like this is something we can work together to change how you feel about this situation to help you "get over it" is that something you are interested in doing in our sessions?
30.1	"It sounds like you have very strong feelings surrounding the topic of divorce, can you explain more about that?"
31.1	I understand that this is a hard topic to process, but I think that it is important that we process this together and if there are any points that I am misunderstanding you please feel free to let me know.
32.1	You're right, I don't have the same experience as you when it comes to this situation but I do know how it feels to not know whether you can get over an event as large as this is. It's tough and it seems like you're feeling really hopeless about whether you can get over their divorce.
33.1	It sounds like your parents divorce really impacted you.
34.1	I understand, Carla. My parents went through a rough divorce as well, and it had a big effect on my relationships. What I'm wondering is what do you mean by "I'll never get over it?" What would not getting over it that look like for you?
35.1	What makes you say that you are not sure how you'll get over the divorce?
36.1	"I know you think I might not understand, but my parents are actually divorced as well and they have been since I was a little girl."
37.1	I can understand how hard this must be for you
38.1	"The divorce of your parents is something you fear that you will not overcome. What is the divorce telling you about your own relationships?"
39.1	"I can imagine it is difficult to watch your parent's split up like that. Tell me a little bit more about your experience with this."
40.1	Why do you think I will not get it?
41.1	What would change if I did not understand? Or if I did understand? What would you say to me?
42.1	I can imagine how difficult this is for you right now. What makes you feel like you can't get over the divorce?
43.1	What makes you think that I may not understand?
44.1	I have lived that experience before, so please proceed. I understand.
45.1	"I hear your parent's divorce is affecting you today and how you process your relationship. What differences do you see between your parents relationship and your own?"
46.1	Why do you think I would not get it?
47.1	What kind of hold does that divorce have on you now?
48.1	"You're feeling like you might never get over their divorce and you're also wondering if I will even be able to understand how it affects you."
49.1	Im sensing you were strongly impacted by the divorce, how are things different for you since the change?
50.1	"I want to take a moment to thank you for choosing to share this with me. Your identity as a lesbian woman and my identity as a heterosexual woman, we may not have had the same experiences and it may be hard to think that I could understand, I appreciate your honesty with me. I hear that you're feeling fearful that because of the divorce your parents went through, you may not fully get over the divorce. Do you think this may be affecting your recent adult relationships?"
51.1	Why do you think I may not "get it"? Although my parents are still married, I would like to understand what it's been like for you and experiencing their divorce.
52.1	You're describing alot of information about your parent's divorce, how do you think their relationship has effected the way you present in relationships?
53.1	I can see that your parents divorce had a pretty significant impact on you. What kinds of thoughts do you have upon entering new relationships?
54.1	"I'm hearing that you have concerns over processing your parents divorce, and even though I may not completely understand what you are personally going through, I believe we can work together to find ways to address this concern."

PARTICIPANT	RESPONSE TO PQ 2+PQ3 - "Would you utilize counselor self-disclosure in response to this client? Please explain (briefly)."
29.1	No, because this situation of divorce does not apply to me. How to collaborate with the client to help her realize that we can work through this idea together
30.1	No I would not since my parents are not divorced and I do not want to speak about others who have been in similar experiences. Divorce is an area I am unfamiliar with so I want to learn more about how my clients views it.
31.1	No. I could talk about my parent's divorce but I do not think that it will be helpful because there are different circumstances. ensure that I am focusing on the comfort of the client
32.1	I would utilize self-disclosure to be transparent about my experiences but also how I can still be with the client in the moment. I think the fact that she specifically pointed out whether I would understand indicates she is trying to establish a point of connection and not feel as isolated in her feelings.
33.1	No, because I have no personal history myself or in my family of divorce and mentioning this doesn't seem beneficial to her or the therapeutic relationship. My personal experience with divorce
34.1	I would choose to utilize counselor self disclosure because I do "get it" I know it might not be the most professional, but it feels like the best thing to do. My own experiences and considering how she might respond.
35.1	I would, I feel as if self-disclosure could be powerful in the moment if I shared that while my parents did not go through a divorce, I can still work through her parent's with her and empathize with her. When she specifically stated "I don't know if you'll get it or not..."
