Psychotherapists are accustomed to viewing self-disclosure as something personal they intentionally and verbally reveal to their clients, often not realizing that self-disclosure encompasses a vast deal more. Therapists' self-disclosure can be deliberate, unintentional, or accidental, it can be verbal or non-verbal and, most relevant to this paper, it can be available to the client without the therapist's knowledge or approval. In the Internet era, the concept of disclosure of information about therapists has become even broader and more complex. Search engines, such as Google, and specialized for-fee background checks, have completely changed the way clients can obtain information about their therapists, what kinds of information are available to clients with the click of a mouse and, correspondingly, what therapists may inadvertently disclose online.

At its most basic, a therapist's self-disclosure may be defined as the revelation to the client of personal rather than professional information (Farber, 2006; Zur, 2007). Generally, when therapist disclosure goes beyond the standard professional disclosure of name, credentials, office address, fees, emergency contacts, cancellation policies, etc., it is considered self-disclosure (Stricker & Fisher, 1990). This paper discusses the various kinds of self-disclosure mentioned above, i.e., intentional and unintentional, writing and unwriting. All can be gathered under the umbrella of "therapist self-disclosure", as all disclose information about the "self" of the therapist regardless of how the information came to light. Similar to the issue of what one may call "forced transparency" – for instance, self-disclosure in small communities where therapists' lives are unavoidably quite transparent (Knox, Hess, Petersen, & Hill, 1997, Zur, 2006) - self-disclosure on the Internet creates an equivalent transparency. The only difference is the size of the "actual village" in comparison to the "global village."

Five Types of Self-Disclosure
There are five different types of self-disclosure: deliberate, unavoidable, accidental, inappropriate and client-initiated. Following are brief descriptions of these types, followed by a more detailed description of the last category, i.e. clients' search for information about their therapists.

The first type is deliberate self-disclosure, which refers to therapists' intentional disclosure of personal information. This might be verbal and also could be other deliberate actions, such placing a certain family photo in the office, the choice of office décor or an empathic gesture, such as a touch or a sigh (Barnett, 1988; Farber, 2006; Zur, 2007). There are two types of deliberate self-disclosure. The first one is self-revealing, which is the disclosure of information by therapists about themselves. The second type has been called self-involving, which has to do with therapists' personal reactions to clients and to occurrences that take place during sessions (Knox, et al., 1997). Appropriate and clinically driven self-disclosures are carried out for the clinical benefit of the clients. Humanistic (Jourard, 1971), feminist (Greenspan, 1985) cognitive and group therapists, and those who work with children and minorities have generally embraced self-disclosure more readily than psychoanalytically oriented therapists (Williams, 1997).

The second type is unavoidable self-disclosure, which includes a wide range of possibilities, such as a therapist's gender, age and distinctive physical attributes, such as pregnancy, visible tattoos, obesity, some forms of disability, etc. (Stricker & Fisher, 1990). Therapists reveal themselves also by their manner of dress, hairstyle, use of make-up, jewelry, perfume or aftershave, facial hair, wedding rings, or the wearing of a cross, Star of David or any other symbol (Barnett, 1998). Non-verbal cues or body language (e.g., a raised eyebrow, a frown) are also sources of self-disclosure that are not always under the therapist's full control. A therapist's announcement of an upcoming vacation, or other time to be spent away from the office, also constitutes unavoidable self-disclosure. The home office setup, when the therapy office is located at the therapist's home, always involves extensive self disclosures, such as economic status, information about the family and pets, sometimes information about hobbies, habits and much more. Therapists who practice in small or rural communities, on remote military bases or aircraft carriers, or those who work in intimate and interconnected spiritual, ethnic, underprivileged, disabled or college communities, must all contend with extensive self-disclosure and significant transparency of their personal lives simply because many aspects are often displayed in clear view of their clients by virtue of the setting. In many of these small community situations, a thera-
pist's marital status, family details, religion or political affiliation, sexual orientation and other personal information may be readily available to clients (Farber, 2006; Zur, 2006).

The third type is accidental self-disclosure, which occurs when there are spontaneous verbal or non-verbal reactions, incidental or unplanned encounters outside the office, or other planned and unplanned occurrences that happen to reveal therapists' personal information to their clients (Knox, Hess, Petersen, & Hill, 1997; Stricker & Fisher, 1990, Zur, 2007). This may include a therapist's unplanned strong, emotional, negative response to a client's announcement of a decision to get married, quit a job, etc. or it might be when a client unexpectedly witnesses the therapist's interaction with his/her family in a public place.

