

The Journal  
of the  
Pennsylvania  
Counseling  
Association

Volume 17, Number 2, Winter 2018

Charles Jacob, Editor

## Editor

---

**Charles Jacob, Ph.D.**

Graduate School of Education  
University of Pennsylvania  
3700 Walnut Street, 3<sup>rd</sup> Floor  
Philadelphia, PA 19104  
Email: pcajournal@gmail.com  
Phone: (412) 596-3870

## Editorial Assistant

---

**Michaela Devins, M.S.Ed.**

Graduate School of Education  
University of Pennsylvania

## Editorial Review Board

---

**Diana Wildermuth, Ph.D.**

College of Education  
Temple University

**Diksha Bali, M.S.Ed.**

Graduate School of Education  
University of Pennsylvania

**Brittany Copeland, M.S.**

College of Education  
Temple University

**Renee Bi, M.S.Ed.**

Graduate School of Education  
University of Pennsylvania

**Yixuan Wang, M.S.Ed.**

Graduate School of Education  
University of Pennsylvania

**Sarah Davis, M.S.**

Community and School Based Behavioral  
Health Counseling  
Scranton Counseling Center

**Stephen DiDonato, Ph.D.**

Community and Trauma Counseling  
Program  
Jefferson University

**Abby Kretowicz, M.S.**

College of Education  
Temple University

**Nellie Scanlon, M.S.**

School of Education  
Duquesne University

**Kathryn Cioffi, M.S.Ed.**

Graduate School of Education  
University of Pennsylvania

**Yunzhi Zheng, M.S.Ed.**

Graduate School of Education  
University of Pennsylvania

---

*The Journal of the Pennsylvania Counseling Association (JPCA)* is a professional, refereed journal dedicated to the study and development of the counseling profession. The JPCA publishes articles that address the interest, theory, scientific research, and innovative programs and practices of counselors.

**Manuscript:** See inside Back Cover for Guidelines for Authors and email for manuscript submission. Manuscripts are welcomed from students, practitioners, and educators in the field of counseling.

**Advertising:** For information, contact Richard Joseph Behun. Advertising will be accepted for its value, interest, or professional application for PCA members. The publication of any advertisement by PCA is an endorsement neither of the advertiser nor of the products or services advertised. PCA is not responsible for any claims made in an advertisement. Advertisers may not, without prior consent, incorporate in a subsequent advertisement the fact that a product or service has been advertised in a PCA publication.

**Subscriptions:** Membership in the Pennsylvania Counseling Association, Inc. includes a subscription to the *Journal*.

**Permission:** Permission must be requested in writing from the Editor for reproducing more than 500 words of the *Journal* material.

**Cover Design and Graphics:** Kurt L. Kraus, Assistant Professor, Shippensburg University, Shippensburg, PA. Special thanks to Johanna Jones for the typeset.

*The Journal of the Pennsylvania Counseling Association* (ISSN 1523-987X) is a biannual publication for professional counselors. It is an official, refereed branch journal of the American Counseling Association, Inc.

© 2018 by the Pennsylvania Counseling Association. All rights reserved.

# The Journal of the Pennsylvania Counseling Association

Volume 17, Number 2, Winter 2018

Using an Intimate Partner Metaphor in Career Choice and Development <b>Paul Datti, Luke Vitagliano, &amp; Brian Wlazelek</b>	2
Too much or Not Enough: Counselor Self-Disclosure in the Treatment of Eating Disorders <b>Travis Shermer &amp; Allison Oliver</b>	11
#Trending Topics in Suicide Prevention: Advocating for Strength-Based Counseling Interventions <b>Sara Brewer &amp; Vickie Ann McCoy</b>	19
Test to Earn Continuing Education Credit	27

**Earn CE credit now for reading *JPCA* articles.**  
See test page 27

# Using an Intimate Partner Metaphor in Career Choice and Development

Paul A. Datti

Luke A. Vitagliano

Brian G. Wlazelek

Research suggests that using metaphors in counseling can assist clients in relating information from one concept to another and can be critical to thinking processes. The authors of this article apply an intimate partner metaphor to Sternberg's (1986) Triangular Theory of Love to compare/contrast career development processes; these include career attraction, unification, maintenance/change, and termination as they relate to intimate partner relationships. Practical implications for counselors and recommendations for research are provided.

*Keywords:* career metaphor, career counseling, career development

As discussed by Inkson (2004), people understand, chronicle, and plan for careers in myriad ways. Career trajectories may be shaped by status, self-actualization, or economic survival. Since careers typically encompass about one third of most people's time, they can greatly affect happiness and wellbeing. How one chooses and develops a career may be associated with life satisfaction; however, this process is not necessarily intuitive or clear. Metaphors can present individuals with opportunities to better understand, plan, and develop their careers in ways that may lead to increased satisfaction. As such, theorists and researchers have described career trajectories using various metaphors, including mountain climbing, ladders, portfolios (Otluglu, 2014), construction, journeys, encounters and relationships (Inkson, 2004), horticulture, imprisonment, and even the Wild West (El-Sawad, 2005).

Metaphors allow individuals to better understand novel concepts by relating them to familiar material. They are ubiquitous in everyday life and often critical to cognitive processes that facilitate understanding (Creed & McIlveen, 2018; Lakoff & Johnson, 1980). Metaphors allow for conceptualization of complex events through creative lenses and can simplify concepts

using ideas that are more understandable (Amundson, 1988; 1997; 2002). As Morgan (1986) noted, using metaphors to conceptualize organizations allows for a greater stretching of imagination, creating stronger insights, and developing fuller understanding of them. The same can be said for their use in understanding career processes. As noted by Buzzanell and Goldzwig (1991), "metaphors used in theoretical and contemporary discourse about careers inform how we conceptualize the career and its options" (p. 469). In the context of career counseling, metaphors can help clients understand unfamiliar concepts through familiar structures by enhancing clarity, strengthening meaning, and fostering imagination (Inkson, 2006).

The purpose of this article is to explore the application of an intimate partner metaphor to the process of career choice and development. While the *marriage* metaphor has been applied to organizational structures, office politics, and business relationships (Johnston & Hausman, 2006; Morgan, 1986; Rosenbury, 2013), it has not been extensively explored in the context of careers. Furthermore, metaphors help structure understanding of experiences, including experiences

**Paul A. Datti**, Department of Counseling and Human Services, University of Scranton, Scranton, PA; Luke A. Vitagliano, Jefferson Center for Mental Health, Wheat Ridge, CO; and Brian G. Wlazelek (Emeritus), Department of Counselor Education, Kutztown University, Kutztown, PA. Correspondence concerning this article should be addressed to Paul A. Datti, Department of Counseling and Human Services, University of Scranton, 800 Linden Street (MGH 451), Scranton, PA 18510 (email: paul.datti@scranton.edu).

© 2018 by the Journal of the Pennsylvania Counseling Association. All rights reserved.

of, and with, other people (e.g., intimacy, love); therefore, they can play relational roles in people's lives (Creed & McIlveen, 2018). Applying Sternberg's (1986) Triangular Theory of Love (TTL), the authors posit that one's path through career attraction, unification, maintenance/change, and termination can be compared to common experiences around formation and development of intimate partner relationships across the lifespan. While Sternberg's theory was originally developed to enhance individuals' understanding of their intimate relationships, the theory has been broadly cited in counseling and related literature (Bygrave, 2011) and applied to several other constructs. Bygrave, in fact, utilized scales developed by Hadley (2008) and Kelloway, Inness, Barling, Francis, and Turner (2010), which were based on Sternberg's TTL, to measure "love of the job" and its relationship to variables such as employee turnover intention and employee well-being (Bygrave, 2011, p. 3).

The TTL involves three main components: *passion, intimacy, and decision/commitment*. Sternberg (1986) defined a) passion as "drives that lead to romance, physical attraction, sexual consummation, and related phenomena (p. 119); b) intimacy as "feelings of closeness, connectedness, and bondedness in loving relationships" that foster an "experience of warmth in a loving relationship" (p. 119); and c) decision/commitment as comprising of both short and long-term decisions that one makes when identifying, pursuing, and maintaining relationships, which are predicated on one's cognitive ability to identify the possibility of a lasting and committed union. Sternberg posited that the composition of love fuses genetically inherited traits, instincts, and motivations with socially learned ideologies created through observation and experience, with the latter taking precedence in understanding the complexities of love. In this article, the authors discuss how an intimate partner metaphor of career choice and development can help people better understand their intimate relationships (or lack of) with their careers. While not all encompassing, the intimate partner metaphor explores and relates to a multitude of scenarios, including fantasies, love at first sight, dating, arranged marriages, marriages of convenience, annulments, break ups, and divorces. As the authors apply the metaphor to career choice and development, various types of love associated with Sternberg's theory are reviewed.

### **Intimate Career Partnerships Career Attraction and Unification**

#### **Fantasy**

The first step for many when considering an intimate partner is exploration of *fantasies*, as one begins to envision examples of partners based on others

in daily life or those who surface in media and stimulate imagination. As Ginzberg, Ginsburg, Axelrad, and Herma (1951) posited, in the fantasy stage of career development, children play make-believe work as they fantasize about future jobs. People, young and old, often continue to fantasize about intimate partners as well as about their careers. These fantasies may facilitate realistic appraisals of options as one entertains ideas about attractiveness, wanted qualities, and what really matters for committed unions. Career theorists have long suggested that fantasy is normal and expected in the career development process (Ginzberg et al., 1951; Super, 1990), and it is often reflective of an individual's process when considering intimate partner qualities. Reflections and daydreams about potential careers may reveal salient values in the same way that relationship fantasies provide a template for ideal partners. Often, these initial fantasies are the foundation for *infatuated love* (which Sternberg [1986] simply defined as infatuation), which is a main element leading to, and existing in, the passion component of the TTL. Trying careers on in fantasy may be a first step in identifying and exploring passion for which one(s) may fit, even though the fantasies may later yield to realities of personal resources, opportunities, and life circumstances (Ireh, 2000; Turner, 2016). Although loosely tied to real options and predicated on limited understanding of what makes for satisfying relationships, these fantasies, or infatuations, can create opportunities to consider desirable characteristics of a career *partner*.

#### **Love at First Sight**

Infatuation often encompasses "love at first sight" (Sternberg, 1986, p. 124). As with intimate partner possibilities, this can occur when one is attracted to a career based on factors outside of conscious awareness (e.g., infatuation with puppies from an early age may fuel passion for a veterinary career). As noted by Sternberg, there is little control over motivation and arousal in the passion component of love; therefore, infatuation is inherently risky, as this type of attraction and passion may or may not hold up as one develops a closeness with a career. If the infatuation fosters intimacy (emotional involvement), however, it can help individuals discern what could become long, satisfying unions, and lead to *consummate*, or complete love, which encompasses the combination of all three components, and is the kind of love for which many of us strive (Sternberg, 1986).

Alternatively, and reflective of intimate partner selection for many, some individuals enter a career path based on perceived passion and infatuation with illusions or stereotypes that do not hold up under scrutiny or extended experience (Dobrow & Heller, 2015). These fantasy notions may blind the seeker to the realities of the union, as well as to the factors that

## Intimate Partner Metaphor

would lead to a more lasting and meaningful relationship. While an initial infatuation may elicit perceived prestige and accolades associated with a career, for example, a person may ultimately find a career less than fulfilling when the reality of what it actually consists of is inconsistent with what was expected. The resulting phenomenon, according to Sternberg (1986), can be described as *nonlove*, or the absence of all components of love. Reflective of a potential intimate partnership, what began as perceived passion and *love at first sight* may quickly dissipate, the risk may not pay off, and the career may fail to manifest true intimacy or commitment.

### Dating

Although family, friends, literature, and media may seed early ideas about potential intimate partners, testing ideas about what may be satisfying is often facilitated through exploring options, otherwise known as dating. This exploration can provide individuals with information and experience to facilitate partner selection, and likewise can be an important part of career development and decision-making (Blustein, 1989; Super, 1990). Much like dating to explore intimate relationships, the process of *career dating* (e.g., volunteering, part-time work, educational pursuits, internships, etc.) can foster understanding of the elements of work that are most important. While influenced by factors such as availability of partners, motivation to explore, beliefs about capabilities, and attractiveness (Dobrow & Heller, 2015), individuals may test fantasies and desires about what meets basic needs, and, additionally, what may be satisfying at deeper levels (i.e., evokes passion). As such, the ability to explore careers and the factors that may contribute to passion and intimacy development may be associated with increased career satisfaction (Kosine & Lewis, 2008; Lent, Ezeofor, Morrison, Penn, & Ireland, 2016).

As with interpersonal relationships, good career dates tend to inspire increased interest in a career, whereas bad career dates may turn individuals off from a prospective career before deeper exploration can occur. After a first good date of completing a successful and enjoyable internship, for example, passion and intimacy for a career may flourish. Career dating may be paramount to achieving what Sternberg (1986) called *romantic love*, in which the combination of passion and intimacy are present, and physical and emotional bonding occur. Both passion and intimacy can increase with positive exposure, illustrating how fantasy can become reality. Passion, intimacy, and desire to commit can grow; thus, increasing the chances for consummate love and a stable, satisfying career. As noted by Sternberg, there is some degree of conscious control over the intimacy component. This may be indicative of less risk and more awareness of the actual realities of developing a satisfying career partnership.

