

*Ethics and Diversity*

*Pamela H. Harmell, Ph.D.*

*Southwest Conference*

*1:30 – 3:15*

*Diversity and Self-Disclosure*

*Handling Negative Feelings*

*Related to Clients*

*Accidental Self-Disclosure*

*Dealing with your own reactions*

- *Off hours calls*
- *Late cancellations*
- *Examples:*
  - *Tiger ‘Woods bulging disk*
  - *“Dr. Harmell Speaking...”*
  - *“My Pleasure!”*
  - *“President Elect...”*
  - *“Go A-head...”*
  - *Patient’s sister joined her to go out unexpectedly...*

## *Therapist Feelings: Ethics Codes*

*AAMFT 3.3 <http://www.aamft.org/>  
MFTs seek appropriate professional assistance for  
their personal problems or conflicts that impair  
work performance or clinical judgment*

*ACA A.1a [www.counseling.org](http://www.counseling.org)  
The primary responsibility of counselors is to  
respect the dignity and to promote the welfare of  
clients.*

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## *Therapist Feelings: Ethics Codes*

*[www.socialworkers.org](http://www.socialworkers.org)*

*NASW 2.09 Impairment of Colleague*

*Take action to help impaired colleagues*

*NASW 2.10 Incompetence of Colleague*

*Consult with colleagues who show signs of incompetence*

*NASW 2.11 Unethical Conduct of Colleagues*

*Social workers should seek resolution and take action  
when they receive knowledge of an unethical colleague.*

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*Therapist Feelings:  
APA 2.06(a) Personal Problems & Conflicts*

**2.06 Personal Problems and Conflicts**

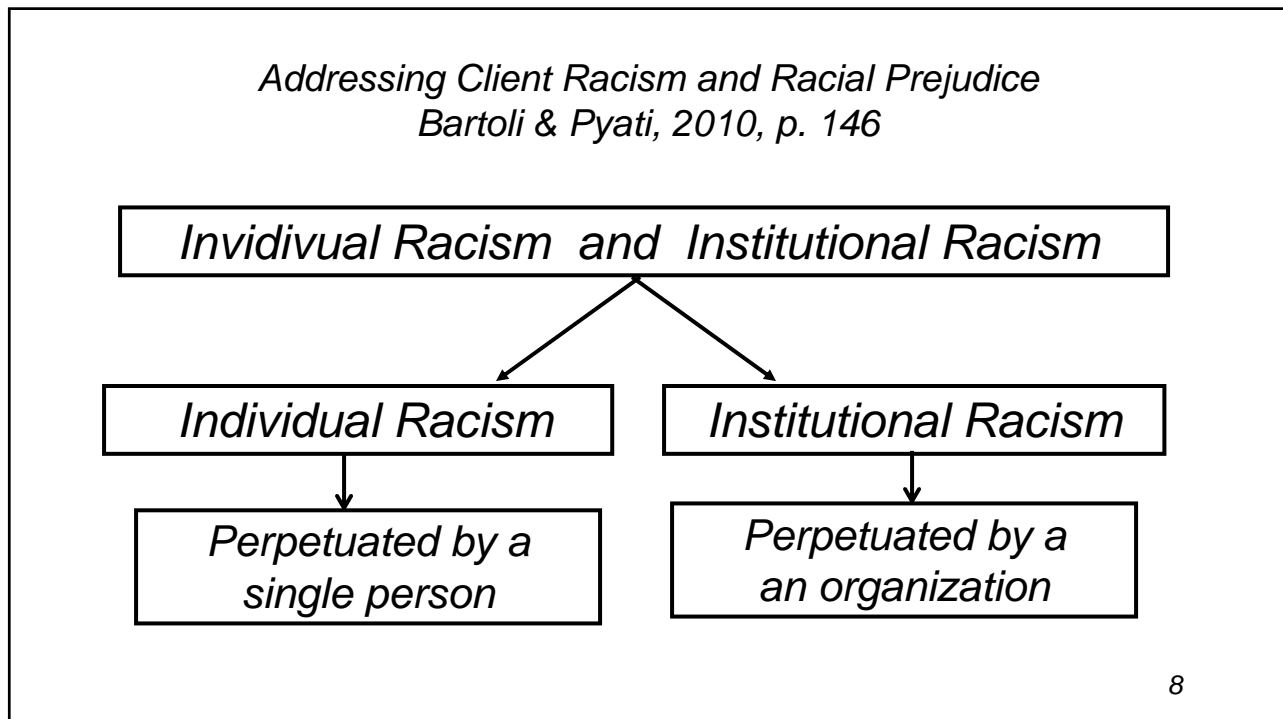
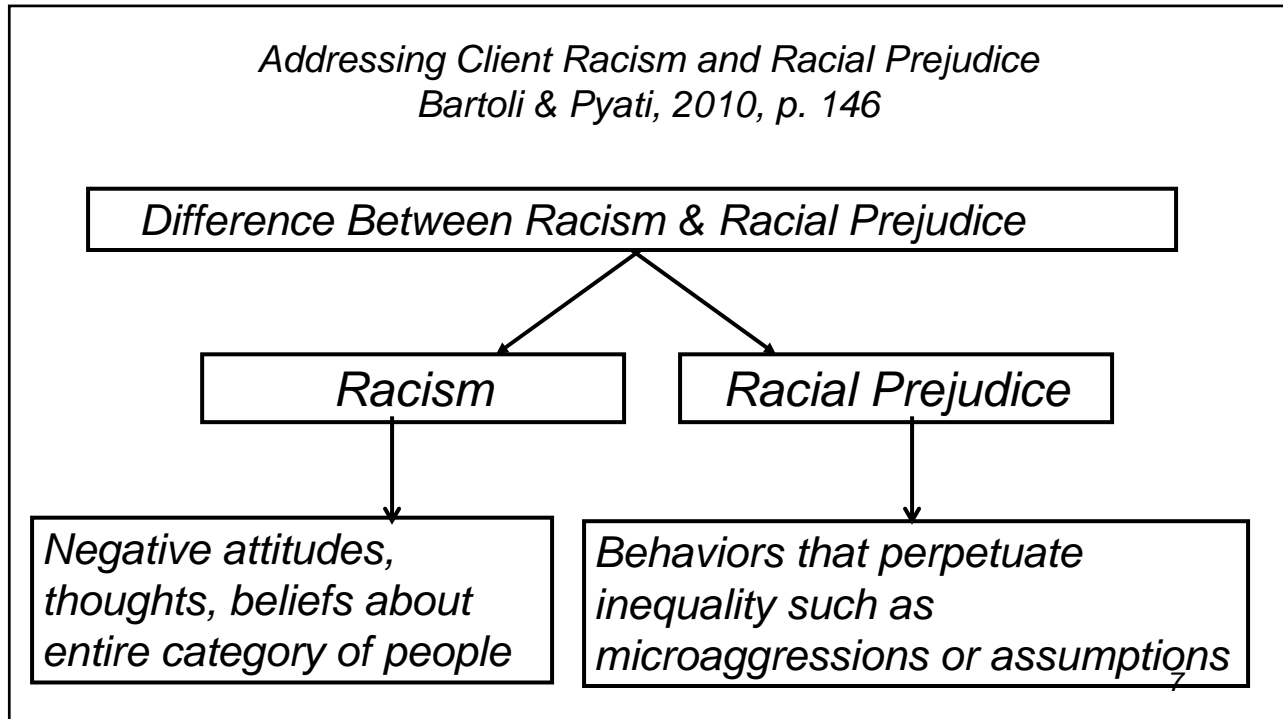
(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

