



Providers
Clinical Support
System

The Power and Pitfalls of Self-Disclosure in Behavioral Healthcare: Intent versus Impact

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Deana Leber George

M.Ed., LPCC-S

Housekeeping

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- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

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Presenter(s)

Deana Leber George, M.Ed., LPCC-S

Manager of Training and Consultation
Center for Evidence Based Practices
Substance Use Disorder Center of Excellence

deana.leber-George@case.edu



Educational Objectives

At the conclusion of this activity participants should be able to:

- 1 **Define clinician self-disclosure** and differentiate between intentional, therapeutic, and non-therapeutic disclosure practices.
- 2 **Identify relevant ethical principles, professional codes of conduct, and organizational policies** that inform decisions regarding self-disclosure in clinical settings.
- 3 **Apply a structured, practical decision-making framework** to evaluate when, why, and how self-disclosure may or may not be clinically appropriate.

A woman with curly hair, eyes closed, wearing an orange sweater, with her hands clasped over her chest. The background is blurred with soft light.

**“What is most personal
is most universal.”**

Carl Rogers



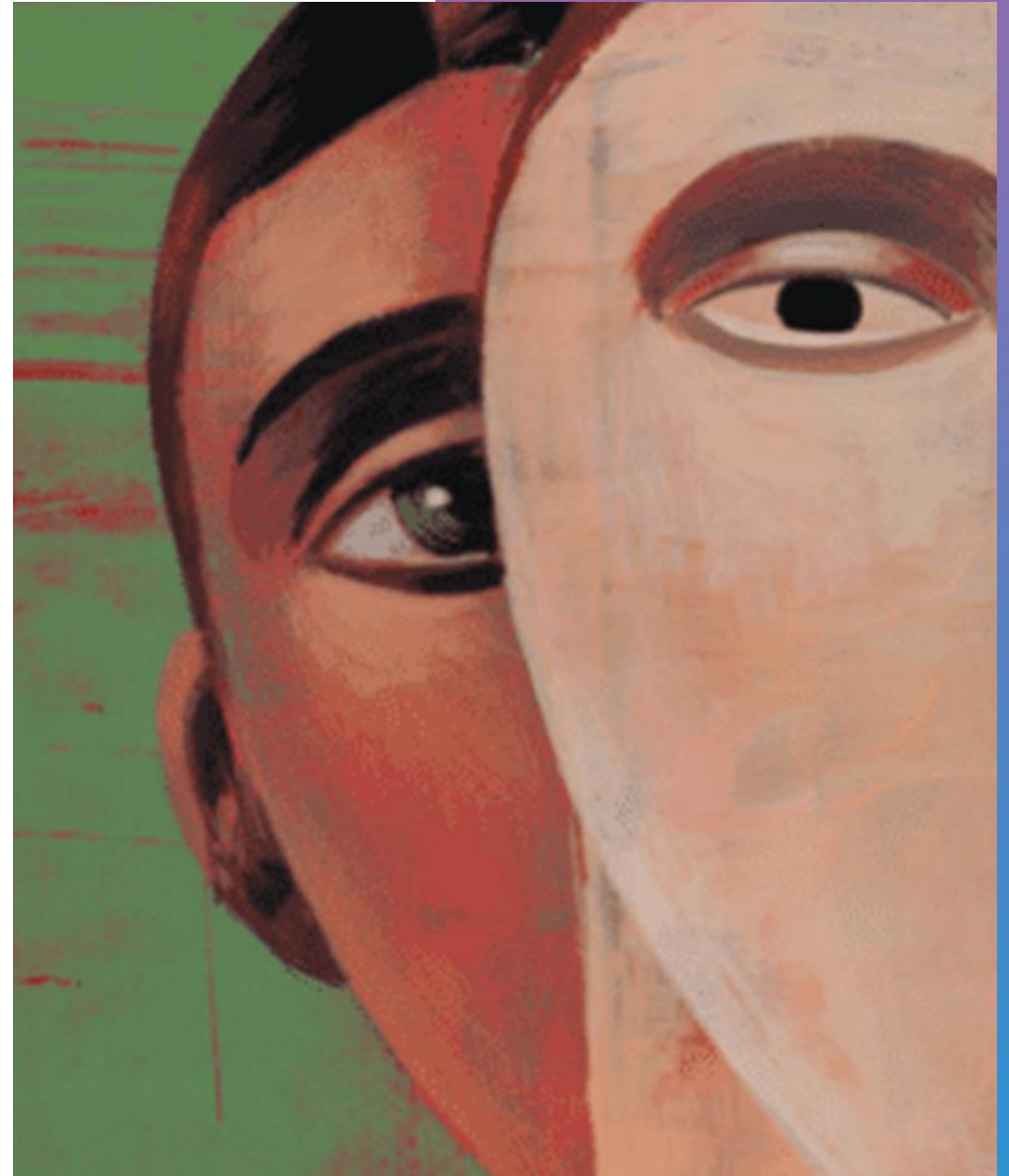


What Is Self-Disclosure?

Self-disclosure is intentional and clinically driven. It is not casual storytelling. The distinction lies in *purpose* and *therapeutic relevance*.

- Can include:
 - Lived experiences
 - Feelings or reactions
 - Identity factors
 - Professional experiences

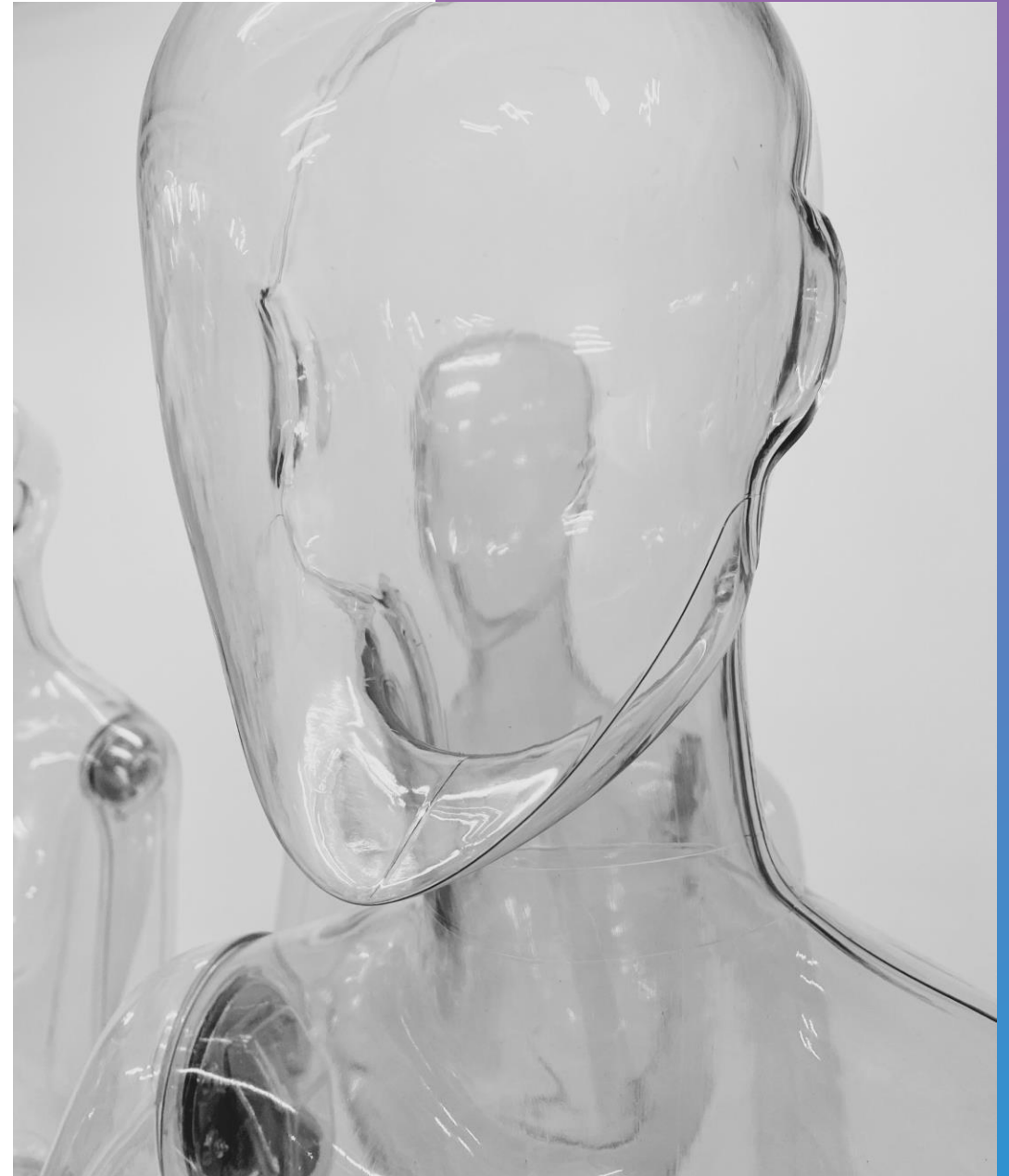
- Distinct from casual conversation or boundary violations



