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Therapist Grief and Functional Analytic Psychotherapy: Strategic Self-Disclosure of Personal Loss

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Abstract Functional Analytic Psychotherapy (FAP), a behavioral approach that focuses on the development of genuine and meaningful therapeutic relationships including the strategic use of disclosure, provides a framework for therapist self-disclosure during times of personal loss. This article briefly outlines FAP and provides an example of FAP in practice following the death of the first author's mother. Qualitative data from a client questionnaire on the impact of this disclosure are presented, which suggest that the disclosure was a positive experience for most but not all clients. The article concludes with clinical guidelines that can enhance therapeutic effectiveness whether or not therapists choose to disclose loss to their clients and general precautions for treading in this emotionally intense territory.

Keywords Functional Analytic Psychotherapy · Therapist self-disclosure · Therapist grief · Personal loss · Client-therapist relationship

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The death of loved ones, especially when unexpected, can shatter one's heart and spirit. As therapists during times of loss, we have the double burden of not only healing ourselves, but continuing to care for our clients in the most competent manner possible. One issue that therapists face during times of loss is whether, and how, to disclose this information to our clients. Though contemporary theoretical orientations increasingly accept certain forms of self-disclosure in defined circumstances (Farber 2003, 2006), many clinicians remain unsure and uncomfortable at the prospect of making a potentially evocative self-disclosure such as the loss of a loved one.

Theory (e.g., Constantine and Kwan 2003; Counselman and Alonso 1993; Stricker and Fisher 1990) and a growing body of research (e.g., Barrett and Berman 2001; Halpern 1977; Knox and Hill 2003; Ramsdell and Ramsdell 1993; Watkins 1990) advocate the judicious and strategic use of therapist self-disclosure, including affective disclosures (i.e., information about the therapist's emotional responses to the client) and personal disclosures (i.e., information related to the identity or experiences of the therapist such as pregnancy, therapist illness, and bereavement). Contrary to the frequency with which the topic appears in the literature, research has shown that self-disclosure is among the most uncommon therapeutic strategies, comprising <2% of therapist interventions (Hill et al. 1988). Reviews of empirical research suggest that the timing (Farber 2003), type (Knox and Hill 2003), and frequency (Watkins 1990) of disclosure, as well as client expectancies (Derlega et al. 1976), and clinicians' reasons for disclosing (see discussion in Peterson 2002) are all important considerations in deciding to use this technique.

Rationales and conditions for self-disclosure tend to vary by theoretical orientation (Knox and Hill 2003; Stricker and Fisher 1990; Vandenberghe et al. 2006).

Indeed, Yalom (1995) has argued that "more than any other single characteristic, the nature and degree of therapist self-disclosure differentiates the various schools of … therapy" (p. 202). Classical psychoanalytic theory, for example, discourages even minimal self-disclosure, and, in its most orthodox form, proscribes disclosure of meaningful events in the therapist's personal life as it is believed to distort the client's transference and thereby interfere with its eventual resolution (Edwards and Murdock 1994). Contemporary psychoanalytic opinions on self-disclosure have become more elastic, acknowledging the utility of therapist self-disclosure in the promotion of the therapeutic relationship (see discussion in Renik 1995). Cognitive Behavioral [CBT] therapists have no theoretical objections to self-disclosure, but do not emphasize it, instead focusing on between-session change strategies (Beck et al. 1979; Freeman et al. 1990). When therapist self-disclosure is used in CBT, it is typically done with the intention of enhancing the therapeutic alliance, challenging clients' distorted thoughts about themselves and others, normalizing their experiences, and modeling adaptive behavior (see discussion in Goldfried et al. 2003). Humanistic therapists tend to view self-disclosure as a way to demonstrate genuineness and positive regard for clients (Robitschek and McCarthy 1991), and are joined by feminist therapists in viewing self-disclosure as a means for equalizing power in the therapeutic relationship (Mahalik et al. 2000). Multicultural theory also supports therapist self-disclosure to make transparent the therapist's biases and to increase therapist trustworthiness with culturally different clients (see discussion in Sue and Sue 1999). Perhaps the only common denominator of these diverse theoretical perspectives on self-disclosure is the requirement that self-disclosure must serve the client's best interests and be carefully planned and thoughtfully executed.