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*Client-Therapist Discussion  
Racial and Ethnic Differences  
Zhang & Burkard, 2008*

*“Perhaps the most significant factor in determining whether a client engages in counseling is the counseling relationship, particularly when the client and the counselor are racially and ethnically different.” (p. 77)*

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*Addressing Client Racism and Racial Prejudice*  
*Bartoli & Pyati, 2010, p. 146*

- *Client Making Racially Charged Statement*
  - *Said to White Therapist*
  - *Depends upon stage of therapist's cultural identity process*
    - *Guilt*
    - *Anxiety*
    - *Embarrassment*

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*Addressing Client Racism and Racial Prejudice*  
*Bartoli & Pyati, 2010, p. 146*

- *Client Making Racially Charged Statement*
  - *Said to Therapist of Color*
  - *Depends upon stage of therapist's cultural identity process*
    - *Client invoking race as equalizer of power*
    - *Consider if client is "testing" the therapist*
    - *Client attempt to resist therapy process*

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*Addressing Client Racism and Racial Prejudice*  
*Bartoli & Pyati, 2010, p. 146*

- *Client makes racially charged statement*
- *General Goal*
  - *Maintain nonjudgmental attitude*
  - *Avoid desire to reprimand client*
  - *Examine clinical needs of client*
  - *Examine motivation of client*
  - *Maintain clinical stance*

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*Therapist Self-Disclosure with Diverse Populations*  
*Sunderani, 2016*

*Therapist-Client Matching*

- *Ethnic minority clients more likely to drop-out when paired with ethnically dissimilar therapist .*
- *Matching therapists to clients on language similarity predicted better outcomes*
- *No conclusive results with respect to better outcome with ethnic matching*

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*Therapist Self-Disclosure with Diverse Populations*  
*Sunderani, 2016*

- *Research studies demonstrate*
  - *Client's perceive culturally-sensitive therapists as far more effective and helpful than non-culturally sensitive therapists*

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*Therapist Self-Disclosure with Diverse Populations*  
*Lijtmaer, Moodley & Sunderani, 2016*

- *Recent Research Findings*
  - *Minority clients disclose more to racially, ethnically, culturally similar therapists*
- *Major Influences on Relationship*
  - *Trust and mistrust*
  - *Racism, sexism, lack of sensitivity*

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*Therapist Self-Disclosure with Diverse Populations*  
*Lijmaer, Moodley & Sunderani, 2016*

- *Recent Research Findings*
  - *Less about “technique”*
  - *More about how therapists express information about themselves*
  - *Aids in the experience of “being with each other”*

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*Assumptions About Self Disclosure*  
*Sue & Sue, 2013*

*Generally:*

- *Patient making disclosures is essential to therapy*
- *Sharing intimate personal information is part of the process*

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*Assumptions About Self Disclosure  
Sue & Sue, 2013*

**WESTERN Approaches Stress:**

- *Directness*
- *Assertiveness*
- *Task oriented behavior*
- *Direct eye-contact*
- *Limited silences*

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*Assumptions About Self Disclosure  
Sue & Sue, 2013; Roysircar, 2004*

**WESTERN Assumptions:**

- *Patient S-D is characteristic of a “healthy personality”*
- *Patients reluctant to S-D are “guarded and mistrustful”*
- *Failure to S-D is a lack of motivation*