Why This Topic Matters

Modern care models emphasize authenticity and recovery orientation. Clients may ask personal questions, and clinicians must respond ethically rather than reflexively.

- Client expectations shifting toward relational transparency.
- Risk of ethical missteps without clear guidance.
- Relevance to trauma-informed and person-centered practice.



Why This Topic Matters

- Research suggests moderate, purposeful disclosure can strengthen alliance and reduce stigma - particularly relevant in recovery-oriented substance use treatment. (Corrigan et al., 2025)
- Thoughtful disclosure can *model empowerment* and help equalize therapeutic power when aligned with treatment goals.
- - Strengthens therapeutic alliance.
 - Enhances rapport and trust.
 - Normalizes client experiences.
 - Reduces stigma.
 - Can model coping and recovery.



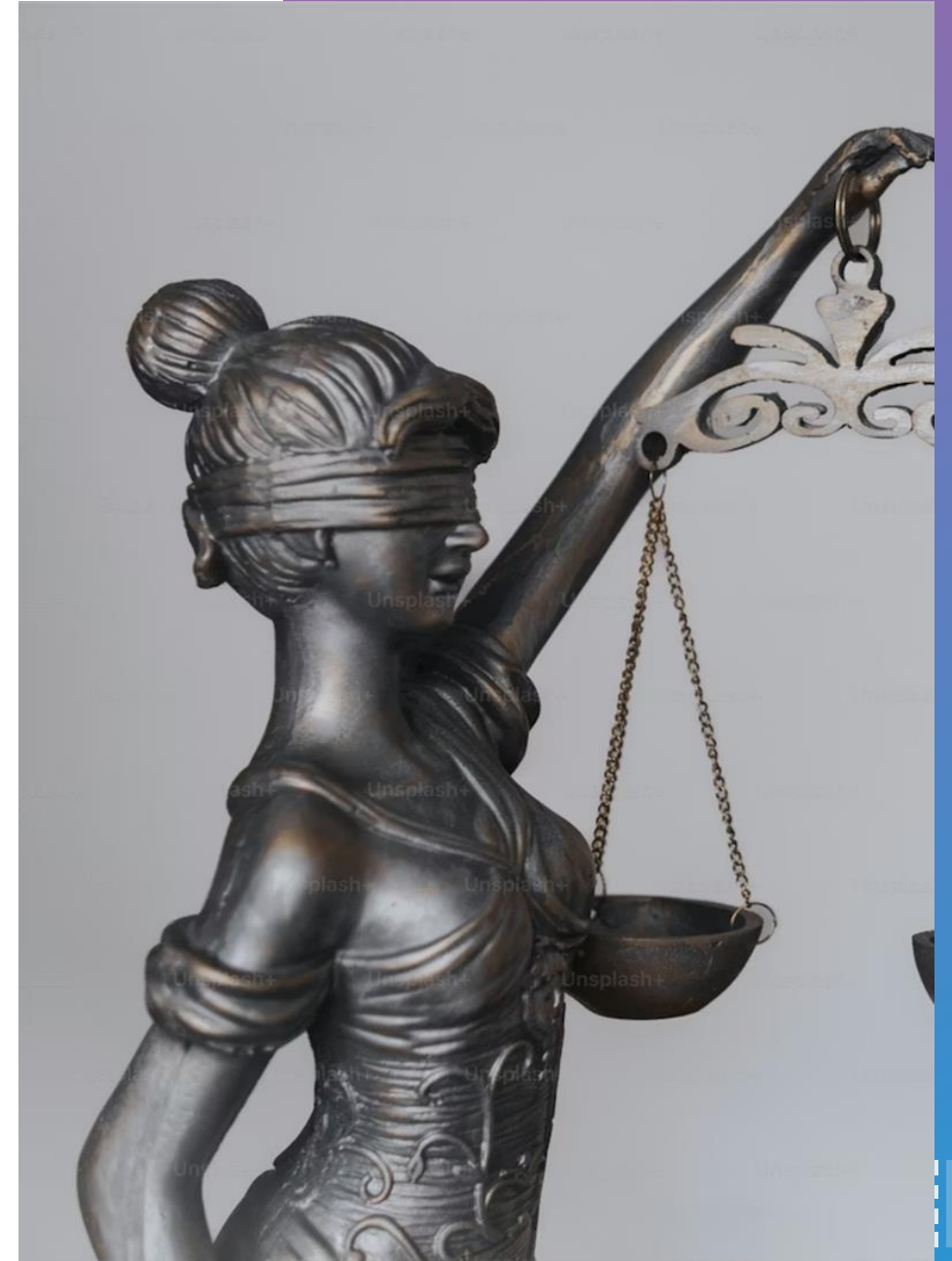


“Clarity of intention is the foundation of skillful action.”