36.1	I definitely would. Since I identify as bisexual and also have divorced parents, I believe these aspects could be beneficial in relating to her and strengthening the therapeutic relationship. I also have read about other cultures (such as the Latinx community) benefiting more from self-disclosure in session. I was influenced by the fact that her parents are divorced, she is a lesbian woman, and she is Latina. I was also highly influenced by her statement that she would never get over the divorce
37.1	There have been many times where I have felt a sort of confusion and sadness around my parent's relationship. I feel the client needs to connect
38.1	No, this is about Carla's own experience with divorce. Trying to connect with the feeling that Carla will not overcome her parent's divorce since Carla feels a disconnect between the counselor truly understanding her situation.
39.1	No. No two people have the exact same experience, and my parents are not divorced and self-disclosing would not benefit the client in their journey, it would just make the conversation about me instead. The fact that I cannot relate to the client on this specific topic. Also, no two experiences are the same.
40.1	No. I have not experienced divorce close to me therefore I do not have anything to disclose. Is intriguing to me why she thinks I might not understand
41.1	I would do my best not to utilize self-disclosure, but would encourage the client to share the importance behind me understanding. I want to learn more about her reasoning behind saying that.
42.1	I would not self-disclose to the client, because my parents did not go through a divorce and I have not struggled with long-term relationships. Showing empathy and unconditional positive regard while also exploring deeper reasons for why they feel like they can't get over the divorce.
43.1	Absolutely not. This has nothing to do with me and there is no reason why I need to self-disclose. Because I want to pick their brain to understand why she felt the need to say that I don't know if I'll get it. My response might lead her to open up.
44.1	Yes - I would not be afraid to admit my own personal experience with this and I think it would be helpful to the client and help build the therapeutic relationship. The benefit to the client and my own feelings as to whether or not it felt ethical or too vulnerable
45.1	I would not tell her my parents are also divorced. It would make it about me. I don't think it is appropriate. I am trying to make it about her and help her reflect on her feelings
46.1	Yes, I would. I feel like I am at a point with my own divorce and my parents' divorce that I could express that I have experienced divorce. My own feelings about the topic as it relates to me personally. If it's something that does not cause me emotional distress to mention (briefly!), it is okay for me to disclose because it could assist in the counseling relationship.
47.1	I would probably not utilize self-disclosure. While my parents are also divorced, so I have relevant experience, my parent's divorce was very amicable and not troubling to be as a child. Disclosing this would probably alienate my client further. My assessment that self-disclosure in this case would undermine the counseling process by making my client less confident in my ability to empathize
48.1	I would not utilize self-disclosure in response to this client. Since my parents are still together and I have never experienced this issue, and, the client has already expressed her uncertainty that I will understand, I feel as though revealing this information would create more distance and less trust in the therapeutic relationship. I might change my mind if I somehow knew or truly believed that the client would benefit from my self-disclosure. Perhaps she would appreciate my honesty in telling her that my parents are still together and acknowledging that I might not completely understand everything she is going through, but we can still work through it together.
49.1	No - I dont need to justify why I would or would not get it with my own experiences i can emphasize that it is her life and she is the expert on it but I want to learn more if she is willing to share. the part in which she emphasizes she dont know if she ill ever get over it makes me want to learn more and when she says she dont know if I will understand makes me feel like she might be willing to explain how she feels because she is does not want me to make assumptions
50.1	yes, I would use this as an opportunity to broach the situation. Different identities are her being lesbian and going through a parental divorce, me being heterosexual and not having gone through a parental divorce, its important to recognize and name the differences. Dr. Jones class and how to broach in diverse populations talked a lot about differing lenses and how we need to broach rather than slide past the difficult/uncomfortable comversations.
51.1	I would self-disclose that although my parents are still married, I would like to be able to understand because I want the client to feel seen. The fact that I am willing to learn even though I may not have had the same experience as the client.
52.1	I would not because my story does not have many relevant parallels to Carla. I could self disclose about the friction in my parent's relationship (who choose to stay married) but I think this would take the focus off her situation. I grew up in a family where you don't talk about your issues, maybe this adds to my decision to not self disclose, b/c self disclosing could normalize issues present in relationships and maybe reframe her parent's choice in divorce as having agency and positive growth for them
53.1	I would not self-disclose because I don't personally relate to her expereince. I'm very curious about her internal experience.
54.1	I feel that I would utilize self-disclosure at this point in a very general sense because the topic is very broad and mainly about helping Clara work through her own feelings about divorce with her parents. The fact that divorce isn't a heavy topic for me and I can be pretty objective in responding.

PARTICIPANT	RESPONSE TO PQ 4 - "What might make you change your mind regarding your response to the client?"