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*Assumptions About Self Disclosure*  
*Barnett & Johnson, 2010*

*Reality in Some Cultures:*

- *S-D is unacceptable and inappropriate*
- *Reflects negatively on family*
- *Keep problems within the family*
- *Rude to talk too much*

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*Assumptions About Non Verbal Behavior*  
*Ivey, Ivey, & Zalaquett, 2010*

*Misinterpretation of Non Verbal Behavior:*

- *Westerners are uncomfortable with silences*
- *Actually... in many cultures...*
  - *Silence is a sign of respect and politeness*
  - *Not unwillingness to share*

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*Assumptions About Self Disclosure*  
*Sue & Sue, 2013*

*Example:*

- *Latinos engage in “small talk” prior to addressing their concerns*
  - *Builds rapport and comfort*
- *Not evidence of pathology*
- *Sign of respect*

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*Cultural Conflicts*  
*Knapp & VandeCreek, 2011*

*Cultural Conflicts Similar to Ethical Conflicts*

*Case example:* *“A Mexican-American family is in turmoil because of a recent family argument . The 17-year-old daughter attended a service at an Evangelical Protestant Church, went on a date with a non-Hispanic student, and expressed the intent of going to a college farther away from home than the one her parents want her to attend.” (p. 662)*

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## *Cultural Conflicts*

*Knapp & VandeCreek, 2011*

*Cultural Conflicts are Similar to Ethical Conflicts*

- *Daughter more acculturated than parents want*

*ISSUES: Therapist values may differ from client*

- *European-American therapists*
  - *Place value on independence and autonomy*
  - *May readily accept intercultural dating*
  - *May accept exploring various religious experiences*

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## *Cultural Conflicts*

*Knapp & VandeCreek, 2011*

*Clarifying Values with Respectful Dialogue*

- *Open style allows flexibility and comfort*
- *Listening attitude facilitates client non-defensiveness*
- *Avoid confrontational, accusatory stance*
- *Example: Patient-Therapist Relationship development:  
“This is what I want you to know about me...”*

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## *Cultural Conflicts*

*Knapp & VandeCreek, 2011*

### *Clarifying Values with Respectful Dialogue*

- *Careful listening*
- *Two-way communication*

*Case example: "Parents from a Middle Eastern culture insist that their daughters, aged 7 and 10 act with such modesty that they do not respond publicly in class and they express a desire to never excel in any subject." (p. 664)*

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## *Cultural Conflicts*

*Knapp & VandeCreek, 2011*

### *Clarifying Values with Respectful Dialogue*


#### *From Previous Example:*

- *Caution having automatic negative reactions*
- *Maintain patient, open style*
- *Continue respectful dialogue*
- *Avoid stereotyping parents or children*
- *Restructure the therapy to fit needs of all*
- *Empower parents to think for themselves*

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*Cultural Conflicts*  
*Knapp & VandeCreek, 2011*

*Use a Soft Universal Perspective*

- *When confronted with values that collide*
  - *Eg: Children's autonomy vs. parental control*
- *Some practices offend therapist's values*
- *Example:*
  - *Parents using harsh disciplinary practices*
  - *Explain limits of confidentiality regarding child abuse*
  - *Respect for family values* 
  - *Blend with legal/ethical constraints*

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*Cultural Conflicts*  
*Beauchamp & Childress, 2001*

*When Pt-Therapist Moral Principles Conflict*

*The option chosen should:*

1. *Uphold the most salient moral principle*
  - *Why act on one moral principle as opposed to another*
2. *Only use less culturally responsive option if no other option available*
  - *Having to report child abuse*

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## **Cultural Conflicts**

*Beauchamp & Childress, 2001*

### **When Pt-Therapist Moral Principles Conflict**

#### **The option chosen should:**

3. *Uphold the cultural norm as much as possible*
  - *Continue to build relationship*
4. *Minimize the negative cultural effects of treatment*
  - *When therapist has to choose a path that offends cultural values of patient*
  - *Eg. Abuse report, Tarasoff, hospitalization*

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## **Diversity and Self Disclosure**

*Gallardo, 2006*

### **Therapy Goal - General**

- *Understanding the client within the context of a social relationship*

### **Ethical Goal – Cultural Responsiveness**

- *To build a relationship that reinforces credibility, rapport and trust by choosing an active stance including the use of appropriate self disclosure*

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*Diversity and Self Disclosure*  
*Gallardo, 2006*

*Within Group Variability*

- *Avoid belief all groups are homogenous*
- *Within group variability exists*
- *Particularly with:*
  - *Class*
  - *Education*
  - *Level of acculturation*

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*Diversity and Self Disclosure*  
*Gallardo, 2006*

*Assume Less-traditional Stance*

- *To gain trust*
- *To promote credibility*
- *To provide foundation for connecting*
- *Demonstrate therapist is not part of “untrustworthy” establishment*

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*Diversity and Self Disclosure*  
*Gallardo, 2006*

*Less-traditional techniques*

- *Advantageous with culturally diverse clients*
- *Self disclosure of personal experiences*
- *Advice giving*
- *Consultant*
- *Advocate*
- *Community activist*

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*Diversity and Self Disclosure*  
*Gallardo, 2006*

*Mistrust of Traditional Society and Therapy Techniques*

- *History of oppression examples:*
  - *American Indian population*
    - *History of genocide*
  - *African-American population*
    - *History of slavery*
  - *Jewish population*
    - *History of anti-semitism*