What remains unclear, however, is a theoretical rationale and evidence base for determining exactly what, how, and when disclosures actually serve the client's progress in therapy. Such a framework is offered by Functional Analytic Psychotherapy (FAP) (Kohlenberg and Tsai 1991; Tsai et al. 2008), a behavior therapy emphasizing deep, meaningful therapeutic relationships that focus on contingent reinforcement of client in-session behavior as a mechanism of change. Although FAP can be used as a stand alone treatment, it is particularly amenable to integration with other treatments as discussed by Kohlenberg and Tsai (1994) and demonstrated empirically by Kohlenberg et al. (2002). The current discussion is intended to be useful to therapists who are faced with a personal loss and are seeking guidance on whether to disclose such a loss to their clients. We first present an overview of FAP principles which guide self-disclosure, and then offer a clinical example—the first author's (MT) disclosure and work with her clients following the death of her mother. The impact of this disclosure on MT's clients was assessed and these qualitative client responses are summarized and discussed. The article concludes with a discussion of factors to consider when deciding whether or not to self-disclose, clinical implications of such a decision, and precautions for therapists when working during a time of loss.

Functional Analytic Psychotherapy

FAP, considered a third-wave behavior therapy (Hayes 2004; Hayes et al. 2004), is a comprehensive, laboratory data-informed and integrative approach to therapy which blends the duality between heart and theory, soul and intellect. FAP is predicated on the assumption that most disorders involve interpersonal deficits in establishing and maintaining intimate relationships, and that an emotionally close relationship between therapist and client can make a significant contribution to therapeutic outcome. The behavioral foundation upon which FAP rests (Skinner 1953) focuses on moment-to-moment contingencies inherent in the therapist-client interaction as the mechanism of client change (Callaghan et al. 1996; Kohlenberg et al. 1998). Specifically, the emphasis in FAP is on the therapist's awareness of and contingent responding to the client's *clinically relevant behaviors* (CRBs), that is, in-session instantiations of the client's problem behaviors (termed CRB1s), as well as improvements in those repertoires (termed CRB2s), as collaboratively defined by the client and therapist. The term "in-session" is defined broadly to include all communications between therapist and client, including contact via telephone and email. FAP therapists aim to weaken problem behaviors occurring in-session that are similar to those the client engages in outside therapy, while naturally reinforcing client improvements that occur in session. A thorough and ongoing case conceptualization that focuses on the function of a client's behaviors will determine whether an in-session behavior is clinically relevant, as well as whether that behavior is an instance of a problem class of behaviors, or an improvement. Specifically, if the function of a behavior in the therapeutic context matches the function of a problem behavior for which the client is being treated, then that in-session behavior would be identified as a CRB1. For example, a client with a history of failed relationships who has identified "pushing people away" as a problem, who then "pushes the therapist away" by ignoring a therapist expression of caring, may be seen as engaging in a CRB1. The case conceptualization and identification of CRB is an ongoing process—in the example above the therapist would first watch for and be aware that a CRB has

occurred, then describe the CRB ("I expressed caring, you pushed me away") and finally confirm that this happens in other relationships that have failed ("Is this the same thing that happens between you and your significant other?").

As an integrative treatment, FAP broadly encourages therapists to identify CRB occurrences as special opportunities to effect therapeutic change. For example, therapists conducting Cognitive Therapy for depression may identify cognitive distortions that occur in the context of the therapy relationship (e.g., "you [the therapist] think I am a loser") and implement cognitive therapy techniques (e.g., a "here and now" thought record that encourages clients to test hypotheses by asking therapists what they think, Kohlenberg et al. 2002). Similarly, therapists conducting Acceptance and Commitment Therapy (ACT) may identify client avoidance of difficult feelings about the therapist and implement ACT techniques that bring the client and therapist closer together (Gifford et al. 2004). In these cases, the therapeutic relationship itself is harnessed to shape clients' CRB via therapists' empathic, genuine feedback to clients regarding the impact of their behaviors on the therapist that mirror daily life relationships.

There are five rules for conducting FAP (Kohlenberg and Tsai 1991): (1) Watch for CRBs, (2) Evoke CRBs, (3) Reinforce CRB2s naturally, (4) Observe the potentially reinforcing effects of therapist behavior in relation to client CRBs, and (5) Provide functional analytically informed interpretations and implement generalization strategies. Examples of techniques, forms, and interventions that illustrate the rules and their application are given in the Kohlenberg et al. (2002) study integrating FAP and CBT. Here, we briefly review Rules 2, 3 and 4 as they are particularly relevant to the issue of therapist self-disclosure.