Alternatively, bad dates may stifle perceived passions, hinder emotional investment, and even negate a decision to unify with a person or career. Bad dates such as struggling with courses related to a career may discourage individuals, driving them to *break up* with their career path, as the bad dates make it clear that a lasting relationship is not possible. Passion may ultimately deplete and intimacy may not develop; therefore, a decision to commit to a career relationship may yield unsatisfying results. Thus, the idea of intentional career dating, which may help to move from fantasy to reality through exploration, may allow for more informed and thoughtful decisions on whether or not to pursue one's passion, develop intimacy, and ultimately make a decision/commitment.

### Finding a Match

When searching for intimate partners, some individuals look for true love or systematically search for a compatible fit, while others unify without much thought or exploration (whether unable, unwilling, or lacking in opportunity). While possible in any scenario, the latter in particular may lead to an unfulfilling relationship that may be considered better than not having one at all but is hardly the realization of a dream. This is reflective of Sternberg's (1986) concept of *empty love*, which does not involve passion or intimacy but does involve a commitment in their absence. As suggested by Parsons (1909), it may be best if people assess themselves, as well as available career opportunities, and then find a reasonable match between the two. It logically follows that if these assessments are done first, one may have better chances of developing intimacy with a partner or a career. Knowing oneself and how personal characteristics may reflect those of a possible partner or career may elicit a better match and increase chances for romantic love. Thus, awareness of passion and understanding of emotional investment can foster more thoughtful decisions and to lead to consummate love.

Some may approach unification with intimate partners with patience and confidence, either following a specific plan or staying open to adventitious situations that can provide unexpected opportunities. Others may jump at the first available option because they are flattered by initial interest or frightened by the possibility of never finding a suitable match. The same can occur with career unification. Similar to *marrying a high school sweetheart*, individuals can develop closeness with the first job that becomes familiar and safe, and choose not to explore other options. This is similar to Sternberg's (1986) *companionate love*, or a committed friendship that works on many levels but may lack any significant level of passion. In contrast, one may trust that one is a *good catch* and hold out for a career that meets what are believed to be more important needs – such as a deeper connection. For

example, after some exploration, an individual may enter into a career that is not considered optimal but be able to develop a deeper bond with it, which can compensate for a lack of passion and ultimately turn into a long-term committed *friendship*. Companionate love works in the long-term (Sternberg, 1986), and in either case, it can allow for acceptable matches and successful careers.

Consistent with intimate partner relationships is the concept that careers tend to be more satisfying and enduring when both parties (i.e., the individual and the career) receive benefit, and there is motivation to maintain a mutually satisfying level of adjustment. Reflective of Sternberg's (1986) romantic love, this notion is reminiscent of *Career as Fit* (Inkson & Amundson, 2002; Inkson, 2004), which compares a person being fit for a career and a career being fit for a person, as suggested by Holland's (1992) Vocational Personality Model; thus, reciprocal intimacy between a person and a career can promote a better match. With continued passion, increased emotional investment, and commitment to a career, an individual can experience the intermingling of all of Sternberg's components and the achievement of consummate love. Alternatively, some do not consider the desire for a perfect match or their partner's ability to elicit passion or intimacy before making a decision or commitment. Individuals, for example, take arbitrary jobs simply for the sake of working without considering if their personal characteristics are in line with the jobs and vice versa. This approach may manifest in a career that one may not like, may not produce passion or intimacy, and may not lead to any significant level of commitment, correlating with nonlove (Sternberg, 1986).

### Arranged Partnerships

In many cases, an individual may not be free to choose an intimate partner, and a decision is arranged based on familial, social, or other external factors. Similarly, an individual's career may be pre-determined, as careers are sometimes passed down in families through generations (Inkson & Amundson, 2002; Inkson, 2004). These imposed career paths, or *arranged marriages*, may or may not be fulfilling, depending on the individual's ability to accept and adapt to the choices made by others. This could lead to empty love, and the motivation, time, and resources needed to retool later in life may or may not be available or desired, much in the same way people settle into intimate relationships that do not meet their needs. Similarly, there are various other situations in which an individual does not have the luxury of developing passion and intimacy for intimate partners, yet decisions and commitments aligning with one's values or circumstances are still made. This can be the case with career options as well, for reasons such as access to opportunity, pressing debt, citizenship, family

allegiance, etc. When the decision and commitment to unify is pragmatic, it can be considered a *marriage of convenience*. As with some intimate relationships, people sometimes experience empty love with careers that are created by circumstances out of their control but make the best of the situation.

It is important to consider that, for many, a need or desire for a job may outweigh a need or desire for an intimate partner (and vice-versa); therefore, the two are not usually inherently comparable. Despite the importance or the path taken, however, many people eventually unify with and commit to a career. For some, this comes rather easily, yet for others it can be an arduous task. Much like committing to an intimate partner, career unification often takes patience, thoughtfulness, and perseverance. While commitments happen organically in some instances, others may find that decisions are dictated more by circumstances rather than exploration, reflection, and personal choice (Lent et al., 2016).

### Career Maintenance/Change and Termination

#### Maintenance and Change

Once unification with a career occurs, many are faced with the task of maintenance or change. Like an intimate partner relationship, maintaining or changing a career commitment requires attention, awareness, and understanding. For many, it is a process of negotiation and adjustment as roles change, needs evolve, and relationship contexts shift. Those who understand the need for maintenance or change may thrive in relationships because they appreciate evolution (or consistency); however, those who do not make complementary adjustments, or those who find consistency monotonous, may end up out of step with their partners. Similarly, in a work environment, situations such as promotions, downsizing, and technological advancements may require regular adjustment to ensure the possibility of enduring satisfaction and productivity (Bayl-Smith & Griffin, 2018). Alternatively, in stable work environments in which one does not desire or need to make changes in decisions and commitments, the challenge may be to fend off boredom and monotony.

At times, however, efforts to maintain a committed relationship fail. It is also possible that interest wanes over time or a new relationship attracts attention. In any case, attention may shift from maintaining and growing a career relationship to changing or ending it. At times individuals have passion for and commit to careers they start but do not develop intimacy with them over time. This is indicative of Sternberg's (1986) concept of *fatuous love*, which involves the presence of both passion and commitment/decision, but not intimacy. Oftentimes with this kind of relationship, the initial excitement of the *engagement* is driven by

passion, and there is an expectation for commitment (Sternberg, 1986). As with some intimate relationships, people sometimes realize that *the honeymoon is over*. While some commit and stay in these fatuous relationships, others break the commitment. As suggested earlier, one possible way to avoid these types of relationships and increase knowledge of the factors that may contribute to intimacy development and satisfaction is to explore, or date, careers prior to making commitments (Ireland, 2016; Kosine & Lewis, 2008; Lent et al., 2016).

As with intimate relationships, some individuals stay too long in a career and try to sustain or revive an unfulfilling relationship that holds little hope of improvement, while others make successful adaptations. The reasons for maintaining or changing careers, and the steps taken to decide on what to do, are varied and may mirror the choices made in the trajectories of intimate partner relationships. According to Sternberg (1986), “the course of the decision/commitment component of love over the duration of a close relationship depends in large part on the success of that relationship [and vice versa]” (p. 127). Like intimate partner relationships, some careers can be overly demanding, leaving partners depleted. As noted by Sternberg, if the relationship declines, the level of commitment may reduce, and if it fails, the level of commitment may be reduced to baseline. This may occur after several decades or happen swiftly, as some careers are quickly *annulled* after recognition that the relationship was not as expected. Reality sometimes quickly fails to match fantasy, and there becomes little hope that one will ever find better balance; therefore, termination of the relationship with the career occurs. Sternberg noted that people have a high degree of control over their commitment to relationships, making them more apt to make rational decisions. These decisions can mean staying in a relationship (even if not happy), making changes to it (by either one or both parties), or ending it completely.

### Termination

Some career unions end in unwanted *divorces* (e.g., termination, layoff) in which people do not have much control. At times, people see that the end is near and can explore other options, but other times it comes as a surprise. As with intimate partnerships, career divorces can be difficult for many reasons such as dividing assets (e.g., severance), losing friendships (e.g., co-workers), managing anger, fear of not finding another fulfilling union, getting back in circulation (e.g., preparing resumes, applying for jobs), and restoring self-worth. Seeking support and processing the separation may create the possibility of a more fulfilling union in the future; however, not all can *move on* easily or recover from the emotional and economic costs of the termination.

A somewhat unique finale in the world of work compared with intimate partner relationships is a *planned termination* (e.g., retirement). Although a planned termination may be akin to preparing for the inevitable death of or divorce from a partner, it is often greeted with expectations that are more positive. Sargent, Bataille, Vough, and Lee (2011) described this phenomenon using *renaissance* and *liberation* metaphors, which they noted reflect positive outlooks on a “new, freer life in retirement” (p. 319). At the same time, retirement can represent a major life change and a redefinition of the self in the absence of the lifelong relationship that had been established. From a career perspective, Sargent et al. related this to *loss* and *detox* metaphors and suggested that retirement can result in loss of purpose and identity for some, while others may welcome the transition as an opportunity to reevaluate needs and pursue individual interests, much like the many emotions one feels upon termination of intimate relationships. Those who maintain consummate love in a career over time may struggle with the termination and may seek opportunities to continue the relationship on some level (e.g., related volunteer work), which can sustain some connection and alleviated some emptiness, much like how some partners can *still be friends* after ending an intimate relationship.

From initial exploration to final termination, the paths of careers can be compared to the courses and tasks associated with the intimate partner relationships in people’s lives. These similarities make intimate partner relationship comparisons an apt metaphor for helping clients work through the steps involved in selecting, maintaining, and leaving a career. To further illustrate the applicability of an intimate partner metaphor, consider the following case example and the counselor’s approach to assist the client with career guidance.

### Case of Mateo

*Mateo a 36-year-old man whose first marriage ended in a bitter divorce, but who now has a good relationship with his current partner. He majored in finance and was hired directly out of college at a bank, quickly becoming branch manager. He had initial passion for this career as a result of his education but did not develop intimacy with it, which resulted in a nonlove situation. He decided to make a change, citing unhappiness with the high demands of a job for which he no longer felt passion. His counselor was able to make parallels between his career relationship and his first marriage, as Mateo explained that he married his first partner quickly at the encouragement of his family and because he had initial infatuation with her beauty, much like he had initial infatuation for the money in the finance field. This helped Mateo to conceptualize past feelings, thoughts, and decisions; however, he was still faced with the dilemma of what to do next. The counselor had Mateo reflect on and describe what a*



*fulfilling, intimate partnership with another person, as well as with a career, would look like to him. What he described was reminiscent of his relationship with his current partner - having passion and mutuality in the relationship, being supported, and sharing common goals. The counselor applied parts of the intimate partner metaphor, eliciting information on various ways in which people approach and navigate their careers using intimate partner examples, including the idea of experiencing consummate love with a career, and paralleling this to his current intimate partnership. This challenged Mateo to think about how he could achieve what he wanted, and he soon became enthusiastic about his newfound conceptualization of his career trajectory. With the counselor's help, Mateo decided to transition to a start-up company, which, via research, shadowing, and interviewing (good dates), seemed much more reciprocal than his last job.*

### Discussion

Overall, professional literature supports the effectiveness of using metaphors in career planning and counseling (e.g., Amundson, 1997, 2011; Inkson, 2002, 2004) as they can serve as effective ways to appropriately address career choice, preparation, and development. Exploration of an intimate partner metaphor offers another viable tool that counselors can add to their repertoire. Although metaphors are imperfect comparisons, the many joys, trials, and tribulations of navigating an intimate partner relationship are familiar to most and can provide a useful framework to conceptualize the process of finding and maintaining a satisfying career. As Daniell (1985) suggested, intimate partner and career choices affect personal and professional development in similar ways and are related to self-image. Daniell theorized that choice of occupation, much like choice of an intimate partner, is related to both conscious and unconscious images of oneself and that relationships to one's work can correlate with personal relationships and identity. Further, an intimate partner metaphor can help individuals navigate career relationships. In Bygrave's (2011) study, for example, it was found that the *love of the job* commitment dimension predicted intention (or no intention) for turnover (i.e., leaving the job). Workers appeared less willing to leave and were more attached to organizations if they were passionate about their work and happy with their jobs. Particularly effective when applied to a related theory of love, the poignant experiences surrounding intimate relationships make them useful for some as templates in career development. Consistent with Sternberg's (1986) TTL, not only is this metaphor useful for relating familiar concepts of love to one's career, it can help individuals to better understand themselves and their interpersonal relationships as well.

### Implications and Recommendations for Practice

To help clients develop self-awareness in the process of career counseling, the intimate partner metaphor, like other metaphors, can bring viewpoints and ideas to light that were previously not considered (Amundson, 2011). Relating career choice and development to intimate partner relationships may help clients discern what they want out of a career, similar to the ways that they identify characteristics of desirable intimate partners. Understanding the likes, dislikes, values, beliefs, desires, fears, and motivations one associates with an intimate partner can be compared, and contrasted, to the many factors affecting one's career path. For some clients, these may be reflective of one another, thus giving counselors the ability to assist clients with developing identifiable goals that are personally relevant (e.g., the desire to achieve consummate love with a career in the same way they may have done with an intimate partner). Alternately, counselors can assist clients with relating careers to situations they may not have experienced with an intimate partner, yet are familiar with the concepts (e.g., if a client is stuck in a marriage of convenience with a career and wishes to make changes).