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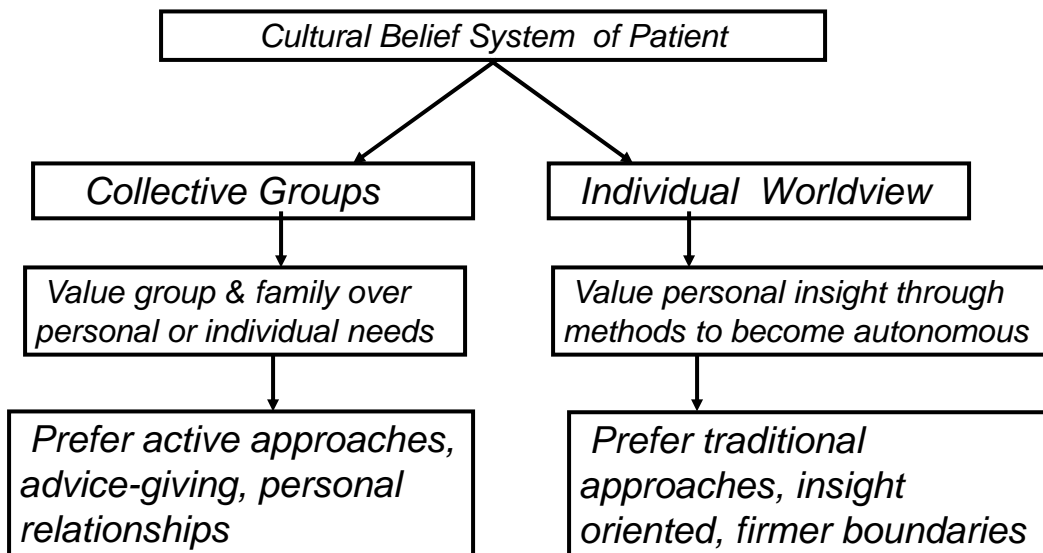
*Diversity and Self Disclosure*  
*Gallardo, 2006*

*Unwillingness for Patient to Self Disclose*

- *Blank slate technique fails*
  - *Specific interpretations may offend*
  - *Understanding of “Collective” experience*
    - *Any intervention effects entire system*
    - *Inquire regularly*
- 

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*Diversity and Self Disclosure*  
*Gallardo, 2006*



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*Diversity and Self Disclosure  
Gallardo, 2006*

*Groups More Comfortable with “Collective” Worldview Include:*

- *African-American*
- *Asian American*
- *Latina/o*
- *American Indian*
- *Middle Eastern Origin*

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*Diversity and Self Disclosure  
Gallardo, 2006*

*Sample Vignette – Lunchtime Session*

*Therapist fits Latina client in during his lunch hour. Knowing it is his lunch hour, she brings food to the session for the therapist in order to show her understanding of his commitment to her.*

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*Diversity and Self Disclosure*  
*Gallardo, 2006*

*Sample Vignette – Lunchtime Session*

- *Therapist accepts food graciously*
- *Does not “interpret” its meaning*
- *Therapist’s self disclosure is...*
  - *Behavioral... rather than verbal communication*

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*Self-Disclosure*

*Psychiatric Service, 2001; Zur, 2009a*

*Three Categories of SD*

1. *Inescapable/Unavoidable Disclosures*
  - *Wide range of possibilities*
  - *Unavoidable events and situations*
    - *Pregnancy, surgery, demographics*
    - *Personal style: clothing, hairstyle, etc.*
    - *Office décor*

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*Self-Disclosure*

*Psychiatric Service, 2001; Zur, 2009a*

*Three Categories of SD*

*2. Inadvertent/Accidental Disclosures*

- In transference-countertransference dyad*
  - Impulsive*
  - Unplanned*
- Encounters outside the office*
- Spontaneous intervention*

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*Self-Disclosure*

*Psychiatric Service, 2001; Zur, 2009a*

*Three Categories of SD*

*3. Deliberate Disclosures*

- Planned*
- More cautious*
- Not impulsive*
- Intentional*
  - Verbal or non-verbal*
- Gestures and sounds*

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## *Self-Disclosure*

*Psychiatric Service, 2001; Zur, 2009a*

### *Three Categories of SD*

#### *3. Deliberate Disclosures – TWO TYPES*

##### *A. Type One: Self-Revealing*

- *Therapist reveals information about self*
- *Example*: *age, children, marital status*

##### *B. Type Two: Self-Involving*

- *Therapists' personal reactions*
- *Example*: *sweater comment*

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## *Diversity and Self-Disclosure*

*Henretty & Levitt, 2010; Cashwell, Sheherbakova, & Cashwell, 2003; Barrett & Berman, 2001*

### *Therapist "Attractiveness"*

- *Increases with appropriate self disclosure*

*"Counselor attractiveness refers to characteristics such as warmth, acceptance, and likeability and is considered an important factor... self disclosing therapists are seen as more attractive." (p. 196)*

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## *Self-Disclosure*

*Myers & Hayes, 2006; Barrett & Berman, 2001*

### Major Concerns

- *Focus shifting from client to therapist*
- *Studies focus upon intentional therapist SD*
  - *Not uncontrolled SD*
- *Conclusions*
  - *Therapist SD can influence the outcome of Tx*
  - *How?*