For FAP to be effective, CRBs must occur. It should be noted that a focus on "here and now" CRB has commonalities with a psychoanalytic focus on transference and the cognitive therapy focus on "hot cognition" (see Kohlenberg and Tsai 1994, for a detailed discussion of similarities and differences between FAP and these other approaches). A therapist who is genuine and able to focus on the subtleties of the client's reaction to the therapist is more likely to evoke CRBs (Rule 2). The active implementation of Rule 2 in the form of using oneself as an instrument of change is central to the practice of FAP. As stated by Tsai et al. (2008), "Once the therapeutic alliance and the case conceptualization are established, to the extent that therapists can allow themselves to be who they really are, a more powerful and unforgettable relationship can be created (p. 82). This is often uncomfortable for therapists as it requires them to courageously become the stimulus for the client's problematic interpersonal behavior they aim to weaken over time. As we discuss below, a strategic therapist disclosure of loss can be a powerful way to evoke CRBs, but such evocative disclosure should be done with caution and only if therapists have strong reason to believe it will evoke or lead to CRB2s, not just CRB1s.

Reinforcing CRB2 (Rule 3) effectively requires therapists to be in touch with their private reactions, including emotions and thoughts, that are representative of the responses of others in the client's daily life. Thus, rather than responding to in-session client improvements with token, artificial, or unrelated rewards, FAP therapists use their genuine private reactions to guide their feedback to clients in order to shape behaviors that will function and be maintained in the outside world. This awareness must be complimented by the therapist's ability to reinforce behavior as it successively approximates CRB2. We term this stance "therapeutic love," referring to the context in which therapists are reinforced by their clients' improvements and successes. Self-disclosure can be a powerful way to naturally reinforce CRB2, especially in response to client disclosures. Disclosure in response to disclosure is, after all, what occurs in healthy, intimate daily life interactions, and such reciprocal disclosure has been found to have therapeutic benefits (Barrett and Berman 2001).

Rule 4, assessing therapist effects, is derived from behavior analytic principles which underscore the relationship between the consequences of behavior (i.e., reinforcement, punishment, extinction) and the future probability of that behavior. By definition, therapist responses that are reinforcing are those that result in the greater probability of behavior targeted for reinforcement in the future. It is therefore impossible for therapists to know if their responses to clients have reinforced targeted behaviors without tracking the changing frequencies of these behaviors. The resulting awareness of one's reinforcing effects is likely to increase one's ability to be naturally reinforcing to the client. In the case of a highly private disclosure such as a personal loss, it is important for therapists to ascertain its impact on the client. As discussed below, in the present instance a survey was used to assess these effects.

One additional facet of FAP deserves mention. FAP therapists are encouraged to develop an ongoing awareness of their own in-session problem behaviors and improvements. Each client is likely to evoke different therapist in-session problems and improvements. FAP therapists explore their own reactions to each client by considering, for example, what tends to be avoided with the client, how this avoidance impacts the therapy, how their own daily life avoidances might impact the therapy, and what behaviors would constitute an improvement for them. The most intense and intimate interactions often occur when therapists enhance their level of ongoing self-awareness and develop an understanding of how their private experiences (thoughts and feelings) can be used therapeutically

with each client to promote CRB2. When both participants are being vulnerable and going beyond their comfort zones, they will typically grow individually while feeling closer to each other within the boundaries of the therapeutic relationship. This type of closeness involving honesty, transparency, and trust is intended to generalize to the client's daily life relationships (for data in support of this contention, see Kanter et al. 2005).