Another important factor that adds to the comprehensive nature and relevant usefulness of the intimate partner metaphor lies in the increased frequency of career changes over the past few decades (Barclay, Stoltz, & Chung, 2011; Lengelle, Meijers, & Hughes, 2016). In their discussion on narrative counseling, for example, Lengelle et al. noted that in order for many to traverse career trends in the 21<sup>st</sup> century, the ideas of construction and making meaning of them are especially important, and metaphors are often part of these narratives. Since many people have multiple intimate partner relationships throughout their lifespans as well career changes, this metaphor can provide tangible examples to give meaning to several relatable situations.

In addition to clinical counseling settings, counselor educators may be able to enrich the skills that counselor trainees require to better assess client needs in the career counseling process by using metaphors such as this (Robert & Kelly, 2010). Additionally, the use of metaphors in the clinical supervision process can promote new perspectives that may foster a broader understanding in case conceptualization (Amundson, 1988; Guiffreda, Jordan, Saiz, & Barnes, 2007; Robert & Kelly, 2010; Sommer, Ward, & Scofield, 2010). Through the use of metaphors like the intimate partner metaphor, counselor trainees can also gain insight into their own development as aspiring professionals (Guiffreda et al., 2007; Sommer et al., 2010).

### Recommendations for Research

## Intimate Partner Metaphor

Although most agree on the value of metaphors in the counseling process, there have been few empirical studies of career metaphors (Creed & McIlveen, 2018; El-Sawad, 2005). Furthermore, the concept of love for work lacks exploration and theorization, and there are few studies that look at work via a theory of love comparison (Almond, 2008). Given the array of metaphors applied to the career development process, systematic and longitudinal investigation of the effectiveness of this and other metaphors is important to understand their applicability. For example, after applying the intimate partner metaphor in career counseling sessions, counselors can perform qualitative exit interviews with clients in regard to the metaphor's effectiveness after initial implementation, and conduct follow up interviews with the same clients several years later to assess effectiveness over time. An alternative can be use of the same procedure but having one group that was provided career counseling using the metaphor and one that was not, and determining what, if any, differences may have occurred in the groups over time. Further examination of the use of metaphors in counseling and training may provide guidance regarding issues such as when and how metaphors are best applied to careers, if certain metaphors more effectively illuminate particular career constructs or processes, and how to select an appropriate metaphor based on client characteristics.

### Limitations

While there is apparent value in applying an intimate partner metaphor in counseling for career issues, it is important to acknowledge potential issues and limitations. For example, it is possible that intimate partnership experiences may be sparse or lacking for some, so as to limit applicability to career development. This may be especially true for younger individuals or those with differing levels of social functioning, who may not have much experience with or knowledge of intimate partner relationships yet are often in need of career understanding and guidance.

Another consideration with this metaphor, and in particular its relation to Sternberg's (1986) theory, is the importance of assessing client's thoughts and feelings in regard to the meaning of love and how it does or does not pertain to intimate relationships. As noted by Savickas (1991), it is not only important for counselors to encourage clients to examine their meanings of work and love, but how they can balance the two and how both relate to career choice, as these may greatly differ from person to person. It is also important to note that the intimate partner metaphor and Sternberg's theory are likely to be well understood by many; however, they may have limited, no, or very different meanings for others, depending on culture and background. In that vein, an important consideration is how many cultural variables

can interplay with use of this and other metaphors in counseling.

A person's gender identity, sexual orientation, race, ethnicity, disability, religion, socioeconomic status, geographic locale, age, and other factors may significantly influence worldview and the relevance of various metaphors in consideration of relationships and careers. The main task of using metaphors in career counseling, however, is not to make a particular metaphor fit, but rather to find metaphors that resonate with clients and that can be useful in illuminating or simplifying the more complex or unfamiliar issues that are presented. From that perspective, having a variety of examples to pick from can be valuable, and an intimate partner metaphor for career choice and development expands options and may be particularly relevant and useful at certain points in many individuals' lives.

## References

- Almond, B. A. (2008). *What's love got to do with it?: The functions and effects of work as a love object* (Order No. 3343941, Boston College). Retrieved from *ProQuest Dissertations and Theses*. (89141849).
- Amundson, N. (1988). The use of metaphor and drawings in case conceptualization. *Journal of Counseling and Development, 66*(8), 391. doi: 10.1002/j.1556-6676.1988.tb00895.x
- Amundson, N. (1997). Myths, metaphors, and moxie: The 3Ms of career counseling. *Journal of Employment Counseling, 34*(2), 76-84. doi: 10.1002/j.2161-1920.1997.tb00461.x
- Amundson, N. (2002). Coloring outside the lines: Boundary issues for counselors. *Journal of Employment Counseling, 39*(3), 138-144. doi: 10.1002/j.2161-1920.2002.tb00845.x
- Amundson, N. (2011). Active engagement and the use of metaphors in employment counseling. *Journal of Employment Counseling, 48*(4), 182-184. doi: 10.1002/j.2161-1920.2011.tb01110.x
- Barclay, S. R., Stoltz, K. B. & Chung, Y. B. (2011). Voluntary midlife career change: integrating the transtheoretical model and the life-span, life-space approach. *The Career Development Quarterly, 59*(5), 386-399. doi: 10.1002/j.2161-0045.2011.tb00966.x
- Bayl-Smith, P., & Griffin, B. (2018). Maintenance of D-A fit through work adjustment behaviors: The moderating effect of work style fit. *Journal of Vocational Behavior, 106*, 209-219. doi: 10.1016/j.jvb.2018.02.006
- Blustein, D. L. (1989). The role of goal instability and career self-efficacy in the career exploration process. *Journal of Vocational Behavior, 35*(2), 194-203. doi: 10.1016/0001-8791(89)90040-7

- Buzzanell, P. M., & Goldzwig, S. R. (1991). Linear and nonlinear career models: Metaphors, paradigms, and ideologies. *Management Communication Quarterly*, 4(4), 466-505. doi: 10.1177/0893318991004004004
- Bygrave, C. E. (2011). *The power of love: An examination of the measures, antecedents, and outcomes of love of the job*. Retrieved from ProQuest Dissertations and Theses. (879824492).
- Creed, A., & McIlveen, P. (2018). Metaphor identification as a research method for the study of career. *International Journal for Educational and Vocational Guidance*, 18(1), 27-44. doi: 10.1007/s10775-017-9345-2
- El-Sawad, A. (2005). Becoming a 'lifer'? Unlocking career through metaphor. *Journal of Occupational and Organizational Psychology*, 78(1), 23-41. doi: 10.1348/0963117904X22917
- Daniell, D. (1985). Love and work: Complementary aspects of personal identity. *International Journal of Social Economics*, 12(2), 48-55. doi: 10.1108/eb013989
- Dobrow, R. S., & Heller, D. (2015). Follow your heart or your head? A longitudinal study of the facilitating role of calling and ability in the pursuit of a challenging career. *Journal of Applied Psychology*, 100(3), 695. doi: 10.1037/a0038011
- Ginzberg, E., Ginsburg, S. W., Axelrad, S., & Herma, J. L. (1951). *Occupational choice: An approach to a general theory*. New York: Columbia University Press. doi: 10.1080/00131725109341444
- Guiffreda, D. A., Jordan, R., Saiz, S., & Barnes, K. L. (2007). The use of metaphor in clinical supervision. *Journal of Counseling and Development*, 85(4), 393-400. doi: 10.1002/j.1556-6678.2007.tb00607.x
- Hadley, C.N. (2008). What does it mean to love a job? Ideas and implications. In R. Burke & C. L. Cooper (Eds), *The long work hours culture: Causes, consequences, and choices*, (pp. 37-60). UK: The Emerald Group Publishing Limited.
- Holland, J. L. (1992). *Making vocational choices: A theory of vocational personalities and work environments* (2nd ed.). Odessa, FL: Psychological Assessment Resources.
- Inkson, K., & Amundson, N. (2002). Career metaphors and their application in theory and counseling practice. *Journal of Employment Counseling*, 39(3), 98-108. doi: 10.1002/j.2161-1920.2002.tb00841.x
- Inkson, K. (2004). Images of career: Nine key metaphors. *Journal of Vocational Behavior*, 65(1), 96-111. doi: 10.1016/S0001-8791(03)00053-8
- Inkson, K. (2006). Protean and boundaryless careers as metaphors. *Journal of Vocational Behavior*, 69(1), 48-63. doi: 10.1016/j.jvb.2005.09.004
- Ireh, M. (2000). Career development theories and their implications for high school career guidance and counseling. *The High School Journal*, 83(2), 28.
- Johnston, W. J., & Hausman, A. (2006). Expanding the marriage metaphor in understanding long-term business relationships. *The Journal of Business & Industrial Marketing*, 21(7), 446-452. doi: 10.1108/08858620610708939
- Kelloway, E., Inness, M., Barling, J., Francis, L., & Turner, N. (2010). Loving one's job: Construct development and implications for individual well-being. *Research in Occupational Stress and Well-Being*, 8, 109-136. doi: 10.1108/S1479-3555(2010)0000008006
- Kosine, N., & Lewis, M. (2008). Growth and exploration: Career development theory and programs of study. *Career and Technical Education Research*, 33(3), 227-243. doi: 10.5328/CTER33.3.227
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.
- Lengelle, R., Meijers, F., & Hughes, D. (2016). Creative writing for life design: Reflexivity, metaphor and change processes through narrative. *Journal of Vocational Behavior*, 97, 60. doi: 10.1016/j.jvb.2016.07.012
- Lent, R. W., Ezeofor, I., Morrison, M. A., Penn, L. T., & Ireland, G. W. (2016). Applying the social cognitive model of career self-management to career exploration and decision-making. *Journal of Vocational Behavior*, 93, 47. doi: 10.1016/j.jvb.2015.12.007
- Morgan, G. (1986). *Images of organization*. Thousand Oaks, CA: Sage Publications.
- Otluoğlu, K. Ö. (2014). Conceptualizing career phenomena: Using metaphors. *Ege Akademik Bakis*, 14(2), 221-230.
- Parsons, F. (1909). *Choosing a vocation*. Boston, MA: Houghton Mifflin.
- Robert, T., & Kelly, V. A. (2010). Metaphor as an instrument for orchestrating change in counselor training and the counseling process. *Journal of Counseling and Development*, 88(2), 182-188. doi: 10.1002/j.1556-6678.2010.tb00007.x
- Rosenbury, L. (2013). Work wives. *Harvard Journal of Law and Gender* (36), 345-404.
- Sargent, L. D., Bataille, C. D., Vough, H. C., & Lee, M. D. (2011). Metaphors for retirement: Unshackled from schedules. *Journal of Vocational Behavior*, 79(2), 315-324. doi: 10.1016/j.jvb.2011.03.002
- Savickas, M. L. (1991). The meaning of love and work: Career issues and interventions. *Career Development Quarterly*, 39(4), 315-324. doi: 10.1002/j.2161-0045.1991.tb00299.x
- Sommer, C. A., Ward, J. E., & Scofield, T. (2010). Metaphoric stories in supervision of internship: A qualitative study. *Journal of Counseling and*

## Intimate Partner Metaphor

*Development*, 88(4), 500-507. doi: 10.1002/j.1556-6678.2010.tb00052.x

Sternberg, R. J. (1986). A triangular theory of love. *Psychological Review*, 93(2), 119-135. doi: 10.1037/0033-295X.93.2.119

Super, D. E. (1990). A life-span, life-space approach to career development. In D. Brown, L. Brooks, & Associates (Eds), *Career choice and development: Applying contemporary theories to practice*, (2nd ed.), 197-261. San Francisco: Jossey-Bass.

Turner, J. D. (2016). Career dream drawings: Children's visions of professions in future workscapes. *Language Arts*, 93(3), 168-184.

# Too Much or Not Enough: Counselor Self-Disclosure in the Treatment of Eating Disorders

Travis W. Shermer

Allison Oliver

This qualitative inquiry explored counselor self-disclosure regarding personal eating disorder history from the counselors' perspective. Content analysis of counselor ( $N = 20$ ) responses to open ended questions yielded four themes: (a) Conditions of Disclosure, (b) Benefits to Clients and Therapeutic Process, (c) Content of Self-Disclosure, and (d) Professional Identity. The findings lend support for the clinical utility of self-disclosure in the treatment of eating disorders.

*Keywords:* Eating disorders, self-disclosure, professional counseling

The specialized treatment of eating disorders (ED) can take different forms, and there is no single intervention that is clearly superior to another (Parikh, Somberg, Bellace, & Halmi, 2014; Stein & Latzer, 2012). Treatments are increasingly comprehensive (e.g., Depestele & Vandereycken, 2012; Stein & Latzer, 2012); however, they typically do not directly address the role of self-disclosure. The present study will explore the experiences of counselors utilizing self-disclosure in the treatment of clients with EDs.

## Counselor Self-Disclosure

It is common for counselors to make use of self-disclosure in practice (Henretty, Currier, Berman, & Levitt, 2014); however, there are several factors that may impact the level of self-disclosure on behalf of the counselor. Hill and Knox (2002) concluded that approximately 70% of counselors used some form of self-disclosure with clients, but novice counselors may still be caught unprepared when a client requests personal information from the counselor (Bottrill, Pistrang, Barker, & Worrell, 2010). Through training and supervision, these emerging professionals often gain further insight and familiarity with self-disclosure. Research suggests that theoretical orientation is a major factor that influences counselors' decision to self-disclose (e.g., Barnett, 2011; Farber, 2006; Ziv-Beiman,

2013). Edwards and Murdock (1994) explored the amount of disclosure across six theoretical orientations and rank ordered them from most conservative to most liberal: (a) analytic, (b) eclectic, (c) cognitive, (d) other, (e) behavioral, and (f) humanist.