The fourth type is inappropriate or counter clinical self-disclosure, such as self-disclosure that is done for the benefit of the therapist, burdens the client with unnecessary information about the therapist or creates a role reversal where a client, inappropriately, takes care of the therapist (Knox, et al, 1997; Stricker & Fisher, 1990; Zur, 2006). One the most cited examples is when therapists inappropriately discuss their own sexual feelings or fantasies. Other examples are when therapists selfishly discuss their own hardships with their clients without any clinical rationale. Such inappropriate self-disclosures are often counter-clinical and unethical.

The fifth type of disclosure is achieved by clients' deliberate actions and is the focus of this article. A therapist, in this case, may intentionally or unintentionally and wittingly or unwittingly reveal information about him or herself to clients who are conducting 'online-searches' for the specific purpose of gathering information about the therapist. Such searches can reveal a wide range of professional and personal information, such as family history, criminal records, family tree, volunteer activity, community and recreational involvement, political affiliations and much more. In the past, curious, obsessed or intrusive clients were known to have inquired about their therapists in the community; to have searched for and found their therapist's home address, marital status and similar details or to have criminally stalked their therapists (Barnett, 1998). However, the meaning of curiosity and stalking has radically altered since the introduction of Internet search engines such as Google, Yahoo, Lycos, Alta Vista, etc., as well as thousands of for-fee services that are able to find out almost anything a client might desire to know about their therapist (Zur, 2007). As the rest of the paper elaborates, the result of new web technologies is that therapists do not always have control over or knowledge of what is posted online about them, and consequently neither control over nor knowledge of what clients may find out or know about them.

**Ways that Clients May Find Online Information About Their Therapists:**

There are a number of ways that clients may go about finding information about their therapists online.

Reviewing therapists' professional web sites and online resumes: Many therapists have developed professional web sites that most often provide information about their education, training, professional experiences, orientations, philosophy of treatment, etc. Some include their office policies, fees and directions to the office as part of their professional web page. Others include postings of the therapists' photos, therapists' own articles or links to articles on different topics, such as depression, anxiety, teen suicide, etc. Of the various ways that clients may find information about their therapists online, this type of activity is the only one over which therapists have full control and knowledge of what is being revealed to their clients about them.

Conducting a simple Google search: A simple Internet search is likely to unearth information that was posted by the therapist, as well as data that was posted without the therapist's knowledge. There may be a home address, home or unlisted phone numbers and a personal e-mail address; information about family members, family trees or sexual orientation; volunteer activities and community involvement; political affiliation and political petitions signed; professional activities and membership in professional organizations, and licensing board's sanctions or complaints. With the click of a mouse, clients can find their therapists' writings on a variety of web sites and personal blogs and therapists' own blogs. A simple search can also reveal what others have written about the therapist on a variety of web sites and personal blogs. These include former clients' complaints, grievances, grousers, cavils, quibbles, grumbles, charges, accusations and criticisms.

Joining social networks or reading blogs: Clients may choose to join social networks, such as Tribe.net, Facebook or MySpace and find very personal information about their therapists. Once clients join the social networks, they can befriend their therapists online and gain access to all sorts of information, including relationship status, religious views, hobbies and even favorite songs. Clients can also read their therapists' blogs if their therapists use their real names. Other clients are able to find the identity behind the screen-name; those savvy in research may have little trouble at all in discovering their therapists' real identity and eliciting highly personal information about their therapists.

Paying for specialized online background checks: By paying online, clients can employ special services that will retrieve all sorts of information, sometimes illegally. This may include, financial information, including tax information, such as taxes paid and tax
liens, credit reports, debts, liens or bankruptcies; criminal records, small claims civil judgments; past and present law suits; marriages and divorces, including divorce records and allegations of domestic violence or molestation; ownership of property and businesses; cell phone records, including a 10-year history with available listed phone numbers!

Reading therapists’ postings on professional listservs and in chatrooms: There are numerous ways that clients can locate information online about their therapists’ beliefs, practices and other aspects of their professional and private lives. Clients can join professional listservs and chatrooms, especially the open sites, with rather simple pseudo-names. Often no one checks the true identity or professional status of the individual and on many listservs anyone can join. Although there may be a registration form required, often all that is requested is name, business name, address, phone number, e-mail address and area of practice. The information is rarely checked for honesty or accuracy. It is rare that more than 10% of list members post with any regularity and some never do, which means therapists have no information regarding the remaining 90% of people on the list. Some listserv moderators invite participants to present cases online. As a result, clients who join such listservs using a false identity, may be privy to information about the therapists’ other clients, and perhaps even the details of their own treatment. Even when the listserv’s moderator or therapists may appropriately disguise the identity of the clients, the clients may recognize themselves in the unique details, as they also might if someone they know is in treatment with the same therapist. Clients who join such listservs may detect information regarding their therapist illegally or unethically committing insurance fraud, charging high co-pays, etc. Most therapists do not know if information on listservs is accurate or inaccurate, and that it may be available indefinitely.