29.1	If she does not want to continue to talk about this issue
30.1	If my client is unresponsive to me asking more questions.
31.1	If I wanted to change to a more broaching approach.
32.1	I could see where self-disclosure could shift the focus of the conversation from Carla's feelings and experience into that of my own.
33.1	If she wanted proof that marriages could last and not end in divorce
34.1	I would be wary of experiencing too much counter transference, she is not me.
35.1	If Carla had not said what she did originally about if the counselor would understand her situation, and if she had just said something along the lines of "I don't know how I will get over the divorce"
36.1	I might have changed my mind if she had not said that she would never get over the divorce. The statement really signified, to me, that she could use someone's perspective who has been in her shoes
37.1	her tone
38.1	not really anything
39.1	If my parents had been divorced, I may have been more willing to share that I had been through a similar experience.
40.1	Nothing
41.1	What the client's needs are -- if she needs me to relate, I would be willing to broach the question of what it's like talking to someone who does not understand.
42.1	If they were really wanting to know if I shared similar struggles to the point that our counseling relationship couldn't go further.
43.1	Maybe her body language when she says certain things. If I see one thing seems to be bothering her more than something else, I would talk about that instead.
44.1	Perhaps a supervisor instructing me that what I've done is an incorrect response and not good
45.1	If she explicitly asked me if my parents are still together, or if they have gotten divorced I guess it would change my response. I would give her an answer but I think in my answer I would also somehow try to relate it back to her. I would tell her that my parents are divorced and explain I had to go through my own process of understanding myself and my view on relationships, and encourage her that she is in the right place to do so herself.
46.1	I think her response to the first box "why do you think I would not get it" would determine how I would respond and whether or not I would self-disclose. If she expressed that I wouldn't get it because I am white or because I may appear straight (I am not) or because I am older, that would be a great time for some cultural broaching instead of self-disclosure about divorce. I suppose this culturual broaching is also a form of self-disclosure, so I guess in most cases I would self-disclose. I would not self-disclose if I did not feel safe enough to.
47.1	If I discerned that awareness of my parent's divorce history would help the client feel understood even if my own experience was very different from the client's.
48.1	I might change my mind if I somehow knew or truly believed that the client would benefit from my self-disclosure. Perhaps she would appreciate my honesty in telling her that my parents are still together and acknowledging that I might not completely understand everything she is going through, but we can still work through it together.
49.1	if the attitude towards the divorce changed I might reframe the question to what was your relationship with your parents before the divorce compared to now if they were happy
50.1	If the client didn't say "I don't know if you'll understand" I may choose not to broach at this time (but another time I definitely would)
51.1	N/A
52.1	the last thought I had, that maybe my story (while different) would help her reframe her parent's divorce, as long as I can present it in a way that focuses on her and doesn't make the session about my family
53.1	If the client is not aware of her thoughts but is able to express emotions, I would change to a more affective intervention.
54.1	N/A

Intervention Group—Posttest

PARTICIPANT	RESPONSE TO PQ 1 - "What would you say to the client?"
29.2	I am so sorry that you feel this way and that you lost your grandmother. I hear you when you say that this will overshadow everything for the rest of your life, and I believe that this is something we can work on together.
30.2	Gabriella I appreciate you being so open a vulnerable with me. What can I do to support you during this time?
31.2	I am sorry for your loss. You know I can agree that loosing a grandparent can play a big role in your life, I too have lost a grandparent. I want to know what kind of role did your grandmother play in your life.
32.2	You're right, I haven't experienced the same situation as you. I do know, however, how big and all-encompassing grief can be. It seems as if it will never end and that those feelings follow everything you do.
33.2	It sounds like you are feeling this loss in every aspect of your life
34.2	I hear that your grief is overwhelming and seems to darken the whole world for you. I don't know what it is like to lose my last grandparent, but I do know what it feels like to feel that something is going to overshadow me for the rest of my life. Can you tell me more about what that means for you?
35.2	Those are difficult feelings to be experiencing, and the death of a grandparent can be a traumatic experience. What makes you think that this will overshadow everything in the rest of your life?
36.2	"I can understand how it feels that way right now. I felt similarly when I lost my great grandmother"
37.2	I get that, I have also had that similar thought when a loved one has passed away
38.2	It sounds like you are unsure if I would understand the impact that your grandmother's death has on your life. Can you help me understand the importance of your grandmother
39.2	"I bet the grief you are feeling right now is overwhelming and feels like it will never end."