Tara Brach

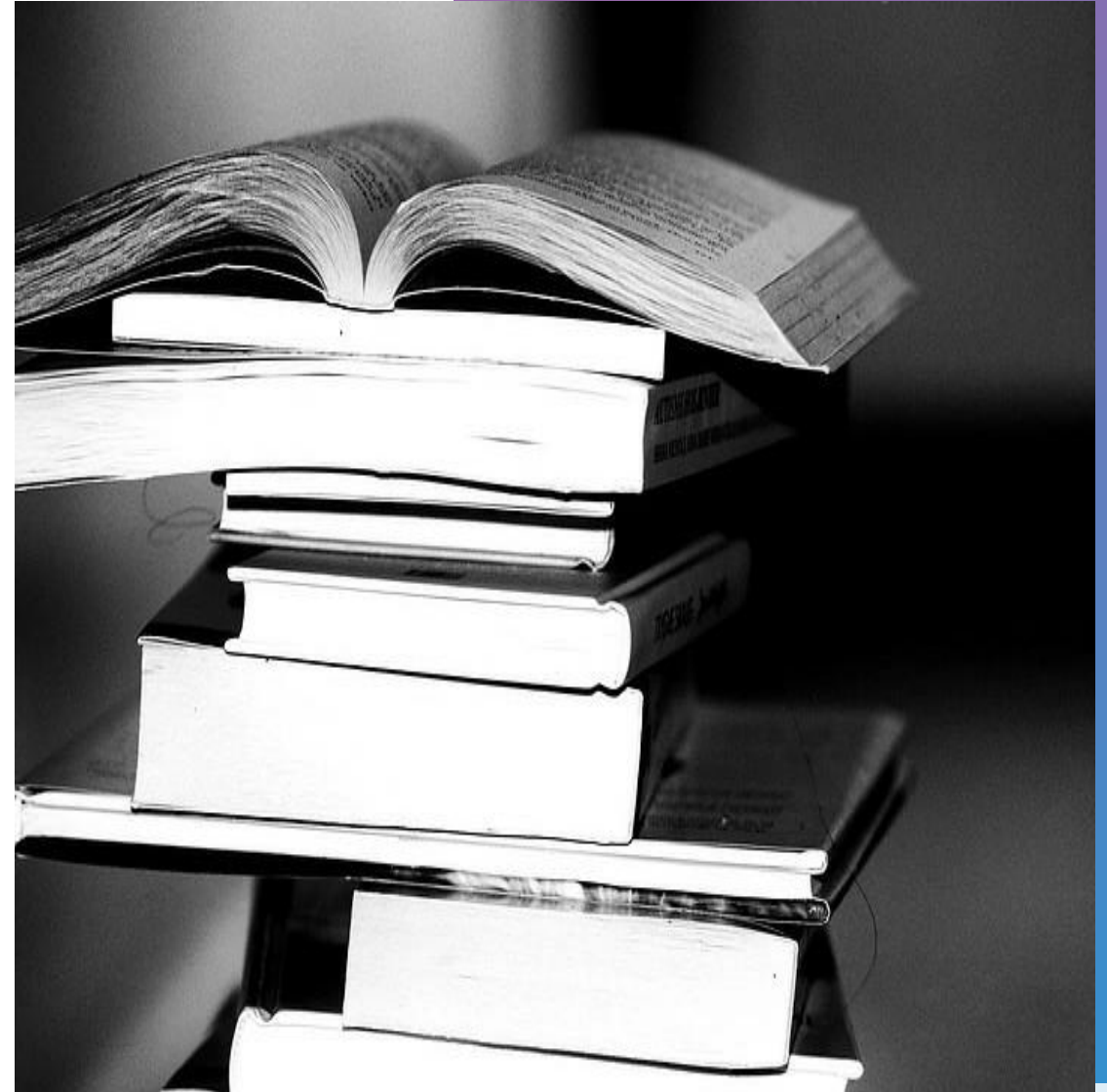
Ethical Foundations

- **Beneficence and non-maleficence are the anchors. Even well-intended sharing can cause harm if it shifts focus away from the client or creates confusion.**
- Beneficence and non-maleficence — prioritize client wellbeing and avoid harm. *Limit disclosures to what is therapeutically relevant.*
- Autonomy and informed consent — clients should understand the nature and purpose of personal disclosures. *Redirect focus back to client after disclosure.*
- Professional boundaries and dual relationships - self-disclosure risks merging professional or personal roles when not clearly beneficial. *Consult supervision and peers for difficult decisions.*



Professional Codes of Ethics

- Most codes do not ban self-disclosure; instead, they emphasize boundaries, client welfare, and consultation. Ethical practice is about judgment, not rigid prohibition.