The role of self-disclosure has varied over the history of counseling. Freud viewed self-disclosure as irrelevant to the psychoanalytic approach, which emphasized the importance of transference (Arlow, 2005). In order for this process to occur, the analyst needed to maintain a high level of anonymity upon which clients could transfer their unconscious material. In this context, personal disclosure could potentially interfere with the therapeutic processes. As a result, early psychoanalytic practice involved the counselor remaining largely unknown to the client. Later, this analytic ideal was challenged by the rise of humanism (Farber, 2006). Rogers (1957), a prominent humanist, wrote about self-disclosure that, "...within the relationship he (the counselor) is freely and deeply himself, with his actual experience accurately represented by his awareness of himself (pg. 97)." Similarly, the existential theorist Yalom (1980), suggested that self-disclosure of immediate present reactions was a method to bring the counselor more fully into the counseling relationship.

**Travis W. Schermer**, Department of Psychology and Counseling, Carlow University. Allison Oliver, HPA/LiveWell, Albany, NY. Correspondence concerning this article should be directed to Travis W. Schermer, Department of Psychology and Counseling, Carlow University, 3333 Fifth Ave., Pittsburgh, PA 15213 (email: twschermer@carlow.edu). We would like to thank Tiffany Merritt for providing peer review during the qualitative data analysis.

© 2018 by the Journal of the Pennsylvania Counseling Association. All rights reserved.

Ensuing orientations were generally less conservative than the analytic camp, yet more reserved than the existential-humanist sect. For example, cognitive theory emphasized the importance of building rapport with clients and indicated that self-disclosure should be used “judiciously” to support that process (Beck, Rush, Shaw, & Emery, 1979, p.52). The theoretical concern was that clients, because of their negative beliefs about themselves, may misinterpret counselor disclosures (e.g., the client’s insecurities might be unintentionally reinforced by the counselor’s disclosures about experiences in session). Similarly, the behaviorist tradition has also been judicious in its application of disclosure, viewing it as a form of modeling to support client growth (i.e., showing clients how to express themselves in relationships; Farmer & Chapman, 2008).

### Qualities of Self-Disclosure

Farber (2006) noted that self-disclosure varies by intent (intentional vs. unintentional) and type (factual vs. self-involving). Intentional disclosure is a thoughtful and purposeful transference of information about oneself, while unintentional disclosure may be done without forethought or design (e.g., body language, utterances, office decor). Factual disclosure involves the transmission of facts or information about oneself (e.g., age, marital status, parental status) and self-involving refers to the immediate or recently-past experience of the client or therapeutic process. Zur (2009) delineated similar categories of self-disclosure, using the labels deliberate and non-deliberate/unavoidable (pp.32-33).

The preponderance of research to date has examined intentional types of self-disclosure (e.g., Burkard, Knox, Groen, Perez, & Hess, 2006; Edwards & Murdock, 1994; Hill & Knox, 2002). Henretty and Levitt (2010) recommended the following five topics of self-disclosure (a) personal demographic content (e.g., education, marital status); (b) thoughts and feelings about the therapeutic relationship; (c) admission and correction of therapeutic mistakes and practices; (d) past personal difficulties that have been resolved; and (e) similarities with the client. They cautioned counselors about disclosing a history of particular disorders, which is particularly germane to the present work, as that may have a deleterious impact on the counseling relationship. By contrast, Somers, Promerantz, Meeks, and Pawlaw (2013) found that potential clients were more attracted to counselors who had experienced similar problems. However, this recommendation did not account for any of the literature on ED treatment. The latter is still open to discussion and is the focus of the present study.

### Eating Disorders and Self-Disclosure

When self-disclosure is applied to the treatment of ED, the decision to disclose increases in complexity. Practicing clinicians may have negative attitudes about counselors with personal histories of ED who treat clients with ED (Bloomgarden, Gerstein, & Moss, 2003; Bloomgarden & Mennuti, 2009), and questions about whether or not a counselor is “recovered” or recovered enough. Counselors must consider the impact of self-disclosure on both the counseling relationship and their professional reputation.

Bloomgarden, Gerstein, and Moss (2003) surveyed counselors at a clinic specializing in ED and found that 44% had a personal or family connection with ED. Their survey also revealed that 67% of counselors used some form of self-disclosure with clients. In contrast, Barbarich (2002) found lower numbers of counselors with a history of ED. In a sample of 399 clinicians, 27.3% ( $n = 109$ ) of respondents endorsed a diagnosis of ED. The gender breakdown depicted 33.2% of women and 2.3% of men indicating that they had an ED.

Limited research has explored self-disclosure’s impact on outcomes in the treatment of individuals with ED (Daly, 2014; Jacobs & Nye, 2010; Simonds & Spokes, 2017). Costin and Johnson (2002) examined the policies of ED organizations and treatment centers across the nation, but failed to find any formal guidelines, written policies, or preferred position regarding self-disclosure. By contrast, Fairburn, Cooper, Shafran, and Wilson (2008) asserted that self-disclosure of a psychiatric disorder is not acceptable for counselors, notably for those counselors with a history of ED. Simonds and Spokes (2017) examined the use of counselor self-disclosure in the treatment of ED. Their study included a wide range of self-disclosure types that were examined in connection to therapeutic alliance. The findings supported the use of self-disclosure in the treatment of ED, but did not directly address clinician self-disclosure of an ED. Even amongst colleagues, having a history of ED can be difficult to disclose (Bloomgarden, Gerstein, & Moss, 2003). Bloomgarden and Mennuti (2009) found that clinicians would consider that the information might be shared with colleagues and result in professional consequences.

The present study explores the views of counselors who have chosen to disclose their personal histories of ED to clients, colleagues, or both. The choice to disclose is important given the prevalence of ED in this population (Barbarich, 2002; Bloomgarden, Gerstein, & Moss, 2003). The guiding research question for the present study is, “How do counselors with a personal history of an ED view their self-disclosure to clients or colleagues?”

### Methodology

The present study utilized a short answer qualitative style of data collection. This approach allowed participants to retain a high degree of

autonomy, which was considered necessary given the negative attitudes in the field about recovering counselors (Bloomgarden, Gerstein, & Moss, 2003; Bloomgarden & Mennuti, 2009). The data was analyzed using the grounded theory approach delineated by Auerbach and Silverstein (2003) and utilized external peer consultation. The study was approved by the institutional review board of the host university and all records were maintained on a secure computer or in a locked filing cabinet.

### Participants

Twenty mental health clinicians provided information about their views and experiences with self-disclosure of personal ED. Of the participants, 19 (95%) identified as women and one (5%) identified as male. The demographic information collected focused on the professional background of the participants. There were five social workers (25%), five psychologists (25%), four mental health counselors (20%), three marriage and family therapists (15%), one psychiatrist (5%), one psychotherapist (5%), and one psychoanalyst (5%). All 20 of the participants had disclosed their history of ED. Four individuals disclosed only to colleagues (20%), four disclosed only to clients (20%), and 12 disclosed to both clients and colleagues (60%). Additional demographic information, such as race and religion, were not collected for the present study.

### Instrumentation

Participants provided short essay responses to five questions. The questions were posted on a web-based survey site, the link to which was sent to potential participants. The five questions included (a) "If you have chosen to disclose your personal history, under what conditions did you decide to make this disclosure?" (b) "If you have chosen to self-disclose, what aspects of your personal history and eating disorder did you share? (e.g., diagnosis, treatment, recovery, past/previous diet and exercise)." (c) "Have you ever regretted your decision to disclose your eating disorder history? Please describe why or why not." (d) "If you have chosen not to disclose your personal history, has there been a time when you considered disclosure? If yes, please specify." and (e) "What impact do you think your disclosure or nondisclosure has had on your relationship with clients/colleagues?"

### Procedure

Participants were solicited through the researchers' professional connections in the local mental health community. Coordinators of ED clinics and professors at local universities were contacted about the study via email. They were given a brief introduction to the study

and a link to the site where participants could access the questions and provide their answers. The coordinators and professors forwarded the email to clinicians who counseled clients with ED. It is not known whether or not the coordinators and professors had any knowledge of the participants' history of ED.

When participants accessed the survey site online they were presented a copy of the informed consent, to which they would indicate agreement. Questions were then provided about gender, professional identity (i.e., psychologist, social worker, mental health counselor, etc.), and history of self-disclosure. This was followed by the five questions indicated previously, which were accompanied by blanks for short essay answers. There was no limit set on how much participants were allowed to type into the response blanks.

### Data Analysis

The participants' responses to the questions provided the data for the analysis, which was largely informed by Auerbach and Silverstein (2003). While interviews are more commonly associated with this type of data analysis (Hays & Wood, 2011), there have been other qualitative counseling studies that have successfully utilized written responses (e.g., Mellin, Hunt, & Nichols, 2011). The researchers maintained reflective journals throughout the data analysis process as a form of self-analysis and bracketing (Tufford & Newman, 2012), which were shared with one another during data analysis meetings. The researchers wanted to ensure that they were being aware of the assumptions that they were projecting onto the data, while simultaneously attempting to suspend their own judgments where possible (Hays & Wood, 2011).

The researchers started by journaling on their assumptions and expectations about the data (Silverstein, Auerbach, & Levant, 2006). They then engaged in the coding process described by Auerbach and Silverstein (2003). The researchers independently reviewed the data through multiple readings of the responses, during which time they took notes about the repeating ideas that were present in the data. Next, the researchers shared repeating ideas and worked to consolidate those into themes, initially independently and then in collaboration. These themes were then converted into theoretical constructs, which involved consolidating the themes into descriptive summaries of the construct. Finally, the original data was reintegrated into the constructs to create a theoretical narrative. The researchers revisited the bracketing they had done throughout the process and discussed how these may have impacted the analysis.

The final step in the analysis was to conduct a peer consultation for the analysis, which is one way to establish trustworthiness in a qualitative study. The researchers employed a graduate student evaluator who had received training in qualitative research methods.

When comparing themes, the external consult's findings were largely similar to that of the researchers. The final results were influenced by the consultant's feedback and consensus amongst the researchers and the reviewer.

### Social Location

We believe that all research is value-laden, thereby requiring us to be transparent about what views we bring to the research process. This practice of social location is coupled with journaling in order to increase reflexivity throughout data analysis phase of the study (Auerbach & Silverstein, 2003; Silverstein, Auerbach, & Levant, 2006). I (T.S.) am a Caucasian male counseling professor in my mid-thirties and I have been in the profession since 2004. I have limited experience in the treatment of individuals with ED, but my personal life has been impacted by ED. In regards to self-disclosure, I make frequent use of self-involving self-disclosure and minimize factual self-disclosure. As a counselor educator and supervisor, I stress caution to new counselors when using factual self-disclosures until they gain a better sense of the therapeutic relationship.

I (A.O.) am a Caucasian female in my mid-twenties and have been practicing as a counselor since spring 2013. While I am a relatively new professional in the field, my personal life has been impacted by ED and I am uncertain about my stance on self-disclosing that information to clients. As a young counselor, I question if and when it is appropriate it is to share this type of factual information with clients.

## Results

### Theme One: Conditions of Disclosure

Although the conditions surrounding personal disclosure varied, there were similarities that can be found amongst the counselors' responses. Six counselors stated they were reluctant to volunteer any personal information and disclosed only when asked directly by their client. "If asked, I answer truthfully, but only rarely, have I volunteered the information." Likewise, many counselors described disclosure as a selective process. "I selectively choose to disclose to colleagues I trust and know me well... In regards to clients, again I selectively tell clients who I am treating who have EDs that I have recovered." They were discreet when sharing personal information and spent a great deal of time considering its potential impact on the counseling process as a whole. "I do not do it often and ONLY after careful thought." On the other hand, the results also included responses from counselors who have chosen to be more public and more willing to share personal history. Disclosing in both an individual and group setting, one participant described her ED

history as "fairly 'open' knowledge." Six participants stated they have referenced their struggles with food in public forums. This included print (e.g., books, magazines, newspapers), on the internet via personal/professional websites, at conferences, and during training programs. Appearing on television to speak about her "painful path to full recovery," one counselor even described herself as a "media spokesman for eating disorders."

Whether public or private, the "best interest of the client" was a re-emerging theme when discussing conditions of disclosure. Over 60% of counselors indicated their "disclosure is always in service of the client's treatment." Prior to the actual disclosure, many statements stressed that the counselors chose to reveal their personal history *only* if they strongly believed it would be beneficial to the therapeutic process as a whole. "Anytime I have disclosed it was always in the best interest of the client. If I chose NOT to disclose this was also in the best interest of the client." They predicted their disclosure would help create a greater sense of safety, trust, openness, and honesty. "It has only helped build a better trust with the client" and "makes them feel safer with me." One counselor stated that she has "seen this work 99% of the time in building trust between myself and the client." Moreover, disclosure is also used to provide additional reassurance that they can relate to their clients' problems and understand the unique struggles of an ED. "It helps them know I have been there" and "really get it about what they're going through."

Many counselors also anticipated that their disclosure would ultimately be a source of hope and help motivate discouraged clients. "Many clients come in hopeless and I can offer hope with my disclosure." As one counselor stated, "When a client feels she/he will never recover, I want to offer more than a space for feelings." Another counselor explained that she felt her disclosure demonstrated the "chance for freedom in their life like they cannot even imagine." Likewise, many counselors indicated they have chosen to disclose because they believe their personal histories can be used as evidence that recovery is possible. In their experiences, disclosure was seen as a "relief that recovery really happens" and "hope that change is possible."