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## *Self-Disclosure*

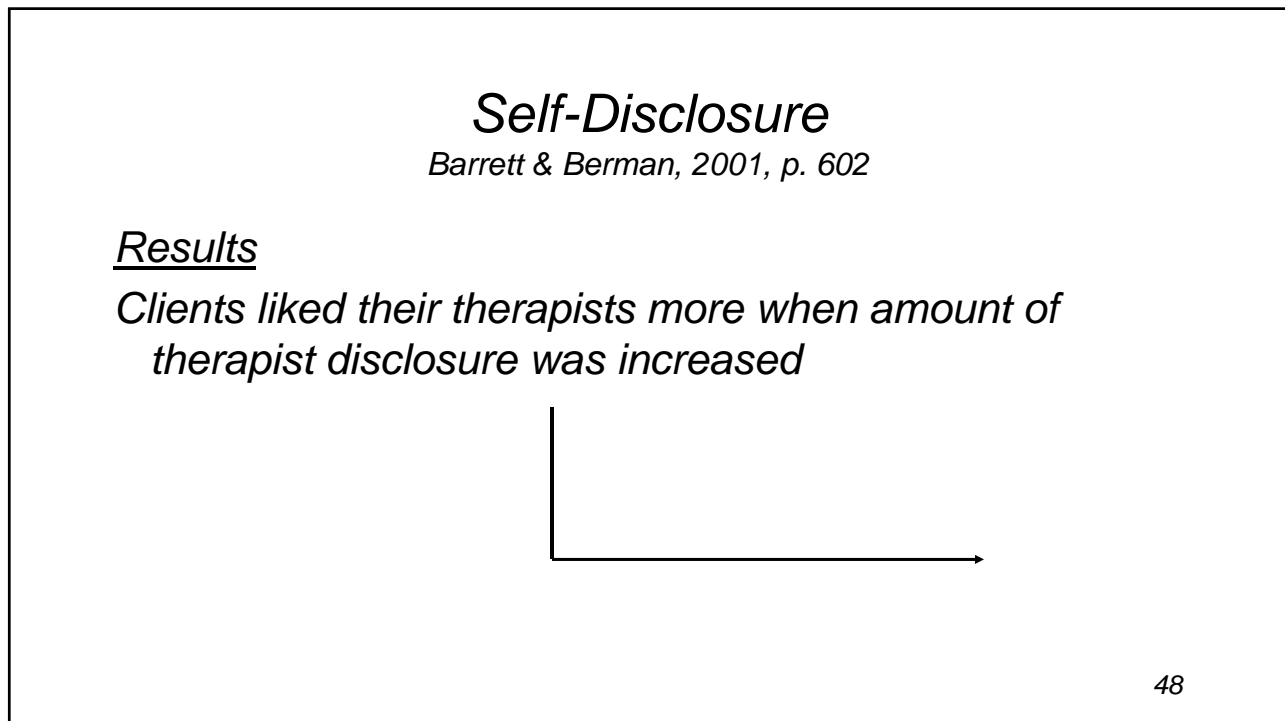
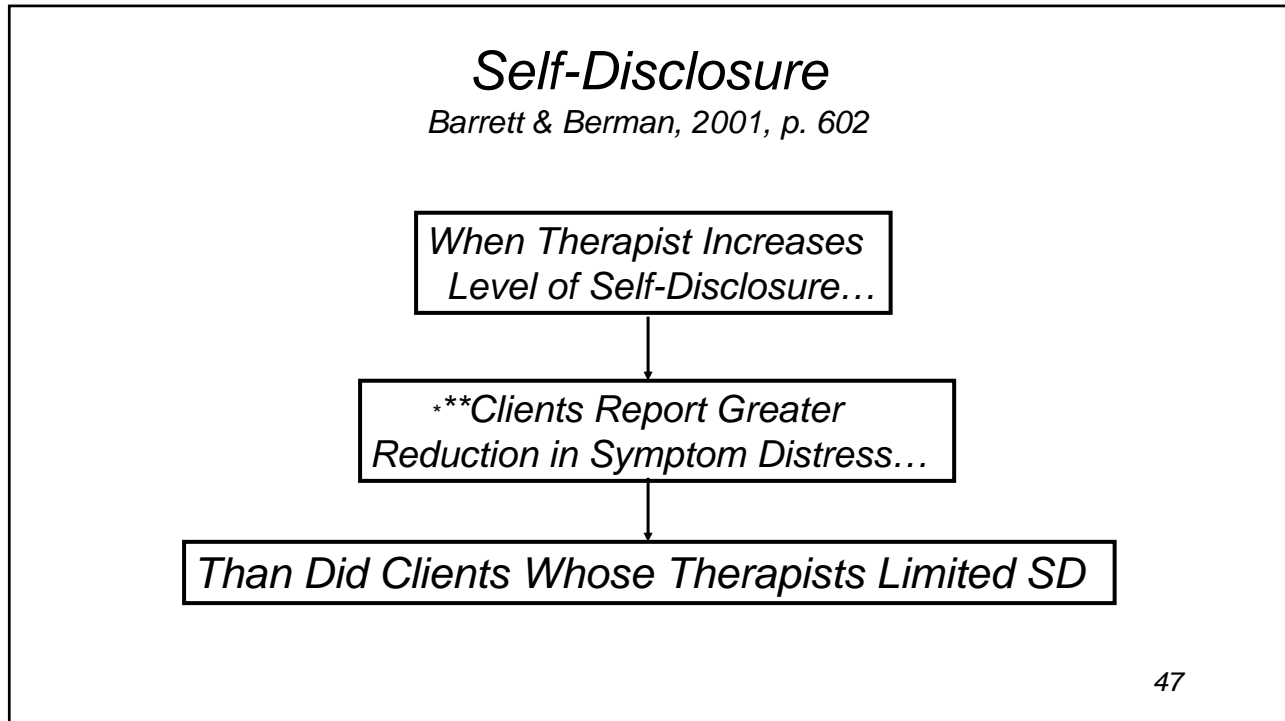
*Barrett & Berman, 2001, p. 602*