- Not always specific about self-disclosure, but relevant ethical standards apply (e.g., avoiding harm, maintaining role clarity).
- ***ACA Code of Ethics, APA Ethical Principles, NASW Code of Ethics***
- Emphasis on:
 - Boundaries
 - Avoiding dual relationships
 - Client welfare
 - Competence and consultation



Potential Risks

Over-disclosure can blur roles, create emotional burden for the client, or unintentionally model maladaptive coping. Vulnerable or trauma-exposed clients may be especially sensitive.

- Shifts focus from client to clinician.
- Boundary confusion.
- Client dependency or role reversal.
- Misinterpretation of intent.
- Potential harm to vulnerable populations.





**“Between stimulus and response
there is a space...**

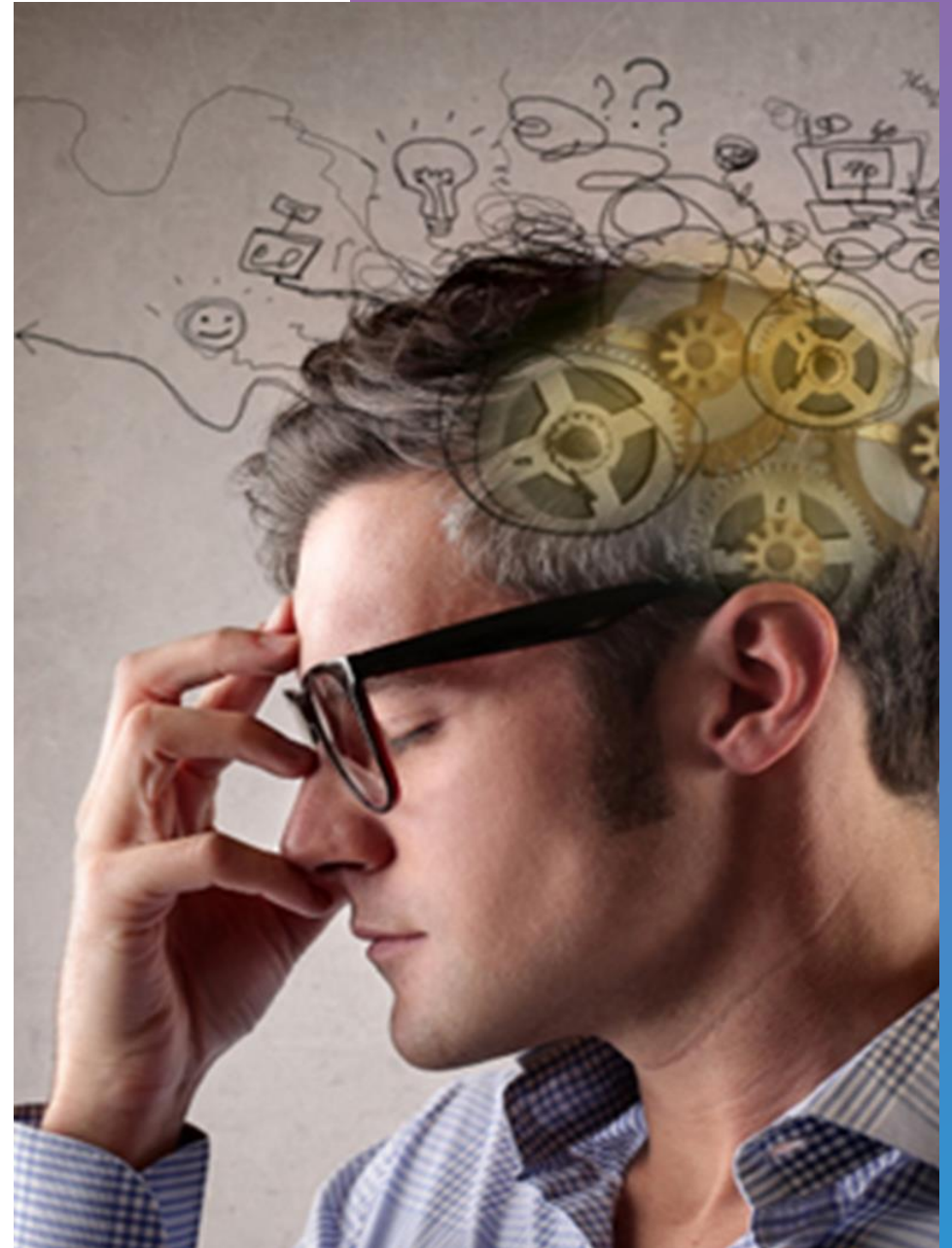
**In that space lies our freedom and
our power to choose our
response...**