In summary, the conditions for self-disclosure seemed to be a consensus for these respondents. Notably, counselors would typically self-disclose in a conservative manner, only if it seemed in the best interest of the client or therapeutic relationship, and to help foster a sense of hope. If these conditions were not met, the counselors would keep their personal histories out of the clinical setting.

### Theme Two: Benefits to Clients and Therapeutic Process



The majority of counselors stated they perceived their personal disclosure as beneficial to the client and the therapeutic process as a whole. "It has enhanced the impact I have on clients and the depth of our work." As predicted by many of the counselors, their disclosure had a positive impact on the therapeutic relationship and resulted in a greater sense of safety, trust, openness, and honesty. After disclosing their personal history, many counselors indicated their clients were more willing to express their inner thoughts, feelings, fears, and beliefs. "With ED clients, disclosure seems to give the clients permission to open up more. It has always served to deepen where the client will go." Clients also reported feeling less ashamed regarding their ED and were more willing to engage in treatment. One counselor stated that she thinks "knowing my history mitigates shame and makes them (the clients) more open to treatment, and to being candid in treatment." Likewise, another counselor explained that disclosure "has helped de-shame the eating disorder by seeing that I, someone they trust and look up to, could have some of the same thoughts about food and my body that they have." Their personal information was proof that recovery is possible and motivated a client to work (or to continue to work) for a life that is ED free. In essence, "disclosure can make others feel more comfortable, and feel like an ED can be healed."

In revealing their personal histories, counselors also hoped to reassure clients they can relate to their experiences and truly understand the unique struggles associated with ED. "It helps in building trust that I 'have been there and done that' and so I understand." Therefore, it's not surprising that some counselors who have disclosed also believe they are seen as more "credible." "They see my health and often tell me I am believable in the counsel I provide." In fact, the survey responses indicated that some clients specifically look for counselors who are public about their own recovery. "Clients have sought me out because of my own recovery and frequently share that it helps them feel motivated."

### **Theme Three: Content of Self-Disclosure**

In regards to the content of disclosures, the responses varied greatly. Some counselors were more conservative and purposely chose to offer fewer details. These counselors repeatedly stated that they "try to leave it general," "don't share specifics," and "include as little detail as possible." In an effort to make things "cleaner," "safer," or "create distance," they explained that they are purposely vague when speaking about their own ED history. Common responses made by these counselors included simple statements such as "I was previously in treatment," "I was successfully treated" or "I am presently in recovery." Likewise, counselors also indicated they are cognizant of their word choice and terminology when speaking with their

clients. For these counselors, they were careful not to disclose their specific diagnoses or reference symptomatology. "I don't share specifics such as weight or the specific trigger that caused the ED (trauma). I also don't share the diagnosis or specific treatment I did." In regards to ED behaviors, another counselor stated, "I do not share any past experiences with how I restricted food or handle exercise. I try to leave it general."

A number of counselors (25%) also indicated that they share specific tips and techniques they used during their own treatment and recovery. They believed this information could be potentially useful to clients and other professionals. For example, one counselor indicated she disclosed her diagnosis, treatment history, and current recovery. It is important to note that it remains unclear as to the exact specifics of the counselors' disclosures. Due to the survey's anonymity, follow-up questions are not possible, therefore clarification was not possible.

### **Theme Four: Professional Identity**

Although only a limited number of counselors made specific references to identity (35%), it was apparent from several responses that there were different perspectives on its role in their identity. A number of counselors stated they continue to be public about their ED. "I include my personal recovery in my professional biography." They reported feeling that it has a major influence on their professional identity, is a source of credibility, and the two cannot be separated. "I've written about my previous binge-eating problems and recovery in my books and on my website, so clients and colleagues generally know about my history with food. My personal recovery is part of who I am professionally as a therapist and author." However, one counselor remained adamant that her ED is completely separate from her professional role. She expressed a refusal to define herself by her past experiences with food and has made it a priority not to do so personally or professionally.

### **Discussion**

The present study sought to explore the experiences of counselors self-disclosing personal histories of ED to their clients or colleagues. Twenty participants provided responses concerning self-disclosure, 16 of whom disclosed to clients. This high proportion of disclosure is not surprising in the context of previous work on self-disclosure (Bloomgarden, Gerstein, & Moss, 2003; Hill & Knox, 2002).

Respondents noted that the decision to self-disclose was made intentionally and was only done after careful consideration. While not as conservative as Freud (Arlow, 2005) nor as liberal as Rogers (1957), counselors thoughtfully weighed the decision to share

and its impact on the therapeutic relationship, akin to the cognitive model (Beck, Rush, Shaw, & Emery, 1979). The present study did not assess the theoretical orientation of respondents, but a cognitive framework is commonly involved in the treatment of ED (e.g., Fairburn, Cooper, Shafran, & Wilson, 2008), which may have been influential in the respondents' decisions to disclose.

Respondents indicated that one goal of self-disclosure was to create a sense of safety in the therapeutic setting. This type of relational safety is common when considering self-disclosure and can be helpful in the therapeutic space (Henretty & Levitt, 2010; Lane, et al., 2001). Bloomgarden, Gerstein, and Moss (2003) indicated that clients may prefer working with counselors who have a personal history of ED. Such a disclosure might be perceived as being more knowledgeable or more empathic for the client's current concerns, creating a sense of similarity and an overall beneficial relationship (Henretty & Levitt, 2010).

According to the respondents, self-disclosure can reduce the shame that clients might experience and enhance the connection between client and therapist. Self-disclosure has been implicated in normalizing the therapeutic experience (Lane, et al., 2001), as well as in supporting an open and trusting relationship (Farber, 2006; Jourard, 1971; Lane, et al., 2001; Rogers, 1957; Simonds & Spokes, 2017). Self-disclosure can be influential in reducing the deleterious impact of the disorder (Barrett & Berman, 2001).

The depth and detail of the self-disclosure varied considerably across respondents. Some addressed diagnosis only, while others shared treatment history. Regardless of the specifics of the disclosure, the content itself was a way to evidence a commonality with the client. This type of self-disclosure has been evidenced as highly effective in general (Henretty & Levitt, 2010), but has not been founded in the ED literature. Some of the content the respondents disclosed to clients highlighted experiences or practices that worked in their personal recovery. This may have been one of providing alternative perspectives about a problem (Lane, et al., 2001). From the professional perspective, there was a mix of reservation and openness about self-disclosure to colleagues. A number of respondents expressed some concern that their peers would negatively evaluate them, which is a sentiment that has been expressed in the counseling field (Bloomgarden, Gerstein, & Moss, 2003; Bloomgarden & Mennuti, 2009). As a result, there were some respondents who expressed concern about protecting themselves from such adversity (Bottrill, Pistrang, Barker, & Worrell, 2010). There were some, however, who indicated that their identity as a counselor was closely tied to their history of having an ED. This self-disclosure would occur in the therapeutic setting, the professional setting, and on the Internet (Zur, 2009).

## Limitations and Implications for Future Research

The present study informs counselors who specialize in the treatment of ED about the use of self-disclosure. While the findings are not sufficient to establish firm guidelines for practice, they do offer support for the use of self-disclosure in the treatment of ED. Additionally, the results offer insight into further areas of study, which may bring greater clarity to this issue. This study contributes additional support to efforts in formalizing guidelines around self-disclosure at the institutional level (Costin & Johnson, 2002). The conditions for disclosure and the benefits are particularly relevant, as they outline some of the intended goals for the self-disclosure. However, the content of the self-disclosure still lacks some clarity and needs to be explored further in future research.

While the findings inform the field regarding the counselor's choice to self-disclose, it does not address the impact of the self-disclosure on the client. How the client experiences the counselor's self-disclosure may provide further insight to inform the counselor about the utility of sharing their past struggles with ED. This is a vital link in the present work and clinical application, which is particularly important for counselor educators and supervisors training new counselors. The literature suggests that counselors should be cautious when considering factual self-disclosure, such as a history of a mental health disorder, because of the impact on the client (Henretty & Levitt, 2010). However, the present findings may temper this caution, as it appears that clinical experiences in the field vary considerably. While counselors need to exercise discretion, it is important to discuss how a personal history of a diagnosis can influence the therapeutic relationship. In particular, the disclosures that relate to ED may have utility in the treatment of clients. Future research needs to address this limitation, which may assist in concretely establishing best practices around self-disclosure.

Finally, there are limitations in the sampling procedure, which utilized a snowball strategy. This could result in similar views about disclosure, theoretical orientation, or other extraneous variables. These similarities may have narrowed the diversity of views presented by this study. Future research could solicit respondents through professional organizations or groups that specialize in ED treatment.

## Conclusion

The present study was aimed at understanding counselors' decision to self-disclose their personal history of an ED. The findings suggest that many counselors engage in this type of self-disclosure in their practice and do so with caution. Particularly, they focus on the benefit to the client. The exact content of self-

disclosure is unclear, but counselors in the present study indicated that they often share their diagnosis and certain aspects of their recovery to clients and colleagues. For some counselors, their personal history of ED was intimately linked with their professional identity as a therapist and provided information about this aspect of their identity in various environments (e.g., in session, on websites, in books or blogs).

This research provides support for counselors to consider this type of self-disclosure, but it does not address the experiences of clients receiving this information. As such, caution should be exercised when making use of these types of self-disclosures. Further research is required to establish and promote more specific guidelines to the practice of disclosure in the treatment of ED.

## References

- Arlow, J. A. (2005). Psychoanalysis. In R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (pp.15-51). Belmont, CA: Thomson Brooks/Cole.
- Auerbach, C. F. & Silverstein, L. B. (2003). *Qualitative Data: An introduction to coding and analysis*. New York: New York University Press.
- Barbarich, N. C. (2002). Lifetime prevalence of eating disorders among professionals in the field. *Eating Disorders: The Journal of Treatment & Prevention*, 10(4), 305-312. doi:10.1080/10640260214505
- Barnett, J. E. (2011). Psychotherapist self-disclosure: Ethical and clinical considerations. *Psychotherapy*, 48(4), 315-321. doi:10.1037/a0026056
- Barrett, M. S., & Berman, J. S. (2001). Is psychotherapy more effective when therapists disclose information about themselves? *Journal of Consulting And Clinical Psychology*, 69(4), 597-603. doi:10.1037/0022-006x.69.4.597
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive Therapy of Depression*. New York: Guilford Press. doi:10.1016/b978-0-12-404480-7.50012-5
- Bloomgarden, A., Gerstein, F., & Moss, C. (2003). The last word: A "recovered enough" therapist. *Eating Disorders*, 11(2), 163. doi:10.1080/10640260390199370
- Bloomgarden, A. & Mennuti, R. B. (2009). Lessons learned from adolescent girls. In A. Bloomgarden & R. B. Mennuti (Eds.), *Psychotherapist revealed: Therapists speak about self-disclosure in psychotherapy* (pp.101-114). New York: Routledge.
- Bottrill, S., Pistrang, N., Barker, C., & Worrell, M. (2010). The use of therapist self-disclosure: Clinical psychology trainees' experiences. *Psychotherapy Research*, 20(2), 165-180. doi:10.1080/10503300903170947
- Costin, C., & Johnson, C. L. (2002). Been there, done that: Counselor's use of personal recovery in the treatment of eating disorders. *Eating Disorders*, 10(4), 293-303. doi: 10.1080/10640260214506
- Daly, S. B. (2014). The intersubjective experience of the physical body in the clinical setting of eating disorders. *Clinical Social Work Journal*, 44(1), 47-56. doi:10.1007/s10615-014-0475-4 doi:10.1007/s10615-014-0475-4
- Depestele, L. & Vandereycken, W. (2012). Families around the table: Experiences with a multi-family approach in the treatment of eating-disordered adolescents. In Y. Latzer & D. Stein (Eds). *Treatment and Recovery of Eating Disorders* (pp.149-156). New York: Nova Science Publishers, Inc.
- Edwards, C. E. & Murdock, N. L. (1994). Characteristics of therapist self-disclosure in the counseling process. *Journal of Counseling and Development*, 72(4), 384-389. doi:10.1002/j.1556-6676.1994.tb00954.x
- Farber, B. A. (2006). *Self-Disclosure in Psychotherapy*. New York: Guilford Press.
- Farmer, R. F. & Chapman, A. L. (2008). *Behavioral interventions in cognitive behavioral therapy: Practical guidance for putting theory into action*. Washington, DC: American Psychological Association.
- Fairburn, C. G., Cooper, Z., Shafran, R., & Wilson, G. T. (2008). Eating disorders: A transdiagnostic protocol. In D. H. Barlow (Ed), *Clinical Handbook of Psychological Disorders* (4th Ed). New York: Guilford Press
- Hays, D. G. & Wood, C. (2011). Infusing qualitative traditions in counseling research designs. *Journal of Counseling and Development*, 89(3), 288-295. doi:10.1002/j.1556-6678.2011.tb00091.x
- Henretty, J. R. & Levitt, H. M. (2010). The role of therapist self-disclosure in psychotherapy: A qualitative review. *Clinical psychology review*, 30, 63-77. doi:10.1016/j.cpr.2009.09.004
- Henretty, J. R., Currier, J. M., Berman, J. S., & Levitt, H. M. (2014). The impact of counselor self-disclosure on clients: A meta-analytic review of experimental and quasi-experimental research. *Journal of Counseling Psychology*, 61(2), 191-207. doi:10.1037/a0036189
- Hill, C. E. & Knox, S. (2002). Self-disclosure. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 255-265). London: Oxford University Press.
- Jacobs, M. J., & Nye, S. (2010). The therapist's appearance and recovery: Perspectives on treatment, supervision, and ethical implication.