### Results

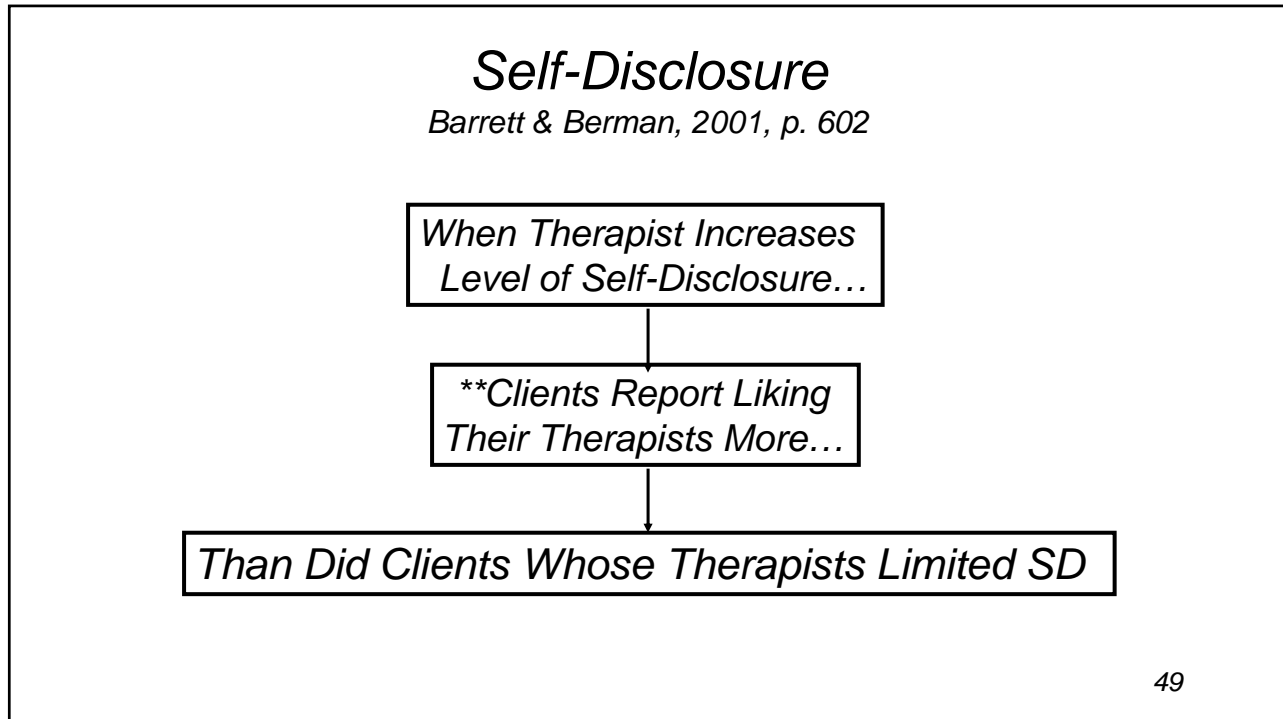
*When therapists increased levels of SD, clients reported greater reductions in symptom distress than did clients whose therapists limited their level of SD*



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**Self-Disclosure**  
*Henretty & Levitt, 2010 Barrett & Berman, 2001*

*Results Related to THERAPIST SDs*

- *SDs were brief and infrequent*
- *Approximately 5 per session*
- *Averaged < 15 seconds each*

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## *Self-Disclosure*

*Henretty & Levitt, 2010; Barrett & Berman, 2001*

### *Results Related to CLIENT SDs*

- *Far more frequent*
- *Mean of 60 per session*
- *Client disclosures dominated sessions*

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## *Diversity and Self-Disclosure*

*Cashwell et al., 2003, p. 196*

### *Guidelines*

- *Most important factor*
  - *What is client's preference and comfort level for therapist to self disclose*

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## *Diversity and Self-Disclosure*

*Cashwell et al., 2003*

### Guidelines

- *“Trial” disclosure early in therapy*
  - *Brief, client focused*
  - *Oriented around therapist’s:*
    - *Personal feelings, professional issues*
  - *Do not disclose:*
    - *Intimate information*
    - *Unrelated information*

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## *Diversity and Self-Disclosure*

*Cashwell et al., 2003*

### Guidelines

- *Watch for client reactions*
  - *Positive reactions*
    - *Leaning forward*
    - *Interested facial expression*
    - *Asking questions*

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## *Diversity and Self-Disclosure* *Cashwell et al., 2003*

### Guidelines

- *Watch for client reactions*
  - *Negative reactions*
    - *Decreased eye contact*
    - *Hostility*
    - *Disinterested facial expression*
    - *Client changing subject*

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## *Diversity and Self-Disclosure* *Burkard, Knox, Groen, Perez & Hess, 2006, p. 3*