**In our response lies our growth
and our happiness”**

Viktor Frankl

Decision-Making Framework

- **Pause and ask:** Who benefits? Is it tied to goals? Would I document this comfortably? Would I consult a supervisor? Ethical disclosure is deliberate, not spontaneous.”
- **Intent** – Who is this for? Why am I wanting to share this?
- **Relevance** – Does it serve treatment goals?
- **Timing** – Is now appropriate?
- **Client Factors** – Diagnosis, trauma history, culture.
- **Impact** – Short- and long-term effects.
- **Consultation** – Supervision or peer input.



Substance Use Treatment Considerations

While thoughtful disclosure of lived experience can reduce stigma and build trust, ethical practice requires careful attention to boundaries, power dynamics, and potential risks of over-identification or role confusion.

- Disclosure of recovery status.
- Peer vs. clinician roles.
- Power dynamics and credibility.
- Risks of over-identification.
- Agency policies and licensing guidance.



Mental Health & Trauma Considerations

- Clients with attachment or trauma histories may interpret disclosure differently. What feels connecting to one client may feel unsafe to another.
 - Trauma-informed lens.
 - Client attachment styles.
 - Emotional regulation capacity.
 - Risk of triggering or re-traumatization.



Key Take Aways

- ▶ Ethical self-disclosure is brief, relevant, and client-centered. Consultation and reflection are protective factors. The goal is always therapeutic benefit - **not** clinician comfort.
 - Intentional, client-centered, minimal.
 - Use consultation and documentation.
 - Align with ethical codes and agency policy.
 - Continue professional development.

- ▶ Intent belongs to us – Impact will belong to the other person and is why we need to be so thoughtful and purposeful.

- ▶ Ongoing reflection, supervision, and ethical frameworks are critical to safe practice.



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PCSS-MOUD Steering Committee

- ▶ PCSS-MOUD is led by the American Academy of Addiction Psychiatry (AAAP), in collaboration with a coalition of national professional and healthcare organizations.



Learn more about the Steering Committee and its partner organizations:
<https://pcssnow.org/about/steering-committee/>



PCSS-MOUD Mentoring Program

- ▶ Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder (MOUD).
- ▶ Supported by a national network of providers with expertise in addictions, pain, and evidence-based treatment, including MOUD.
- ▶ Three mentoring options are available to meet your needs.
- ▶ No cost to participate.