- Eating Disorders*, 18(2), 165-175. doi: 10.1080/10640260903585649
- Jourard, S. M. (1971). *The transparent self*. New York: Van Nostrand Reinhold.
- Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling and Development*, 89, 140-147. doi:10.1002/j.1556-6678.2011.tb00071.x
- Parikh, P, Somberg, C. J., Bellace, D., & Halmi, K. (2014). Inpatient psychiatric treatment of adolescents and adults with eating disorders. In V. M. Fornari & I. F. Dancyger (Eds). *Evidence Based Treatments for Eating Disorders: Children, Adolescents and Adults* (pp.129-141). New York: Nova Science Publishers, Inc.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103. doi:10.1037/h0045357
- Silverstein, L. B., Auerbach, C. F., & Levant, R. F. (2006). Using qualitative research to strengthen clinical practice. *Professional Psychology: Research and Practice*, 37(4), 351-358. doi: 10.1037/0735-7028.37.4.351
- Simonds, L. M. & Spokes, N. (2017). Therapist self-disclosure and the therapeutic alliance in the treatment of eating problems. *Eating Disorders*, 25(2), 151-164. doi: 10.1080/10640266.2016.1269557
- Somers, A. D., Pomerantz, A. M., Meeks, J. T., & Pawlow, L. A. (2013). Should psychotherapists disclose their own psychological problems? *Counseling and Psychotherapy Research*, 14(1), 249-255. doi: 10.1080/14733145.2013.860996
- Stein, D. & Latzer, Y. (2012). Introduction: Treatment strategies in eating disorders: An overview. In Y. Latzer & D. Stein (Eds). *Treatment and Recovery of Eating Disorders* (pp.1-14). New York: Nova Science Publishers, Inc.
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work: Research and Practice*, 11(1), 80-96. doi:10.1177/1473325010368316
- Yalom, I. (1980). *Existential Psychotherapy*. New York: Basic Books.
- Ziv-Beiman, S. (2013). Therapist self-disclosure as an integrative intervention. *Journal of psychotherapy integration*, 23(1), 59-74. doi: 10.1037/a0031783
- Zur, O. (2009). Therapist self-disclosure: Standard of care, ethical considerations, and therapeutic context. In A. Bloomgarden & R. B. Mennuti (Eds.), *Psychotherapist Revealed: Therapists speak about self-disclosure in psychotherapy*. New York: Routledge.

# #Trending Topics in Suicide Prevention: Advocating for Strength-Based Counseling Interventions

Sara Brewer

Vickie Ann McCoy

In examining effective adolescent suicide prevention strategies, it is important to understand how current cultural trends are shaping future research. In recent years, practitioners have noticed that popular culture and social media have had an influence on youth culture, and vulnerability factors of adolescents are changing in both frequency and intensity. The authors of this article have summarized recent research pertaining to current trends in the field, particularly that which favors strength-based intervention strategies. The resulting work is a call for advocacy to facilitate comprehensive and culturally-sensitive interventions which can be applied successfully in a variety of settings that serve adolescent populations.

*Keywords:* adolescent, suicide prevention, pop culture

Nearly 45,000 individuals in the United States successfully completed suicide attempts in 2016 (American Foundation for Suicide Prevention [AFSP], 2016). Perhaps even more overwhelming to practitioners is the data that suggest that for each completed suicide, there were at least 25 attempts, as evidenced by the fact that almost 500,000 individuals in the United States were treated for injuries related to self-harm in 2016 (AFSP, 2016). Even with the best efforts of a variety of helping professionals who distribute data and preventative information every year, U.S. national suicide rates continue to rise overall and suicide is still recognized as a global health priority; albeit an entirely preventable one (WHO, 2017b).

Counselors strive to find effective ways to address the seemingly contradictory premises that suicide is both preventable, yet remains the *second*-leading cause of death for young adults aged 15-29, behind only road traffic injuries (World Health Organization [WHO], 2017a; 2017b). In a 2015 study by the Centers for Disease Control and Prevention [CDC], researchers found that 17% of surveyed students reported seriously considering suicide during the 12 months prior. This number does not include other students who may have chosen not to disclose their suicidal ideation. Thus, in recommending the implementation of suicide prevention programs, the World Health Organization (WHO) advocates for school-based interventions, including

follow-up care and community support (2017b). WHO is not alone in this recommendation, as researchers have consistently sought to demonstrate the efficacy of school-based suicide prevention programming (Katz et al., 2013; Surgenor, Quinn, & Hughes, 2016; Torcasso & Hilt, 2017). No-suicide behavioral contracting, for example, was once considered a deterrent in mental health and school settings (Hansen et al., 2012), but practitioners are now seeking more effective strategies. New facets of suicide research indicate that adolescent access to media and varying forms of technology may impact their vulnerability to factors that may trigger suicidal ideation (Robinson et al., 2016). Cyberbullying, for example, is a relatively recent phenomenon for which adult counselors, who are not digital natives, may have to seek new strategies for greater understanding and effective preventative and remedial plans. Media in popular culture, such as the recent Netflix hit *13 Reasons Why*, (Yorkey, 2017; based on the book with the same title by Jay Asher) can also influence adolescents by either glamorizing mental illness, encouraging bullying or other destructive behaviors, suggesting that suicide can be a way for the victim to have the final say, or giving the illusion that suicide is a method of hurting those who contributed to the pain of the suicidal adolescent. Though these messages are not necessarily the intent of author Jay Asher (2007) or the show

Sara Brewer and Vickie Ann McCoy, Department of Counselor Education, West Chester University of Pennsylvania. Correspondence concerning this article should be directed to Sara Brewer, 10810 Winchester Street, Waldorf, MD 20603 (email: sara.janine811@gmail.com).

© 2018 by the Journal of the Pennsylvania Counseling Association. All rights reserved.

producers, recent opinion pieces have suggested that these are some of the takeaways reported by teens (Gilbert 2017; Howard, 2017; Sloan, 2017).

To address these concerns, and respond to the discourse proliferating on blogs, on message boards, and in hallways, these authors aim to examine and summarize the current issues in the discussion of adolescent suicide prevention, with the hope of compiling data in support of strength-based interventions. Instead of approaching suicide prevention in schools with the traditional scare tactic of statistics and subsequent reactive methodology, continuing research may point to a more future-oriented approach, with an emphasis on adolescent connectedness. For example, instead of placing the discourse emphasis on the act of suicide itself, professionals and parents alike may wish to advocate sooner and help define the reasons to *keep living*, and thus participate in a healthier, more positive discourse that contributes to effective prevention at the ideation stage.

### Existing Practices: Where Were We?

#### No-Suicide Contracts

In recent decades, no-suicide contracting has become a highly-debated issue in the counseling field. As a form of behavioral contracting, no-suicide contracts are essentially agreements between a mental health professional and a client, involving a pledge to refrain from self-harm for a certain period of time. No-suicide contracts may also outline detailed plans for the client to implement in lieu of following urges to self-harm, and they often include a resource list and personal contacts. No-suicide contracts have been researched in various settings including schools, higher education, outpatient facilities, hospitals, etc. (Miller, 1990). Overall, however, there is a lack of quantitative data supporting effectiveness. The existing research varies widely, consisting primarily of qualitative, anecdotal, observational data and clinician opinion.

Advocates of no-suicide contracts have argued that this pledge offers a sense of control to a client, contributes to a stronger therapeutic relationship between counselor and client, and may assist in setting short-term goals for the client (Drew, 1999; Stanford, Goetz, & Bloom, 1994). If used appropriately, no-suicide contracts may improve communication and can contribute to a more comprehensive treatment outcome. In addition to these potential direct benefits for clients, practitioners benefit when these contracts also document proof of treatment planning and demonstrate more thorough suicide risk assessment practices (Clark, 1998).

Professionals who cautioned against no-suicide contracts have stated that this practice may upset the client if it is offered too early or if too much emphasis is placed on it. Further, they argue that clients may

become reluctant to share honestly with their counselors if the contract is violated in any way. For example, violations may include instances of expressed ideation, or non-lethal self-harming behaviors. If used, it is essential that no-suicide contracts are paired with other therapeutic methods, as using the contract alone may place the client at increased risk and hinder the therapeutic process. Additionally, counseling professionals should be aware that contracts do not prevent malpractice lawsuits, and the client is under no legal obligation to follow through with a contract (Miller, 1990; 1999).

More recently, best practice suggests that professionals move toward crisis response, treatment statements, and safety planning, as opposed to contracting (McMyler & Prymachuk, 2008; Rudd, Mandrusiak, & Joiner, 2006;). These methods do not place such a heavy emphasis on a contractual obligation, and are more useful with a variety of clients at different stages of treatment. Like the Safety Planning Intervention (SPI) in emergency departments, which has been deemed a best practice by the Suicide Prevention Resource Center (Stanley & Brown, 2012), these approaches focus on client strengths and utilize more flexibility in various counseling settings, which likely include adolescent populations. This variability in safety planning, such as the use of motivational interviewing in planning with high-risk adolescents (Czyz, King, & Biermann, 2018), allows for tailored intervention that can reach clients most effectively.

#### School-Based Intervention

Perhaps the most wide-reaching intervention strategies have been those based in school settings. Since the 1980s, the number of programs incorporated into middle and high-school curricula have increased greatly, to varying degrees of success in both rates of ideation/action and competency in identifying warning signs (Surgenor, Quinn, & Hughes, 2016). Systematic reviews of intervention programs have identified different types of curricula, including education/awareness, gatekeeper, peer leadership, skills training, and screening/assessment (Katz et al., 2013). These interventions and resources, such as Erbacher, Singer, & Poland's *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention* (2015), can target both students and professionals.

Research detailing various suicide prevention programs in school settings has outlined both obstacles and recommendations. For example, one obstacle noted is the apathy that many adolescents display when presented with conversations about their own mortality. Developmentally, they may not be ready to accept that something like this could happen to them or someone they know (Davis, Sandoval, & Wilson, 1988). Perhaps one of the most difficult obstacles for counselors to

overcome is the social stigma and other implications associated with suicide prevention, such as cultural stereotyping, suicide as a means of social manipulation, contagion effects, and other hurdles (Miller & DuPaul, 1996). Another obstacle to effective prevention programming can be the legal implications of programs, whereby a *catch-22* can often exist – in which a school can be implicated for not having adequate prevention programs but also chastised for intrusive and un-academic curricula (Miller & DuPaul, 1996).

Fortunately, school-based programs tend to result in more help than harm. The Signs of Suicide™ Prevention (SOS) program, for example, was one of the first to demonstrate a lower rate in self-reported suicide attempts (Aseltine & DeMartino, 2004). Programs such as Surviving the Teens™ Suicide Prevention and Depression Awareness Program (King, Strunk, & Sorter, 2011) and Project SOAR (King & Smith, 2000) have also been shown to contribute to both student and counselor competencies in identifying risk factors, warning signs, and referral strategies. Thus, a recent group of recommendations for school-based programs, compiled by Surgenor, Quinn, & Hughes (2016), proposes (1) using longer-term strategies, (2) having an awareness of contextual factors, (3) using clearly-defined outcomes, (4) using preparatory phases, (5) employing flexible design and delivery, (6) using expert facilitators, (7) limiting restrictions on issues addressed, (8) avoiding over-emphasis on risk factors, (9) using varied and interactive delivery, and (10) evaluating the program regularly (pg. 420-422). In prevention programming, there remains a wide range of flexibility in program topic and design. This variety of options may prove beneficial when considering diversity factors, as well as age and development levels of students.

### **#TrendingTopics: Where Are We?**

Counselors are called to be multiculturally competent in interactions with others (American Counseling Association, 2014; American School Counselor Association, 2016). Thus, many practitioners have concerns about effectively navigating the new digital culture while considering concurrent cultural norms, and simultaneously advocating for suicide prevention plans that will be appropriate in consideration of both. More specifically, digital natives – those born amidst the unlimited access to technology – have developed a set of norms and guidelines to form a culture that operates on a unique worldview. As counselors, it is vital to approach this digital culture as they would other cultural differences; by doing their best to understand these differences and connect with the children and adolescents who interpret the world through a digital lens – even if digital immigrants have biases about this particular culture. This *culture-infused* approach to understanding digital natives and their

unique worldviews will aid in reaching digital natives more effectively by closing that gap between generations that seems to emerge when we resist focus on the cultural impact of technology (Hoffman, 2013).

### **13 Reasons Why**

Recently, the release of a Netflix series entitled *13 Reasons Why* focused conversation around the aftermath of an adolescent's premature death. In the program's fictional narrative, a collection of tape recordings highlights the teen's tumultuous final days, and details specific events involving peers and adults in and around the school system. The tapes provide the 'reasons' for the suicide, as the student perceives them. The individuals who receive the tapes react in differing ways as they hear about the pain that they caused and/or ignored. Season 2 of the popular series is set to release in late 2018, so it is anticipated that the conversation, which ignited after the first season released in March 2017, will continue to stir up strong and varied reactions from audiences (Edit: since completion of this manuscript, Netflix has released the show's second season and are currently in production for a third). The controversy that emerged after the initial release of *13 Reasons Why* was ultimately no surprise to professionals. Such a stark and graphic portrayal of teenage suicide lead to a mixed reception from concerned parents, seasoned professionals, and students themselves. The initial reactions were primarily critical, but the conversation also yielded thought-provoking arguments in favor of the timeliness of this meaningful conversation about an oft-silenced topic. Advocates for these programs argue that realistic graphic content is nothing more than a portrayal of what kids are seeing in their real world context (Gilbert, 2017).