40.2	"I know how much it hurts loosing a grandparent"
41.2	I may not "get it," but I have experienced loss and I understand that it feels like the hurt will last forever.
42.2	Thank you for sharing that, I feel the grief you're going through.
43.2	I would like to better understand how you are feeling. What do you mean this loss is going to overshadow everything for the rest of your life?
44.2	It sounds like your grandmother was a very important relationship for you
45.2	"I've lost someone important to me and felt similarly. It gets easier over time, and now when I think about them I smile and it brings me happiness"
46.2	What ways do you feel this loss is going to overshadow everything?
47.2	I'd like for you to help me make sure I'm getting what you're feeling. Can you tell me more about what that overshadowing looks like?
48.2	"It sounds like you're going through a very normal and extremely challenging process related to the recent passing of your grandmother."
49.2	"Overshadow... Can you describe what you mean by that?"
50.2	"While I'm not able to empathize with losing all of my grandparents, I have lost two of the four that I did have. I know how difficult that time was, I want to reassure you that you are not alone in feeling this way. Anytime there is a loss of someone we deeply care about it leaves a lasting effect on us."
51.2	Having have lost a grandparent, I do see where you're coming from even if we do not have the same exact experiences. That's really heavy, let's sit in that feeling for a moment.
52.2	You're feeling really hopeless in this moment.
53.2	I'm hearing that your feeling really lost (reflection of feeling) after your last living grandparent passed (reflection of content). I understand what it feels like to lose someone important to you (normalize/validate. How are you coping with this loss (open question)?
54.2	"I am sorry for you loss and can understand how losing someone close to you can be very difficult."

PARTICIPANT	RESPONSE TO PQ 2+PQ3 - "Would you utilize counselor self-disclosure in response to this client? Please explain (briefly)."
29.2	No I would not, because with it being only the 3rd session, I do not feel like there is enough rapport to self-disclose. Maybe in a later session, I will self disclose with the client. The level of rapport I have built with the client
30.2	I would utilize self-disclosure if the client makes it known that they are unsure if anyone else has every experienced this feeling. That is why I would ask the question of what kind of support doe she need in this moment. It may be best for her to work through things out loud without my personal input or she could enjoy hearing a personal experience I have had. I was influenced by not knowing how my client would react if I disclosed personal information while she is in a very vulnerable state.
31.2	Yes, I would. I would use it as a form of comfort to help them see the relationship I also have with them. There is a connection, and I feel that it is important that I share this with them to build rapport. At times working and showing the things that we have in common is a big part of the work that we do. When the client said that she does not think that I understand. This is untrue because I understand and I feel how she feels, it is just a feeling in a different manner.
32.2	I utilized self-disclosure to an extent because it seems by her statement as if she is looking for a connection or she feels disconnected. Therefore, disclosing and letting her know I may not have the same experience but I do understand the same feelings helps to retain our therapeutic relationship and help the client feel less alone in her feelings. I did not go deep into details because that is unhelpful for the client but merely letting her know I relate to her feelings because of past experiences. Her beginning with "I don't know if you'll get it or not..." indicates to me that she is looking for some form of connection or she needs clarification. She specifically points out the relation between her experience/feelings and my own.
33.2	I would not self-disclose. My personal experiences with loss would not benefit her, as I have not experienced loss in as all-encompassing manner and sharing that may make her feel like I am minimizing her beliefs. How it would benefit her
34.2	I would, just because in my experience being Spanish speaking and working with a lot of Latino clients self disclosure was always appreciated, and humanized me in their eyes, and helped them open up more, so I would go for it. She also directly said "I don't know if you know what this feels like." Knowledge of culture and the client's own words.
35.2	I'm not sure. It would depend on my relationship with the client at that point in time, and if I had self-disclosed with her before and received positive feedback. It seems as if the client is looking for a connection by stating that she wasn't sure if I would understand her situation and her feelings. Depending on the situation, it could potentially be appropriate to share that I went through the deaths of 3 of my grandparents and it can be an isolating emotion, but that I am there to help her process and to talk about whatever she needed to. Deciding that the clients words and phrasing made it seem as if she was seeking a personal connection with her counselor in order to reassure her feelings and validate her emotions and experiences.