FAP and Therapist Grief: A Personal Example

Last year, the first author (MT) needed to cancel 2 weeks of appointments unexpectedly due to her mother's stroke and subsequent death. At that time, 39 clients were in weekly or bi-weekly treatment with her. All had reviewed and signed MT's version of FAP informed consent, which set the stage for the intense work to follow and included the following points: (1) The therapist will be a genuine person with the client; the therapeutic bond formed will be a major vehicle in the client's healing and transformation, (2) Feedback from the client regarding what is working well and what needs to be changed will be continually solicited, particularly surrounding issues in the therapeutic relationship which also arise in the client's daily life, and (3) Clients will be challenged to be more open, vulnerable, aware, and present, and the therapeutic relationship is an ideal place for clients to practice experiencing and expressing their thoughts, feelings, desires, and truths in an authentic way, leading to a greater sense of efficacy in life. These agreements made at the beginning of therapy and discussed in depth between MT and her clients facilitated her being authentic during a time of personal loss while still focusing on her clients' therapeutic needs. In this context, MT chose to disclose her loss to the vast majority of her clients. The ongoing FAP relationships MT had developed with her clients called for such a genuine response with consideration of the clients' specific needs and CRBs.

Given the intimate therapeutic relationships she had established with the majority of her clients, MT hypothesized that in these cases she would be deepening the relationship by telling them of her loss, and that this disclosure would open a unique window of opportunity for these clients to exhibit CRB2. She chose not to tell two clients about this event because she did not consider the therapeutic alliance to be strong enough at the time, and she only briefly mentioned the death to another client who was in severe crisis. She chose to tell the remainder via email. Note that due to its impersonal nature, great caution and discrimination must be exercised before informing clients of loss via email. In this case, however, email as a mode of communication was frequently used between MT and her clients as they assessed the impact of therapy using session bridging forms (see below). Also, she believed that this medium would give her clients the most information from a heart-felt place of honoring her mother, while also allowing them to choose how much they wanted to address this in their therapy time. Thus, clients individually received a version of this email:

"I want to let you know that I went through a significant passing this past week. My almost 91 year old mother died the way she wanted to—able-bodied and sharp-minded, quick (stroke) but giving everyone time to say goodbye. I was there for her last breath which was really important to me. So overall my grief is filled with gratitude. Before my Mom's death, I already was very committed to creating sacred interactions, so more than ever, I am open and present and aware of life's evanescence, and it is a good time for us to be working together. I led my mom's funeral service, and want to quote you a paragraph that reflects how I view the work of psychotherapy and life: 'When confronted with death, it is an opportunity for us to be grateful for our grief, because grieving means that we have lost someone very dear to us, someone whose space in our hearts can never be replaced. Yet death is more than losing someone we love. It is more than just absence. It is the stark realization that we are mortal. Our lives have a beginning, and our lives have an end. When confronted with death, it is also an opportunity for us to evaluate how we are living our lives, to make sure we are spending our time pursuing activities and relationships that are truly meaningful to us, that inspire us and speak to our hearts and souls…".

Following MT's return to work, her therapy sessions, which are videotaped with client consent, seemed to have more depth and intensity than usual as clients readily related her loss to aspects of their own lives. As an example, the excerpt below is from session 14 with "Jeff," a 36-year-old man who had been in treatment for 4 months. Presenting with difficulties in identifying and expressing emotions, he also wanted to explore his distant relationship with his parents. In session, his CRB1 included avoiding eye contact, and smiling and holding his breath when feeling upset.

C: I read your email…I wanted to comfort you. [Gives MT the book *Tuesdays with Morrie.*] There's a quote I wrote on the front: "As long as we can love each other and remember the feeling of love we had, we can die without ever really going away. All the love you created is still there. All the memories are still there. You live on—in the hearts of everyone you have touched and nurtured while you were here."

T: That's beautiful.

C: I added "Mavis, thank you for everything, your tender nurturing…I feel sorry, empathy for you, and then I

want to comfort you, but then there's also a sense of loss of not having the nurturing mother that I wanted…".

T: So there's a sense of empathy of loss for me, my loss tapping into your sense of loss. I really appreciate what you said about feeling nurturing from me. That you get some of the nurturing from me that you never got from your mom that you wish you had….

C: My mom has never been maturely emotionally available. I feel like I get that from you…being able to impart that to others, that's what therapy is for you, for me.

T: I'm feeling so appreciative of you…you understand on a really deep level what loss is about, and you're so open…you've been really in touch with your emotions, it seems.

C: …I've certainly changed; I'm a lot more open now than when I started.