For more information visit:
<https://pcssNOW.org/mentoring/>

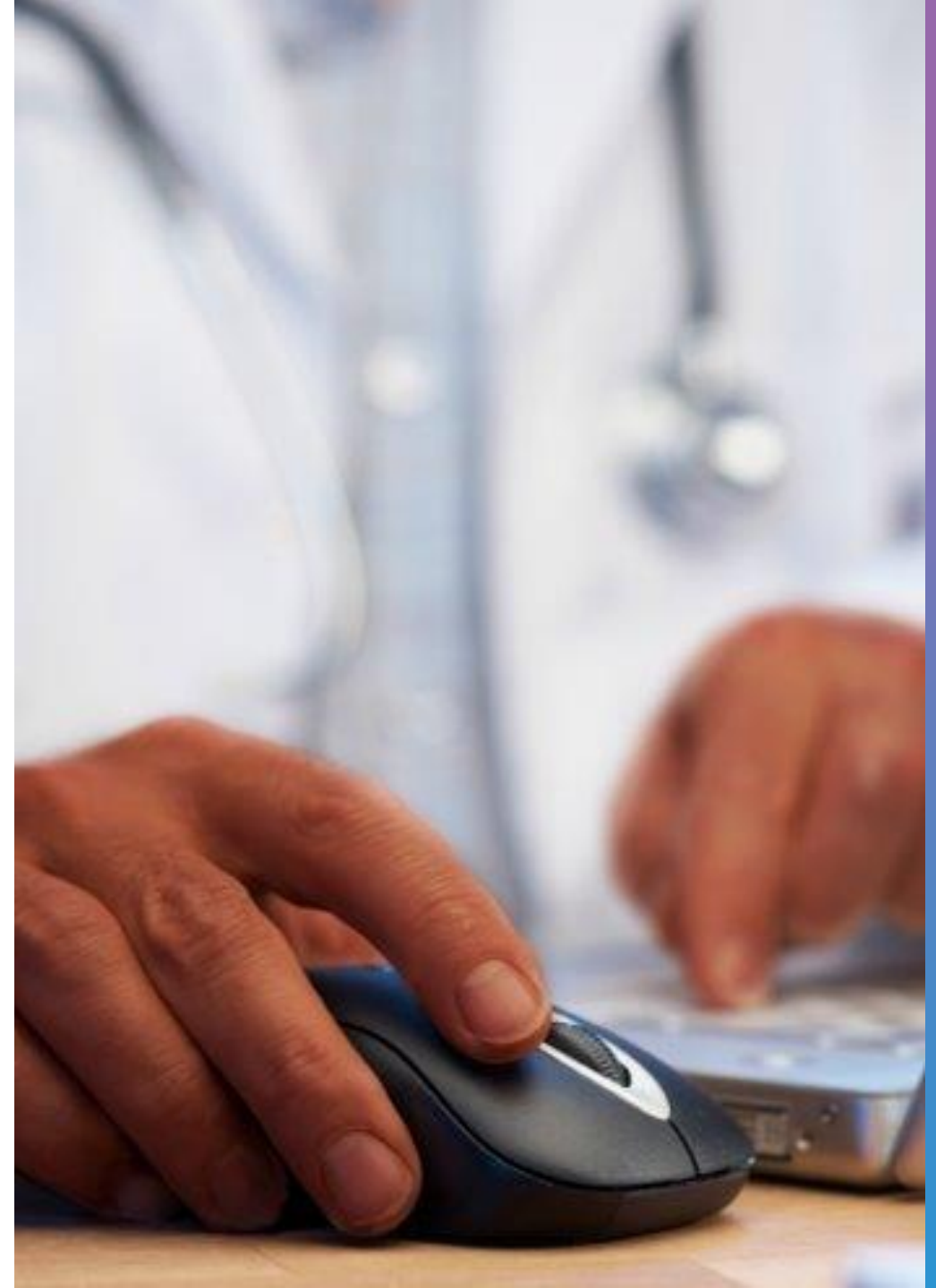
1: Discussion Forum

- ▶ An online discussion forum moderated by addiction specialists where health professionals can post questions and receive answers from clinical experts and other colleagues.

 [Register here at no cost!](#)



For more information visit:
<https://pcssNOW.org/mentoring/>



2: Ask a Clinical Question

- ▶ A simple and direct way to receive an answer related to Substance Use Disorder, Opioid Use Disorder, and other related topics. Designed to provide a prompt response to clinical questions via email.



[Submit your clinical question](#)



For more information visit:
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3: One-on-One Mentoring

- ▶ Provides individualized, one-on-one guidance via email, phone, or in-person (if feasible), to discuss specific clinical issues. Members are “matched up” with one of our mentors in their region. This is the most in-depth of the three PCSS-MOUD mentoring tools. Please contact pcssmentoring@aaap.org to receive a mentor request form.



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