### *Cultural Issues - Three Themes*

#### *1. Cultural mistrust*

- *People of color experience prejudice*
- *Therapist SD*
  - *“May be critical to demonstrating that the counselor is culturally sensitive, thus increasing her or his credibility and gaining the trust of the culturally different client.”*
  - *Example: Katrina support group...*

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*Diversity and Self-Disclosure*  
*Burkard, Knox, Groen, Perez & Hess, 2006, p. 4*

*Cultural Issues - Three Themes*

*2. Demonstration of sensitivity*

- *Appropriate therapist self disclosures*
  - *“...are believed to be important interventions used to convey therapist’s understanding of client frustration with oppression and racism.”*

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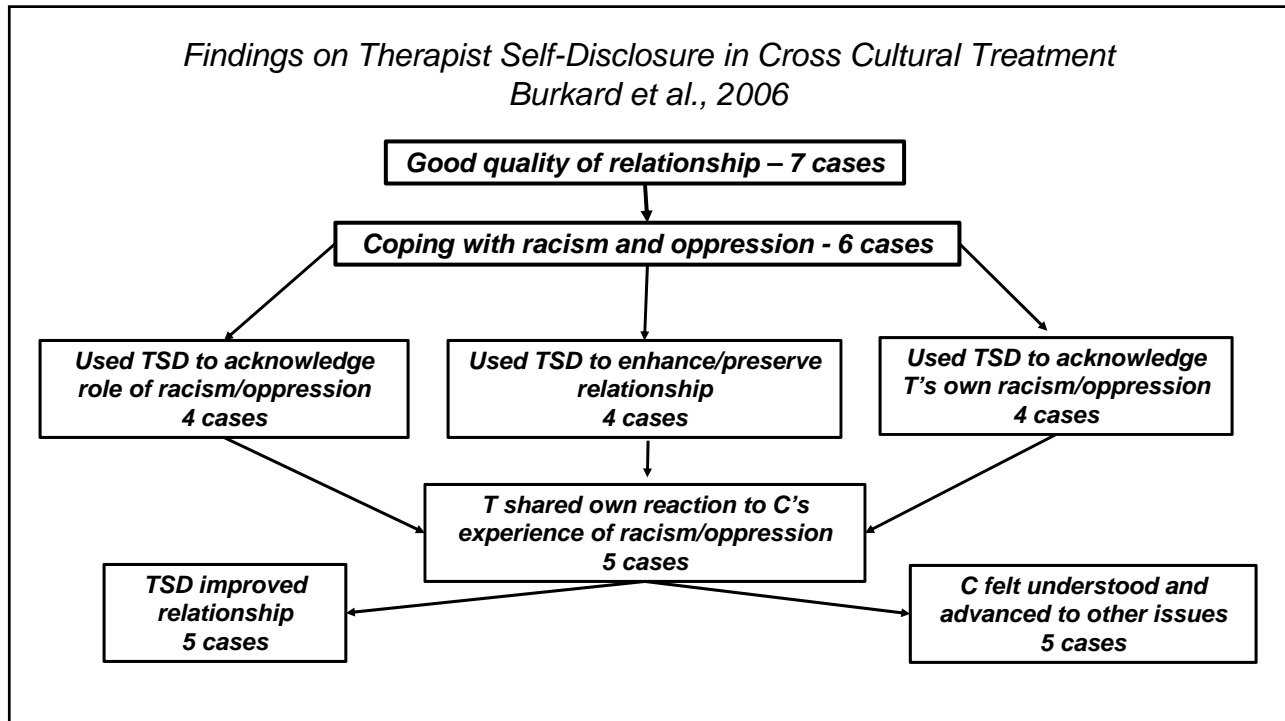
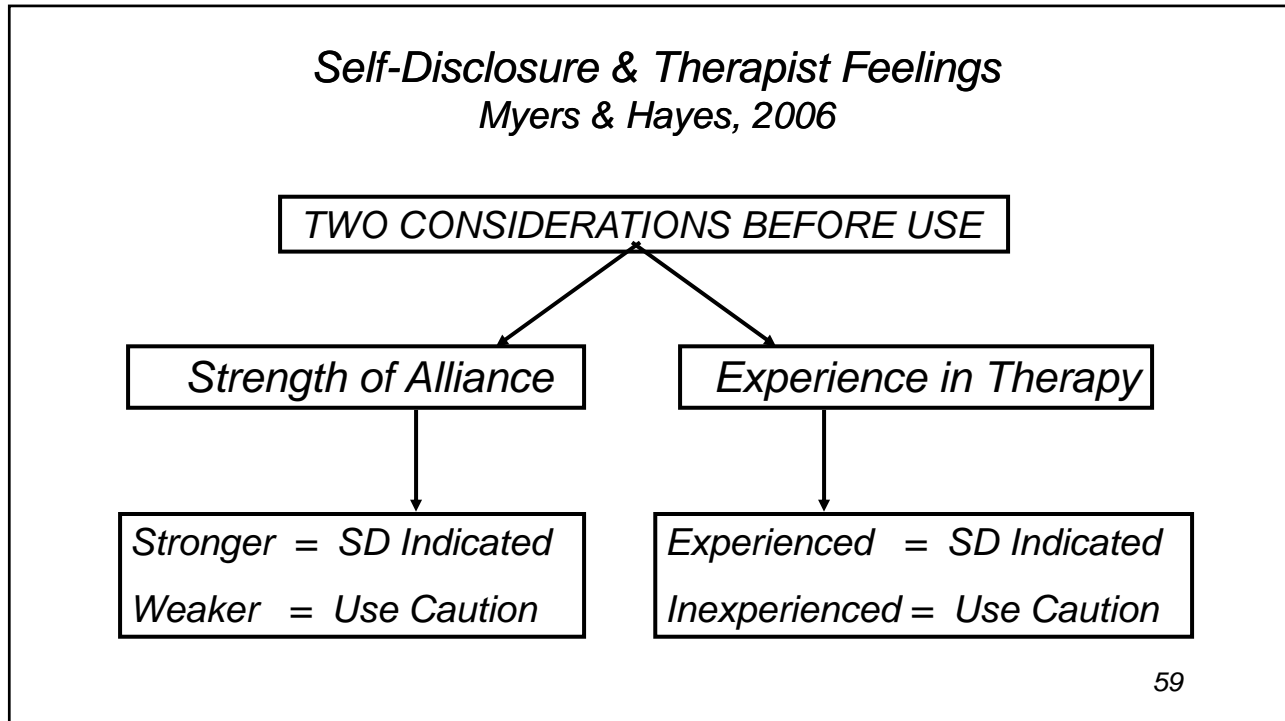
*Diversity and Self-Disclosure*  
*Burkard, Knox, Groen, Perez & Hess, 2006, p. 5*