In FAP terms, this segment suggests the following: MT's email evoked a CRB2 (Rule 2) for Jeff of identifying and expressing his feelings openly to MT about how she had impacted him. Aware that a CRB2 had occurred, MT disclosed her positive private reactions, hopefully reinforcing the CRB2 (Rule 3). In turn, Jeff acknowledged to MT that he had made considerable progress in therapy (Rule 4). In fact, this was a pivotal session for Jeff in that he was more open than in previous sessions, continued to be more open in subsequent sessions, and the therapist-client bond was deepened by his expressiveness.

Follow-up Questionnaire

To obtain a more systematic assessment of the impact of the disclosure of her loss on her clients (Rule 4), 4 months after the initial email, MT emailed her clients a follow-up questionnaire. It included two open-ended questions: "Please briefly describe in your own words how you were impacted when I told you about my mother's death." and "Anything else you want to add?" as well as a number of statements that could be endorsed with a checkmark (see Table 1) and elaborated upon. Although this questionnaire specifically addressed the effects of her disclosure, its function in assessing the impact of therapist interaction was similar to the session bridging forms (e.g., questions such as "What stands out about our last session? What was helpful? What would have made the session more helpful? Anything you are reluctant to say?") which her clients routinely completed after each session. It should be underscored that the primary purpose of this survey was to collect clinical information to enrich each individual client's therapy experience, not to conduct methodologically rigorous research, thus anonymity was not possible. Prior to the start of therapy, clients had provided consent for information collected from their oral and written communications to be used in professional writings about the therapy process with personal demographic information modified to protect their identity. In addition, before completing this survey, each client had the opportunity to ask questions about the purpose of the survey, to decline to participate, and to discuss their responses in their sessions. Although honest responses are continually reinforced in FAP, because the survey was not anonymous, potential client reluctance to describe negative impact of the disclosure during a vulnerable time in MT's life must be taken into account in these results.

Table 1 Client survey results on impact of therapist disclosure of loss

Item and sub-item	% Endorsement
Please check all the statements that apply regarding the impact of my disclosure[a]	
I became more in touch with my parents' and others' mortality	54
I felt closer to you	86
I became more in touch with my own feelings and needs	54
It interfered with my own work in therapy	9
I became more motivated to work harder in therapy	3
It made me more aware of grief and loss in my own life	51
You modeled for me how I may want to express myself in the future when I experience loss	69
It shifted the boundaries in our relationship in a way that was helpful to my therapy	43
It shifted the boundaries in our relationship in a way that was not helpful to my therapy	6
How do you feel about the amount of personal information I disclosed to you about my mother's death?[b]	
Too little. I wanted to know more, but didn't feel like it was my place to ask	23
About right. It was important for me to know about this major loss in your life, but the focus was still on me	74
Too much. It blurred the boundaries between us too much and interfered with my focus on my own work	3

[a] Clients were asked to check all statements that applied

[b] Clients were asked to check the one statement that most accurately reflected how they felt

Thirty-five out of 36 clients responded. These clients ranged in age from 24 to 63 ($M = 42.0$, SD = 9.4), 20% were male, and 17% were ethnic minority. They were relatively high functioning and were struggling with identity, relationship, and career issues. The majority ($n = 16$) had a diagnosis of adjustment disorder with mixed anxiety and depression, eleven had a diagnosis of dysthymic disorder, eight suffered from major depression, and one had dissociative identity disorder. Consistent with previous research demonstrating positive immediate effects of therapist personal disclosures (see Knox and Hill 2003 for a summary), for the vast majority of MT's clients (32/35 or 91%), her disclosure regarding her mother's death had a very positive impact. See Table 1 of each item for response frequencies in the survey.

Informed by the grounded theory approach to hypothesis generation (Auerbach and Silverstein 2003), every response to the two open-ended questions asking about the impact of MT's disclosure was logged. Recurring themes became clear, and were postulated until no new categories were evident, resulting in five themes: (1) Appreciation and closeness—thankful recognition and a sense of emotional intimacy was expressed; (2) Helpful modeling—clients felt they were shown how they could talk about grief to others; (3) More equality in the relationship and therapist becoming a whole person—clients viewed that the therapist became more real as a person and thus the relationship felt more equal; (4) Enhanced trust—the therapist was seen as having more integrity; and (5) Awareness of mortality—clients expressed increased awareness of the possibility of the death of loved ones and one's own death. These themes are presented below along with exemplar client responses:

1. Appreciation and Closeness: (a) "I was very well aware that this was a conscious choice on your part to entrust me with news of a deep personal loss and a life affirming experience of that loss. I felt deeply validated by your confidence and I also felt you were demonstrating for me how to communicate, how to shoulder the weight and how to transform into personal growth one of the most fearsome of experiences, the loss of a beloved parent…" (b) "I appreciated the honesty, and lack of fear in discussing it. It opened up the space between us, made it more intimate/real. I had a feeling of being honored with this personal information." (c) "It would have felt distancing for you to avoid expressing something about such a poignant loss." (d)"What I have always enjoyed and responded to in FAP was the exchange of personal information and the connection that comes with it. My fear of death decreased by your example and my appreciation for recognizing the spirit of others, in life and after, feels heightened. I was hugely motivated by your disclosure about your mother's passing and your positive approach in conveying to me the cycle of life, the reality of death, and the spirit and lessons that will always remain individual in our lives."
2. Helpful modeling: "Given that much of my therapy was focused on being able to genuinely express my emotions, I thoroughly appreciated your modeling how to share a personal experience without making it seem better or worse than it really was."
3. More equality in the relationship and therapist becoming a whole person: (a) "Shows therapists are real people with feelings. That makes the relationship more natural and helps it to grow." (b)"While keeping boundaries facilitates the therapeutic process, for me to get a glimpse beyond them made that relationship more real, more precious…your experience is valuable to me." (c) "Our discussion about it left me with the impression that you felt I was 'able' to hear about your experience of your mother's loss—you did not need to protect me from it—I could handle it. This left me thinking that you viewed me more as an equal in our relationship."
4. Enhanced trust: (a) "Our work has been a two-way street in a way that my previous work with other therapists has not been…I felt they were whole and I was broken, and I saw it as a contradiction to be both broken AND whole. Your trust has allowed me to confide life experiences that I have considered out of bounds during years of previous therapy." (b)"We have practiced real reciprocity and trust, but I would say this showed me that could include not only your feelings of support, empathy and affection for me, but also your humanity, your exposure to the journey of life, both as healer and person." (c) "I would have been upset to know something that big had happened and you hadn't at least mentioned it at the time. I think it only increased my trust in you."
5. Awareness of mortality: (a) "It made me reflect on my relationship with my mother, and the little time she and I have to strengthen our bond and have a meaningful relationship." (b) "It is helpful to hear about 'good deaths'; it lessens slightly the fear of dying."

For the three clients (9%) who felt MT's disclosure interfered with their work, their reactions were related to concern, worry, and guilt: (a) "It seemed unfair to burden you with my problems…I felt a little guilty that I was potentially using up your compassion when you needed it for yourself." (b) "My problems seemed trivial in comparison and I felt ashamed to be taking your time to talk about my stuff. But I'm glad you told me. I would've wanted to know and it'd be weird not to." (c) "I was concerned it'd be difficult for you to conduct therapy effectively. I felt afraid that your grief would leave you

unable to be a source of strength for me." It is important to note that these responses were explored in depth and resolved in therapeutic interaction.

In sum, the array of responses reflects the potential for strategic and significant therapist disclosure to evoke powerful CRBs, most often but not always CRB2s. Client reactions suggest that the disclosure often shifted the therapy into areas previously avoided or unexplored, increased trust in the therapist, normalized emotional intensity, modeled direct and genuine communication, humanized the therapist as a vulnerable individual, and demonstrated emotional acceptance and open-heartedness in the face of enormous pain. Thus, in the context of a strong therapeutic relationship in which a rationale for disclosure and therapeutic genuineness has been provided, theoretically justified and idiographically crafted therapist disclosures of this nature can be watershed events in the therapeutic journey. From this standpoint, rather than understanding therapist self-disclosure as a necessity when life circumstances unavoidably impact therapy, it can be viewed as a valuable opportunity to expand the therapeutic terrain and move towards increased genuineness and transparency.