**On Curiosity, Due Diligence, Intrusion and Cyber-Stalking**

Clients’ search for information about their therapists may vary between normal curiosity and criminal stalking. Following are four different categories under which clients’ behavior may fall.

Curiosity: Clients who are healthily and appropriately curious about their therapists may conduct a simple Internet search or check their therapists’ professional web site. This search may yield information regarding the professional lives of the therapists (i.e., education, training, credentials, etc.) and personal information that therapists elect to include in their own professional web page. It may include some general membership information.

Due diligence or thorough search: Clients who are more seriously looking for information about their therapists may apply due diligence. This “due diligence” or thorough approach may include searching the licensing board’s web site to see if a potential therapist has had any complaints filed against him or her, or what other professionals or clients have posted about that therapist. In our modern era of consumer rights and consumer power, it is legitimate and common for clients’ to want to learn about the people in whom they will place their trust and from whom they hope to learn.

Intrusive search: Clients may ‘push the envelope’ and intrusively search for information about their therapists. They may search for a home address or marital status or information about family members, etc. This may also include disguising one’s identity and joining social networks, listservs, etc., in order to find out more. They may also pay for an online service which legally gathers information that is not readily available online. This may include divorce or other court records that are considered public records. They may also locate online, a camera, know as “cam,” that films or televisions 24/7 a certain public place where the therapists may visit. An example of this is a client who watched online her therapist and his family, on vacation at Catalina Island, off the coast of Southern California strolling around down town.

Illegal search or Cyber-stalking: There are those clients who will hire certain unscrupulous online services to illegally gather information about the therapist. This is a much cheaper and more readily available digital version of hiring a ‘traditional’ private eye and can be anonymously. Such information may include credit reports, banking information, cell phone records, tax records and other highly private information.

**What Therapists Can Do In Regard to Internet Disclosures**

Following are some basic suggestions for therapists in regard to what they can find out and what they may do regarding online disclosures:

- Therapists should always assume that EVERYTHING that they post online, whether it is on their own web site, private or public blogs, listservs, password protected bulletin boards, chats, social networks, etc. may be read by their clients.
- Therapists should be very careful in discussing case studies online and make sure that they either get permission from clients to discuss their cases, or make sure that identifying information is removed or significantly changed, i.e. in HIPAA terminology, make sure you ‘de-identify’ your clients.
- Therapists should be aware that their clients might read consultations they have posted with other therapists. These might include the clients’ cases. Clients who read such postings may then draw conclusions based upon what their therapists proposed, or take the information personally.
When therapists find out that a client, or potential client, has acted in an intrusive or criminal manner in regard to online searching, they must think about the clinical, ethical and legal ramifications. Depending on the level of intrusion and criminality of the acts, therapists’ responses may vary between a clinical discussion with the client of the meaning of the actions, to boundary setting interventions, to calling the police to report a crime. It is important that therapists seek expert consultations, if necessary, and appropriately document their concerns.

Therapists must search themselves online periodically so they are aware of what their clients, and the rest of the world, may be privy to. When Googling themselves, therapists should use different combinations of name and degree, such as “Mark Smith, Ph.D.,” “M. Smith, Ph.D.,” “Dr. Smith,” etc. Use different search engines and find out if different information is revealed.

If, in your search, you find private information about yourself that you do not want to be public or misinformation that you want to correct, find out whether you can have it removed. If the information was obtained or posted illegally or is defamatory, it is more likely that the therapist can remove this information by contacting the person who owns the website or the Webmaster who may be mandated to take the information off line in a timely manner. If the owner of the website or the Webmaster do not respond or comply, therapists may contact the server of that site who may be mandated to shut off the website altogether. However, if therapists have placed the information online themselves, it may be harder to remove.

In summary, self-disclosure is a broad term that includes therapists’ intentional and unintentional and winter and unwitting disclosures about their personal lives. Digital technologies have significantly increased therapists’ transparency, which may have clinical, ethical or even legal significance. This article summarizes the different forms of self-disclosure, which will hopefully help therapists map the range of ways that clients may be able to obtain information about them, and outlines some ways that therapists may think about, conceptualize and respond to these matters.

References


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