36.2	Yes I would. I believe that my experience of losing my great grandmother would be helpful for the client in this situation since she said she did not think I would understand. I felt very similarly to her, and I would want to share that with her. Her statement that I would not understand and my own personal experiences
37.2	yes I think the client is asking for connection and understanding I believe it will help the client her saying "I don't know if you'll get it or not" - I feel like it will strengthen the relationship and her sense of connection with me to answer
38.2	I could disclose loss of my Uncle and how I felt that people close to me would not understand the impact it has on me. This would be utilized if client truly believes that I cannot understand the impact the death of a family member has on someone. Wanting to learn more about how she is understanding herself in relation to her grandmothers death. Trying to understand what the client needs
39.2	I would not utilize counselor self-disclose in response to this client because I do not believe that any two people experience grief in the same way. I do not know how my expression at experiencing grief would benefit the client in any way other than making her feel less alone. I believe this same feeling can be experienced through a ROF instead. I do not want to make the session about me and my grief. I want to allow the client to sit in her own experience.
40.2	Yes, I have went through a close grandparent loss and I want to share that with Gabrielle so that she knows that I do get it. So that she knows that I do get it.
41.2	Yes, in a way that tells her I haven't personally experienced that, but I know what loss is like. Her want for me to "get it"
42.2	I would disclose I have lost all of my grandparents as well, and that this was not an easy process to grieve through. I would want to reflect on how the client responds to this, as everyone experiences similar events differently. I have been in the same situation she has. Though there may be cultural differences in how we relate to family, disclosing briefly about my loss may help build a connection with the client.
43.2	I would not because 1)There really is no reason to self-disclose in a meaningful way for the client and 2) I do not even entirely relate to the client. Since she said I might not understand, I want to do my best to try to understand so I asked her to go deeper and explain what she meant.
44.2	I would not use counselor self-disclosure because I would want to understand more about the client's relationship with her grandmother. Maybe she hated her grandmother and it's going to overshadow everything because of her father's presence in the home. The death of the Grandmother and her reaction to this death. I was not moved by the "not sure if you'll get it" part
45.2	I would choose to use counselor self disclosure to show the client feelings change, even around death, and she wont feel this sad forever. The presentation today has made me not so scared of self disclosure.
46.2	I would tend not to use counselor self-disclosure in this situation until I got more information from the client. I may ask why she thinks I "won't get it" and perhaps share that I don't as I was not close to any of my grandparents. Her experiences she was sharing as well as her cultural background. Also, her statement that I "wouldn't get it."
47.2	I would not utilize CSD here. There are a several ideas I want to explore with them, but CSD is not necessary for discussing these. Whether or not I thought CSD would be helpful to the client for accomplishing for exploration/intervention.
48.2	I would not use self-disclosure in response to this client. I think that anything that I would disclose in this moment would distract from the client and what she is going through. Additionally, while she did state that she "didn't know if I would get it or not," she didn't ask a direct question and the rest of the quote ("I feel like this loss is going to overshadow everything for the rest of my life") feels like the important part for me to focus on as counselor. Words the client used, lack of similar experience in my own life, wanting to keep the focus on the client
49.2	I would not for 2 reasons- I have never experienced the loss of a close family member to the point in which I was affected and I also would not want to take away from her experience because I do not think she wants someone to relate to her in this situation and I don't know if I truly could because of our different cultures. My lack of experience in losing a close family member- I have "lost people" but not in the same way
50.2	yes, I lost 2/4 of my grandparents in 2014, it was difficult but i moved through it and so will she (i wont say it so abruptly tho). my empathetic reasoning and my ability to think "the reason i would use CSD is because i think knowing that i will understand her and knowing that i have been through this will help the client to feel seen and heard because she said 'i dont know if you'll understand this but...'"
51.2	Yes because she is unsure if I'll get it or not when in reality I do. Her feelings of lost and untethered and perhaps feeling like she's the only one who has felt like this due to the passing of a grandparent.
52.2	I would use self disclosure and say there's been moments in my life where I've felt loss overshadows everything. I think connection is such a huge piece in healing, but the fear of rupturing a relationship is real. This presentation has helped reframe the long term gains of self disclosure even if the short term reaction appears to have "failed". Take a risk - it's a win, win.
53.2	I would not self-disclose any specifics about who I lost. I can't relate to losing a family member, but I have lost friends and pets. I'm curious to know how the client is coping and if she has any connection to other family members or loved ones.
54.2	I would self-disclose about losing my own grandparent that I was extremely close with to emphasize how I coped and was able to move on productively while keeping memories of them close. The was in which the client may relate to ways I have coped and how it could be beneficial for them.