Any discussion of therapist disclosure would be remiss in not highlighting the possibility that for some clients, such disclosure may be harmful. Boundary shifts that result can feel disruptive, confusing, and/or inappropriate. Disclosure can also lead some clients to hesitate sharing their own experience because they fear they will burden their already taxed therapist. They may compare their suffering to their therapist's, concluding their feelings are too trivial to share. In these cases, it is paramount to discuss and explore the meaning and impact of the disclosure on the client if the therapist has chosen to disclose grief, loss, or other hardship. Given the potential to evoke CRBs, these moments in therapy can be extremely useful in further understanding the client's expectations about the therapeutic relationship (and other relationships), preferred distance or intimacy with the therapist (and others), and tolerance of their own or others' pain. The key to client growth is intentional examination of the impact of the disclosure in the therapeutic relationship. It should be underscored, however, that extreme caution and conceptual clarity must underlie any therapist self disclosure of loss. Unless a therapist is certain that potential harm can be worked through and there is great likelihood for client growth, he or she should err on the side of non-disclosure.

Clinical Implications for Disclosure and Non-Disclosure of Loss

Based on the above survey results, FAP theory, the literature in support of therapist self disclosure referenced in the introduction, and our clinical experience, we suggest that the strategic disclosure of personal loss by therapists can be a powerful therapeutic intervention. In this section we offer clinical guidelines that can be helpful whether or not therapists choose to disclose loss and general precautions for treading in this emotionally intense territory.

Choosing to Disclose: Opportunity to Evoke Client CRB1s and Reinforce CRB2s

Therapist disclosure of loss can evoke key CRB1s or client problem behaviors and provide opportunities for the development of target behaviors, or CRB2s. For instance, clients whose life problems include emotional enmeshment with others and care-taking of them to the exclusion of their own needs may attempt to orient the session to the therapist's feelings—a CRB1 in this case. For such clients, helping them maintain a boundary between their emotional state and the therapist's grief would represent a CRB2. Clients whose life problems include maintaining emotional distance from others may ignore, minimize, or shut down discussion of their therapist's loss and/or its effects on the therapeutic relationship, a CRB1. They may become afraid of the emotional intimacy of being allowed into the therapist's world. In such cases, it would be helpful for them to explore their fears of closeness and learn ways to express more empathy towards the therapist, a skill that can be generalized to daily life relationships. For clients who avoid their own pain, this is an opportunity for therapists thoughtfully to bring their own losses into the session to catalyze a deeper discussion of loss in the client's life. Clients who tend to feel unworthy or unimportant may feel more cared about and trusted as a result of therapist disclosure. These responses may be CRB2s or may be indicators that therapist disclosure was reinforcing. A courageous and strategic disclosure by the therapist can enhance the intimacy of the therapeutic relationship and establish the therapeutic relationship as more similar to outside relationships, thus facilitating generalization. Overall, research has indicated that effects of therapist disclosures can be quite positive, but only when clients perceive the working alliance to be strong (Myers and Hayes 2006).

Choosing not to Disclose: Client History and Diagnosis

If client history or diagnosis suggests that (1) therapeutic alliance would be weakened by therapist disclosure, (2) the client would be re-traumatized by the therapist's disclosure of loss, or (3) the client is not emotionally capable of handling the shift of boundaries that would occur after such a disclosure, then it may be best for the therapist not to discuss personal loss in session.

If one is not certain that a disclosure is in a client's best interest and makes a decision not to self disclose, the FAP framework for awareness of client CRBs can still enhance one's clinical work. For example, it will be natural during a time of loss for a therapist's sadness to arise in session. If that happens, therapists can take note of their experience in the context of the unfolding process with the client. What client behaviors preceded the emotional shift? Did the therapist's emotions arise in the empty space of a client's emotionally distant conversation (a likely CRB1)? Or, were they in response to a client's disclosure of sadness (a potential CRB2)? Did thoughts of a lost loved one surface while a client spoke open-heartedly about someone dear to them (a potential CRB2)? When therapists can determine if the client's behavior represents a CRB1 or 2, and similarly gauge their own emotional experience in the session, they will more likely respond in ways that best serve the client, reinforcing CRB2s and not inadvertently strengthening CRB1s. A wealth of information about the client and the therapeutic relationship can be obtained, and growth and intimacy can be maximized when therapists are fully in contact with their moment-to-moment internal experiences, whether or not they choose to talk about the origins of that experience.