*Cultural Issues - Three Themes*

*3. Function as a model*

- *Therapist SD*
  - *“Some clients may come from cultural backgrounds that leave them unfamiliar with psychotherapy.... In these cases, SD may be a way for therapists to model appropriate in-session behavior and to form an alliance.”*

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*Goals of Ethics  
In a Multicultural Context*

**Ethical Dilemma – Cultural Issues**

*Therapist Brown moved to a small town in an area that is very rural and has its own cultural norms. It took him several months to be even partially accepted by the locals.*

*One of his patients invited him to spend a weekend at a retreat that would include a “sweat lodge” ritual meant to create bonding and cleansing of negative energy.*

A-61

*Goals of Ethics  
In a Multicultural Context*

**Ethical Dilemma – Cultural Issues**

*Therapist Brown and his client entered the “sweat lodge” together. Upon exiting, the client told Therapist Brown it was tradition to strip down to bare skin and jump into the cold lake together with the rest of the group.*

*Therapist Brown, worried about ethical issues of multiple relationships, expressed some dismay to his client.*

A-62

*Goals of Ethics  
In a Multicultural Context*

*Ethical Dilemma – Cultural Issues*

*The client explained that if the therapist failed to participate fully in the ritual, the therapist would be seen as insulting the cultural traditions.*

*Additionally, the client explained that he would lose credibility with the group because his “friend” (his therapist) refused to participate with all the others.*

*What should Therapist Brown do?*

*What are the ethical issues?*

A-63

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

*STEP 1*

*Identify and define an ethical dilemma (1)*

*Process:*

- *What are my values*
- *What are my client’s values*
- *What are values of “stakeholders”*
  - *Supervisor; agency; family*

A- 64



*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

*STEP 1*

*Identify and define an ethical dilemma (2)*

*Process:*

- *How does cultural diversity interact here*
- *What insights does client have about this dilemma*
- *How do I feel about the dilemma*
- *What does my intuition tell me to do*

A- 65

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

*STEP 2*

*Explore context of power (1)*

*Process:*

- *What is the power differential if there is one*
- *Where am I located in the power structure*
- *Where is my client located in the power structure*

A- 66

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

**STEP 2**

**Explore context of power (2)**

*Process:*

- *How can client and therapist share ideas to solve dilemma*
- *How much should therapist self-disclose about personal thoughts about participation in event*
- *What do you notice here?*
- *How could this be done more effectively?*

A- 67

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

**STEP 3**

**Assess acculturation and racial identity development**

*Process:*

- *Where is client in process of acculturation*
- *Where am I in my own process*
- *Would self-disclosure be appropriate*
- *What do I need to do to meet my client's needs and MY needs*
- *FILM: NAMESAKE*

A- 68

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

**STEP 4**

**Seek consultation**

*Process:*

- *Who is a culturally competent consultant*
- *What are the values of my consultant*
  - *How long has consultant been working*
- *What is consultant's position in the context of power*

A- 69

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

**STEP 5**

**Generate alternative solutions**

*Process:*

- *What does my intuition dictate*
- *What are my fears and misgivings for each option*

A- 70

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

**STEP 6**

**Select a course of action**

*Process:*

- *What role has client played in decision making process*
- *What are my motives for selecting this option? What is my rationale?*
- *Have I documented my plan*

A- 71

*Multicultural Ethical Decision Making Model  
Frame & Williams, 2005*

**STEP 7**

**Evaluate the decision**

*Process:*

- *How does the decision fit with ethics code and licensing law*
- *How were cultural values included*
- *How were my own values challenged*
- *How was power used*
- *What did I learn*

A- 72

## *Sum Up Question*

*Self Disclosure is always a negative or damaging thing to do in a therapy relationship.*

*ANSWER:*

*TRUE*

*FALSE*

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## *Sum Up Question*

*What are the three primary types of Self Disclosure*

*ANSWER:*

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## *Sum Up Question*

*What are the two types of DELIBERATE Self Disclosure?*

*ANSWER:*

75

## *Sum Up Question*

*What two elements does the research suggest considering prior to using self-disclosure as a therapeutic technique?*

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