Paralleling this conversation, general research on suicide has indicated increased risk due to a contagion effect (Swanson & Colman, 2013). The risk ranges from mild to severe, and is attributed to adolescent tendencies toward inflated ego (Miller & DuPaul, 1996), as well as societal glamorization of death. As an example, *13 Reasons Why* presents the protagonist's suicide as a solution – essentially, what she perceived as the most effective response to the mass of problems she faced. Regardless of whether individual counselors, educators, parents, and others are for or against adolescent viewing of *13 Reasons Why* and similar programming, some argue that discussion around suicide and self-harm with adolescents – including how to cope – is valuable (Howard, 2017).

### **Social and Legal Implications**

In discussion of the implications of language choices, critics of the Millennial generation are concerned that the anonymous nature of online communication has desensitized younger people to the

power of the words they use. Some attribute this language apathy to an online culture where one can easily dissociate from their true self, using levels of aggression that they, perhaps, would not be comfortable with offline (Hoffman, 2013). Even with social movements and professional advocacy efforts aimed at changing vernacular, recent court cases have demonstrated that this issue is ongoing and legally complicated as well (Zavala, 2017). In a groundbreaking 2017 court ruling involving a Massachusetts teenager who encouraged her boyfriend's suicide, the accused was held legally responsible for his death and was charged with involuntary manslaughter (Zavala, 2017, p. 3). Subsequently, lawmakers have begun to reconsider the definition of 'manslaughter' and whether or not the urging of a suicide should fall under that classification. Unfortunately, the complexities of law and freedom of speech have prevented unanimous re-structuring of policies across the U.S. Despite the ruling of the Massachusetts case, the encouragement of suicide is not currently punishable by law in most states; however, more and more legislative entities have taken stands on issues of bullying and stalking (Dearen, 2018; Schweber & Foderaro, 2016).

### Social Media

In recent years, social media use by adolescents has been a focus of research, and has been shown to impact adolescents' cognitive and emotional development (Vandenbosch & Eggermont, 2016; Vossen & Valkenburg, 2016). Social networking sites/apps such as Facebook™, Twitter™, Instagram™, and SnapChat™ are often introduced at a young age, and in many households, the use of such apps is not supervised. When not properly supervised, adolescents may fall victim to cyberbullying, or become the bullies themselves. Though adolescents naturally have an inflated sense of ego, social media has the ability to create the very feelings of insecurity that can fuel malicious online (or in-person) bullying behavior (Vandenbosch & Eggermont, 2016; Weinstein, 2017). Pop culture media portrayals in films like *Cyberbully* (Prupas & Binamé, 2011) exemplify the impact that real-life social media use can have on younger adolescents.

In addition to the aforementioned dangers of social media, researchers have proposed benefits of social media use in suicide prevention efforts (Cohen & Hoffner, 2016; Rice et al., 2016; Robinson et al., 2016). Although the ability to 'hide behind a screen' proves to be a difficulty in anti-bullying efforts, online resources may be more accessible for hard-to-reach students who feel more comfortable communicating with others from behind the perceived safety of a device. Anonymity, to a certain extent, allows adolescents to engage and connect with other students who may be having similar

experiences, without the added pressure of revealing specific details (Robinson et al., 2016). Furthermore, technology allows for the widespread distribution of resources to students and communities which would not otherwise have access to such information. A number of mental health nonprofit groups have been founded online and provide effective outreach to an otherwise underserved audience (Crisis Text Line, 2018; JED Foundation, 2018; To Write Love on Her Arms, 2018). Accessibility of resources is enhanced through social media, and thus increases the likelihood that an adolescent can find resources appropriate to the individual situation.

More healthy collaboration between professionals in several fields (educators, mental health clinicians, school counselors, technology companies, etc.) will be needed in order to outline the most appropriate social media practices for suicide prevention. As with most mental health initiatives, there are many variables that need to be considered. Thus, as research emerges on the topic, practitioners have become more creative in finding ways to use social media for good (Robinson et al., 2016). By highlighting and strengthening positive interventions, more effective online-based suicide prevention practices can be formulated.

### Strength-Based Interventions: Where Are We Headed?

Mirroring postmodern trends in the helping professions in general, suicide prevention research is shifting the discussion toward a future-oriented, strength-based approach (Ohlmann, Kwee, & Lees, 2014; Rieger, Peter, & Roberts, 2015). Rather than continuing to focus on reactive strategies and a seemingly outdated prevention curriculum in the schools, professionals are widely advocating for comprehensive interventions that emphasize positive strengths and alternative coping skills (Katz et al., 2013; Miller & DuPaul, 1996; Surgenor, Quinn, & Hughes, 2016). Instead of asking adolescents to articulate why they should not kill themselves, counseling can borrow from a more positive psychological strategy (Seligman, 2011) which may prove more effective overall, and ask them instead to state their reasons for living.

Future-focused techniques pay homage to a more holistic model of mental health, and promote well-being through identification of positive interventions or coping skills (Ohlmann, Kwee, & Lees, 2014). As opposed to problem-focused intervention, future-focused intervention reinforces the idea that the past may always shape a capacity for change and improved well-being. While these authors do not suggest that antecedents and existing conditions are not worthy of investigation, they do suggest that perhaps the primary focus of interventions moving forward should address changes towards health and a positive future.



Perhaps the most important facet of strength-based interventions is the utilization of resiliency. Resiliency can be defined as an individual's internalized ability to strive for and maintain health despite varied types of barriers (Ohlmann, Kwee, & Lees, 2014). As Luthar, Cicchetti, & Becker (2000) further define it, resiliency can be a "dynamic process encompassing positive adaptation within the context of significant adversity" (p. 1). This process can include the development and presence of coping skills, especially when facing the issue of suicide.

### Culturally Sensitive Approaches

As with many mental health interventions, there is not a *one size fits all cultures* solution to the suicide problem. While the bulk of research in adolescent suicide trends has been centered on individuals of European-American descent (Joe, Canetto, & Romer, 2008) rates of suicide among different ethnic groups have shown to vary as a result of different patterns of behavior and context factors (p. 355-356). For example, prevalent stressors for African Americans can include racism and discrimination, and deindustrialization leading to economic and social disadvantage. Meanwhile, stressors for American Indian and Alaskan Native youth can include geographic isolation, subsequent limitations on education and employment, and elevated rates of alcohol and drug-dependence disorders. Next, Asian American and Pacific Islander youths may experience stressors related to cultural shame, value conflict related to Western ideals, and stress related to immigration procedures. Finally, Latino adolescents may experience stressors involving familial obligations and expectations, value conflict related to Western ideals, and often traumatic immigration experiences (Goldston et al., 2008).

Thus, in developing suicide prevention resources for adolescent populations, it is of the utmost importance to research and develop effective practices for various cultures. Goldston et al. (2008) argue that more research is needed in culturally-sensitive prevention. Across most ethnic minority groups, there are underlying differences in realms of acculturation/enculturation, familial roles, collectivism vs. individualism, religion, definitions of stress, stigma, and help-seeking behaviors. Future research should be oriented towards interventions that increase culturally-relevant protective factors and reduce those aforementioned risk factors. More research is also needed on current prevention programs and whether or not they prove helpful for adolescents of different ethnic backgrounds (Goldston et al., 2008, p. 26).

### Conclusion

Like many emerging topics in our field, considering the intersection between popular media,

digital culture and suicide prevention is more theoretical than fully-constructed at this time. Though the literature points us in a strong direction with the suggestion of considering strength-based interventions for adolescent suicide prevention, there is a clear need for more comprehensive research, instrument development, and subsequent intervention. Measurements such as the Reasons for Living-Young Adult (RFL-YA) form seem promising (Linehan, Goodstein, Nielsen, & Chiles, 1983), but little validation research on effectiveness has been conducted (Rieger, Peter & Roberts, 2015). There is evidence that reasons-to-live instruments have historically been correlated with lower levels of suicidal ideation (Connell & Meyer, 1991; Ellis & Lamis, 2007; Pinto, 1998; Wang, Lightsey, Pietruszka, Uruk, & Wells, 2007). Thus, strength-based interventions that highlight resiliency factors bode well for suicide prevention. Still, more empirical research is greatly needed to compile support for such interventions, as well as to help develop age, gender, and culture-specific techniques. It is the hope of these authors that our brief summary of this area will spur the conversation to research, instrument development, and interventions that move this topic from conceptual to practical, in order to meet the needs of a new generation.

### References

- American Counseling Association. (2014). *2014 ACA Code of Ethics*. Alexandria, VA.
- American School Counselor Association. (2016). *ASCA Ethical Standards for School Counselors*. Alexandria, VA.
- American Foundation for Suicide Prevention. (2016). *Suicide statistics*. Retrieved from <https://afsp.org/about-suicide/suicide-statistics/>
- Aseltine, R., & DeMartino, R. (2004). An outcome evaluation of the SOS suicide prevention program. *American Journal of Public Health, 94*(3), 446-51. doi: 10.2105/AJPH.94.3.446
- Asher, J. (2007). *13 reasons why*. London: Penguin Books.
- Centers for Disease Control and Prevention. (2015). *Suicide: Facts at a glance* [PDF format]. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf>
- Clark, D.C. (1998). The evaluation and management of the suicidal patient. In P.M. Kleespies (Ed.), *Emergencies in mental health practice: Evaluation and management* (pp. 75-94). New York: Guilford Press.
- Cohen, E.L., & Hoffner, C. (2016). Finding meaning in a celebrity's death: The relationship between parasocial attachment, grief, and sharing

- educational health information related to Robin Williams on social network sites. *Computers in Human Behavior*, 65, 643-650. doi: 10.1016/j.chb.2016.06.042
- Connell, D.K., & Meyer, R.G. (1991). The reasons for living inventory and a college population: Adolescent suicidal behaviors, beliefs, and coping skills. *Journal of Clinical Psychology*, 47(4), 485-489. doi: 10.1002/1097-4679(199107)47:4<485::AID-JCLP2270470403>3.0.CO;2-8
- Crisis Text Line. (2018). *Home*. Retrieved from <https://www.crisistextline.org>
- Czyz, E., King, C., & Biermann, B. (2018). Motivational interview-enhanced safety planning for adolescents at high suicide risk: A pilot randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology*, 00(00), 1-13. doi: 10.1080/15374416.2018.1496442
- Davis, J.M., Sandoval, J., & Wilson, M.P. (1988). Strategies for the primary prevention of adolescent suicide. *School Psychology Review*, 17, 559-569.
- Dearen, J. (2018). *Classmates charged with cyberstalking 12-year-old girl before her suicide*. Retrieved from <http://time.com/5115204/teens-charged-cyberstalking-girls-suicide/>
- Drew, B. (1999). No-suicide contracts to prevent suicidal behavior in inpatient psychiatric settings. *Journal of the American Psychiatric Nurses Association*, 5(1), 23-28. doi: 10.1177/107839039900500105
- Ellis, J.B., & Lamis, D.A. (2007). Adaptive characteristics and suicidal behavior: A gender comparison of young adults. *Death Studies*, 31(9), 845-854. doi: 10.1080/07481180701537303
- Erbacher, T.A., Singer, J.B., & Poland, S. (2015). *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge.
- Gilbert, S. (2017). *What went wrong with 13 reasons why?* Retrieved from <https://www.theatlantic.com/entertainment/archive/2017/05/13-reasons-why-controversy/525237/>
- Goldston, D., Molock, S., Whitbeck, L., Murakami, J., Zayas, L., Hall, G., & Anderson, N.B. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63(1), 14-31. doi: 10.1037/0003-066X.63.1.14
- Hansen, A., Heath, M.A., Williams, M., Fox, J., Hudnall, G.A., & Bledsoe, C. (2012). No-suicide contracts with suicidal youth: Mental health professionals' perceptions and current practice. *Contemporary School Psychology*, 16, 145-159. doi: 10.1007/BF03340982
- Hoffman, A. (2013). Bridging the divide: Using culture-infused counseling to enhance therapeutic work with digital youth. *Journal of Infant, Child, and Adolescent Psychotherapy*, 12(2), 118-133. doi: 10.1080/15289168.2013.791195
- Howard, J. (2017). *'13 reasons why' and teen suicide: Why experts are concerned*. Retrieved from <http://www.cnn.com/2017/04/25/health/13-reasons-why-teen-suicide-debate-explainer/index.html>
- JED Foundation. (2018). *Home*. Retrieved from <https://www.jedfoundation.org/>
- Joe, S., Canetto, S.S., & Romer, D. (2008). Advancing prevention research on the role of culture in suicide prevention. *Suicide and Life Threatening Behavior*, 38(3), 354-362. doi: 10.1521/suli.2008.38.3.354
- Katz, C., Bolton, S.L., Katz, L.Y., Isaak, C., Tilston-Jones, T., & Sareen, J. (2013). A systematic review of school-based suicide prevention programs. *Depression and Anxiety*, 30(10), 1030-1045. doi: 10.1002/da.22114
- King, K.A., & Smith, J. (2000). Project SOAR: A training program to increase school counselors' knowledge and confidence regarding suicide prevention and intervention. *Journal of School Health*, 70(10), 402-407. doi: 10.1011/j.1746-1561.2000.tb07227.x
- King, K.A., Strunk, C.M., & Sorter, M.T. (2011). Preliminary effectiveness of Surviving the Teens™ Suicide Prevention and Depression Awareness Program on adolescents' suicidality and self-efficacy in performing help-seeking behaviors. *Journal of School Health*, 81(9), 581-590. doi: 10.1011/j.1746-1561.2011.00630.x
- Linehan, M.M., Goodstein, J.L., Nielsen, S.L., & Chiles, J.A. (1983). Reasons for staying alive when you are thinking of killing yourself: The Reasons for Living Inventory. *Journal of Consulting and Clinical Psychology*, 51(2), 276-286. doi: 10.1037/0022-006X.51.2.276
- Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-563. doi: 10.1111/1467-8624.00164
- McMyler, C., & Pryjmachuk, S. (2008). Do 'no-suicide' contracts work? *Journal of Psychiatric and Mental Health Nursing*, 15, 512-522. doi: 10.1111/j.1365-2850.2008.01286.x
- Miller, D.N., & DuPaul, G.J. (1996). School-based prevention of adolescent suicide: Issues, obstacles, and recommendations for practice. *Journal of Emotional and Behavioral Disorders*, 4(4), 221-230. doi: 10.1177/106342669600400403
- Miller, L. (1990). The formal treatment contract in the inpatient management of borderline personality