An initial decision not to disclose can also be modified. For instance, if a therapist takes time off during a time of loss without telling clients the reason, many clients will pick up on the fact that something is wrong, and CRBs related to feeling disconnected, uncared about, unimportant, or possibly relieved at the observance of traditional boundaries may be evoked. An astute therapist would recognize how lack of disclosure evoked CRBs and could use this as a therapeutic opportunity. For example, the therapist could reveal the non-disclosure, validate the client's reactions that "something is wrong" and reinforce clients for bringing up their reactions if they constitute CRB2s.

Precautions for Therapists

Therapists who are actively grieving a loss may function at a less optimal level professionally and may be perceived by clients to be less credible and effective. A study by Hayes et al. (2007) examining the relationship between therapists' grief and clients' perceptions indicated that the more grief that therapists were experiencing about missing a deceased loved one, the less empathic clients perceived them to be. This finding fits with previous research indicating that therapists' unresolved conflicts can contribute negatively to the process of therapy (Ligiero and Gelso 2002). Thus, to ethically continue working with clients during a time of grief, therapists must address their emotional needs outside of session. Clinical work must not be used as a means of distraction, or a way to avoid painful feelings. Such avoidance may have a negative impact when clients are sensitive to whether their therapists are fully present. Therapists must maintain a shrewd awareness of their ability to devote themselves to their clients' therapeutic needs. The greater a clinician's discernment of factors that motivate his or her thoughts, feelings, and behaviors, the more effective treatment will be (Hayes et al. 1991). Without that modicum of awareness, a therapist is largely unable to detect if she or he is being harmful, thus it is better to err on the side of not enough disclosure rather than too much. Although mistakes can be grist for the therapeutic mill, they can be detrimental to the work when they occur outside the therapist's awareness and are unacknowledged, unresolved, and un-repaired. Consulting with other clinicians can assist one in exploring the impact and clinical opportunities presented by one's personal loss. Our emphasis on self care during a time of loss as a prerequisite to caring for our clients is consistent with the scant literature, mostly psychodynamic, on this topic (e.g., Vamos 1993; Anderson 2005).

During and after disclosure, therapists should be sensitive to the wide range of reactions possible. When disclosing, therapists should emphasize that their experiences of loss are personal to them, and may be different from those of their clients. Such differences may cause discomfort or envy, and as therapists heal from their losses, they can explore in greater detail their clients' experiences and perspectives which are at odds with their own. After disclosing, therapists need to be able to handle a wide range of possible client reactions, including sympathy, care-taking, pain, anger, trauma, excessive concern, and guilt. Therapists should be sensitive to their clients' capacities to explore these reactions. If clients do not have the capacity for such investigation, however, their feelings may interfere with therapy and must be monitored closely. At a time when higher levels of technical skill may be required and a therapist is particularly vulnerable, consultation and support from colleagues are essential.

Although FAP is based on laboratory established operant conditioning principles and is clinically coherent with other established treatments, it does yet not meet criteria for an empirically supported treatment. As such, our conclusions and recommendations are offered as theory-based hypotheses informed by the authors' clinical experience, case study, and open trial and process research data (e.g., Callaghan et al. 2003; Ferro et al. 2006; Kanter et al. 2005, 2006; Kohlenberg et al. 2002; Kohlenberg and Vandenberghe 2007). Finally, the clients described were relatively high functioning, and the findings of this study cannot be generalized to clients who have more severe diagnoses.

Conclusion

The loss of a loved one generates a significant shift in the emotional makeup of a therapist. In the midst of acute grief it can feel overwhelming to balance one's self-care needs with the needs of clients. If a full hiatus from clinical work is not taken, however, ethically sound therapy depends upon creating such a balance. For therapists to intentionally draw from their suffering and to use it in service of their clients requires continual attention to their own pain (Hayes and Gelso 2001). High degrees of therapist self-awareness combined with a strong theoretical framework have been associated with effective treatment (Gelso and Hayes 2001). FAP, with its focus on a genuine therapeutic relationship and strategic use of disclosure, provides a framework for working towards this balance when faced with such a personal and professional life challenge. Rather than patently advocating a particular form or degree of disclosure, FAP embraces a range of disclosure from minimal to completely transparent depending on idiographic case conceptualizations and client and therapist considerations. Thoughtful disclosure of therapist loss and grief can evoke client CRBs and thus become a portal to emotions, themes, and relationship factors previously unexplored or avoided. In these circumstances, therapist grief becomes a powerful opportunity for growth in the therapeutic dyad.

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