- disorder. *Hospital & Community Psychiatry*, 41(9), 985-7. doi: 10.1176/ps.41.9.985
- Miller, M.C. (1990). Suicide-prevention contracts: Advantages, disadvantages, and an alternative approach. In D.G. Jacobs (Ed.), *The Harvard Medical School guide to suicide assessment and intervention* (pp. 463-481). San Francisco: Jossey-Bass. National Institute of Mental Health. (2015). *Suicide*. Retrieved from <https://www.nimh.nih.gov/health/statistics/suicide/index.shtml>
- Ohlmann, C., Kwee, J., & Lees, R. (2014). Listening for the voices of resilience: A group of adolescents' experiences with a suicide prevention education program. *International Journal of Child, Youth and Family Studies*, 5(1), 24-46. doi: 10.18357/ijcyfs.ohlmann.512014
- Pinto, A., Whisman, M.A., & Conwell, Y. (1998). Reasons for living in a clinical sample of adolescents. *Journal of Adolescence*, 21(4), 397-405. doi: 10.1006/jado.1998.0173
- Prupas, J. (Producer), & Binamé, C. (Director). (2011). *Cyberbully* [Motion picture]. United States: Muse Entertainment Enterprises.
- Rice, S., Robinson, J., Bendall, S., Hetrick, S., Cox, G., Bailey, E., Gleeson, J., & Alvarez-Jimenez, M. (2016). Online and social media suicide prevention interventions for young people: A focus on implementation and moderation. *Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal De L'Académie Canadienne De Psychiatrie De L'enfant Et De L'adolescent*, 25(2), 80-6.
- Rieger, S., Peter, J., & Roberts, T. (2015). 'Give me reason to live!': Examining reasons for living across levels of suicidality. *Journal of Religion and Health*, 54(6), 2005-2019. doi: 10.1007/s10943-014-9893-4
- Robinson, J., Cox, G., Bailey, E., Hetrick, S., Rodrigues, M., Fisher, S., & Herrman, H. (2016). Social media and suicide prevention: A systematic review. *Early Intervention in Psychiatry*, 10(2), 103-121. doi: 10.1111/eip.12229
- Rudd, M., Mandrusiak, M., & Joiner, T. (2006). The case against no-suicide contracts: The commitment to treatment statement as a practice alternative. *Journal of Clinical Psychology*, 62(2), 243-251. doi: 10.1002/jclp.20227
- Schweber, N. & Foderaro, L.W. (2016). *Roommate in Tyler Clementi case pleads guilty to attempted invasion of privacy*. Retrieved from <https://www.nytimes.com/2016/10/28/nyregion/dharun-ravi-tyler-clementi-case-guilty-plea.html>
- Seligman, M.E.P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York: Simon & Schuster, Inc.
- Sloan, R. (2017). *Why i wish i didn't watch '13 reasons why'*. Retrieved from <https://themighty.com/2017/04/should-i-watch-13-reasons-why-review-suicide/>
- Stanford, E.J., Goetz, R.R., & Bloom, J.D. (1994). The no harm contract in the emergency assessment of suicidal risk. *Journal of Clinical Psychiatry*, 55(8), 344-348.
- Stanley, B., & Brown, G.K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256-264. doi: 10.1016/j.cbpra.2011.01.001
- Surgenor, P.W.G., Quinn, P., & Hughes, C. (2016). Ten recommendations for effective school-based, adolescent, suicide prevention programs. *School Mental Health*, 8(4), 413-424. doi: 10.1007/s12310-016-9189-9
- Swanson, S., & Colman, I. (2013) Association between exposure to suicide and suicidality outcomes in youth. *Canadian Medical Association Journal*, 185(10), 870-877. doi: 10.1503/cmaj.121377
- To Write Love on Her Arms (2018). *Home*. Retrieved from <https://twloha.com/>
- Torcasso, G., & Hilt, L.M. (2017). Suicide prevention among high school students: Evaluation of a nonrandomized trial of a multi-stage suicide screening program. *Child & Youth Care Forum*, 46(1), 35-49. doi: 10.1007/s10566-016-9366-x
- Vandenbosch, L., & Eggermont, S. (2016). The interrelated roles of mass media and social media in adolescents' development of an objectified self-concept. *Communication Research*, 43(8), 1116-1140. doi: 10.1177/0093650215600488
- Vossen, H.G.M., & Valkenburg, P.M. (2016). Do social media foster or curtail adolescents' empathy? A longitudinal study. *Computers in Human Behavior*, 63, 118-124. doi: 10.1016/j.chb.2016.05.040
- Wang, M., Lightsey, O.R., Pietruszka, T., Uruk, A.C., & Wells, A.G. (2007). Purpose in life and reasons for living as mediators of the relationship between stress, coping, and suicidal behavior. *The Journal of Positive Psychology*, 2(3), 195-204. doi: 10.1080/17439760701228920
- Weinstein, E. (2017). Adolescents' differential responses to social media browsing: Exploring causes and consequences for intervention. *Computers in Human Behavior*, 76, 396-405. doi: 10.1016/j.chb.2017.07.038
- World Health Organization. (2017a). *Road traffic injuries*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs358/en/>
- World Health Organization. (2017b). *Suicide*. Retrieved from

<http://www.who.int/mediacentre/factsheets/fs398/en/>

- World Health Organization. (2017c). *Suicide: Facts and figures* [PDF format]. Retrieved from [http://www.who.int/mental\\_health/suicide-prevention/infographics\\_2017.pdf?ua=1](http://www.who.int/mental_health/suicide-prevention/infographics_2017.pdf?ua=1)
- Yorkey, B. (Producer). (2017). *13 reasons why* [Television series]. Hollywood, CA: Netflix.
- Zavala, C.M. (2017). Manslaughter by text: Is encouraging suicide manslaughter? *Law School Student Scholarship, 891*. Retrieved from [http://scholarship.shu.edu/cgi/viewcontent.cgi?article=1895&context=student\\_scholarship](http://scholarship.shu.edu/cgi/viewcontent.cgi?article=1895&context=student_scholarship)

# JPCA Test to Earn CE Credit

*Note:* Earn 2 Free Continuing Education Credits by reading selected articles in this issue. Read the articles identified below and answer 7 of the 10 questions correctly to earn 2 CE credit.

## Using an Intimate Partner Metaphor in Career Choice and Development (pp. 2-10)

1. Limitations discussed in the article include all the following except:
  - a. Lacking intimate partner experiences
  - b. Cultural variable considerations
  - c. Social determinants of love
  - d. Applicability and understandability to one's individual life
2. The idea of planned termination most closely associates with which of the following life events:
  - a. Divorce
  - b. Retirement
  - c. Death
  - d. Career transition
3. The authors suggest that "dating" in intimate relationships is most similar to \_\_\_\_\_ in the career process.
  - a. fantasizing about possible jobs
  - b. choosing an occupation
  - c. maintaining or reinvigorating a career
  - d. exploring possible careers
4. Potential benefits of applying metaphor to the career process include which of the following?
  - a. Linking unfamiliar career processes with more familiar material.
  - b. Simplifying career concepts so they are more easily understood.
  - c. Encouraging creativity and imagination in career development
  - d. All of the above

## Too much or Not Enough: Counselor Self-Disclosure in the Treatment of Eating Disorders (pp. 23-31)

5. According to the article's literature review, what percentage of counselors use self-disclosure in session?
  - a. 70%
  - b. 100%
  - c. 10%
  - d. 0%

6. Which of the following is *not* a type of self-disclosure recommended by Henretty and Levitt?

- a. demographic content
- b. correction of therapeutic mistakes
- c. detailed family history
- d. similarities with the client

7. Participants in this survey

- a. would typically self-disclose in a conservative manner
- b. disclosed only if it seemed in the best interest of the client
- c. disclosed to foster a sense of hope
- d. all of the above

8. Of the 20 participants in this study \_\_\_ chose to self-disclose.

- a. 16
- b. 0
- c. 20
- d. 1

## #Trending Topics in Suicide Prevention: Advocating for Strength-Based Counseling Interventions (pp. 19-26)

9. Suicide prevention is moving toward a future-oriented strength-based approach

- a. True
- b. False

10. Research indicates that there are no potential benefits to social media use in suicide prevention

- a. True
- b. False

I certify that I have completed this test without receiving any help choosing the answers.

### Feedback

Please rate the following items according to the following scale:

5 – Superior 4 – Above Average 3- Average 2 – Below Average 1 – Poor

	Superior	Above Average	Average	Below Average	Poor
The authors were knowledgeable on the subject matter	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
The material that I received was beneficial	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
The content was relevant to my practice	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
This journal edition met my expectations as a mental health professional	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
How would you rate the overall quality of the test?*	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

Comments/Suggestions?

### Instructions

**Email:** Complete the test, sign the form, and email to:  
**PCA.profdev@gmail.com.** Allow 2-4 weeks for processing.

**For further assistance, please contact Ashley Deurlein,  
Professional Development Chair of the Pennsylvania  
Counseling Association at PCA.profdev@gmail.com**

### Mailing Information for Certificate

**Please print clearly:**

Name:

PCA Member Number:

Street address:

City: State: Zip:

Phone:

Email:

Signature: \_\_\_\_\_ Date:

# Guidelines for Authors

The *Journal of the Pennsylvania Counseling Association (JPCA)* is a professional, refereed journal dedicated to the study and development of the counseling profession. The Editor invites scholarly articles based on existing literature that address the interest, theory, research, and innovative programs and practices of professional counselors. Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content. All submissions are blind peer reviewed and authors should expect a decision regarding a manuscript within three months of acknowledgement of receipt. Following are guidelines for developing and submitting a manuscript. Any submissions that do not adhere to the following guidelines will be returned without review.

## Specific Requirements

1. Manuscripts should not exceed 25 pages, including references.
2. Manuscripts should be typewritten, double-spaced (including references and extensive quotations) with 1" margins on all sides.
3. **Title Page:** Identify the title page with a running head. The title page should include title (not more than 80 characters), author, affiliation, and an author's note with contact information. Author's note should be formatted exactly as it appears in this example:

Author Name, Department of \_\_\_\_\_, University Name [or Company affiliation].  
Correspondence concerning this article should be addressed to Author Name, Department of \_\_\_\_\_,  
University, Street address, City, State, zip code (e-mail: xxxxx@xxxx.edu).
4. **Abstract:** Begin the abstract on a new page, and identify the abstract page with the running head and the number 2 typed in the upper right-hand header of the page. The abstract should not exceed 75 words.
5. **Keywords:** Keywords should follow the abstract on page 2 and are limited to 5 words.
6. **Text:** Begin the text on a page 3, and identify the text page with the running head and page number 3 typed in the upper right-hand header of the page. Type the title of the article centered at the top of the page and then type the text. Each subsequent page of the text should carry the running head and page number.
7. **Tables and Figures:** No more than 3 tables and 2 figures with each manuscript will be accepted. Do not embed tables or figures within the body of the manuscript. Each table or figure should be placed on a separate page following the reference list
8. **References:** References should follow the style detailed in the APA Publication Manual. Check all references for completeness, including the year, volume number, and pages for journal citations. Please be sure to include DOI numbers as necessary. Make sure that all references mentioned in the text are listed in the reference section and vice versa and that the spelling of author names and years are consistent.
9. **Footnotes or endnotes:** Do not use. Please incorporate any information within the body of the manuscript.
10. **Other:** Authors must also carefully follow APA Publication Manual guidelines for nondiscriminatory language regarding gender, sexual orientation, racial and ethnic identity, disabilities, and age. In addition, the terms counseling, counselor, and client are preferred, rather than their many synonyms.
11. In addition to the specific requirements of the JPCA, authors will adhere to all requirements of the *Publication Manual of the American Psychological Association (6<sup>th</sup> ed.)*.
12. An electronic copy of the manuscript should be e-mailed to the editor: Dr. Charles Jacob (pcajournal@gmail.com).

*The Journal of the Pennsylvania Counseling Association* (ISSN 1523-987X) is a biannual publication for professional counselors. It is an official, refereed branch journal of the American Counseling Association, Inc.