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A Qualitative Analysis of School-based Mental Health Professionals' Views on the Use of Self-disclosure and Humor

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Philadelphia College of Osteopathic Medicine

Department of Psychology

A QUALITATIVE ANALYSIS OF
SCHOOL-BASED MENTAL HEALTH PROFESSIONALS'
VIEWS ON THE USE OF
SELF-DISCLOSURE AND HUMOR

By Robert Felloney

Submitted in Partial Fulfillment of the Requirements of the Degree of

Doctor of Psychology

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PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
DEPARTMENT OF PSYCHOLOGY

Dissertation Approval

This is to certify that the thesis presented to us by Robert Fellony
on the 10th day of June, 2010, in partial fulfillment of the
requirements for the degree of Doctor of Psychology, has been examined and is
acceptable in both scholarship and literary quality.

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Abstract

There is some controversy in the therapeutic community over the use of therapist self-disclosure and humor. On one hand, there are those who contend that use of these therapeutic techniques can have both relational and outcome benefits. On the other hand, there are those who indicate employment of these counseling methods can interfere with the counseling process by being a distraction, as they take the focus away from the client. Relatively little research has been done on the effectiveness of utilizing these techniques, especially the use of therapeutic humor. Review of the research shows there are relational and consequent outcome benefits of therapist self-disclosure and use of humor. Little to no research has been done on the benefits of these counseling techniques in the elementary and secondary school setting. Consequently, a qualitative research design was utilized to examine this research topic. Eight school psychologists and six school social workers from the southern New Jersey area were interviewed to obtain their opinions on the use of these counseling techniques. These school-based mental health professionals delineated both relational and outcome benefits they perceived as a result of using these methods in counseling students. Perceived relational benefits cited for both of these techniques included humanizing them in the students' eyes and fostering a connection with students. Perceived outcome benefits cited included imparting information to students, influencing student perspectives, as well as enhancing student affect and facilitating positive behavioral change. There was also evidence that suggested there were personality/background experience variables that influenced how favorably the subjects viewed the use of these counseling strategies. None of the professionals interviewed indicated they had formal graduate training in the use of these

techniques. Most of them learned about how to utilize them through training they pursued on their own or by trial and error on the job. This points to the need for more research and training on the use of these nontraditional counseling methods to augment the positive effects of therapist self-disclosure and use of humor.

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Chapter 1

Introduction

Statement of the problem

There is some controversy over the use of therapist self-disclosure and humor in therapy. There are those that contend that therapist use of self-disclosure can have beneficial effects on the therapeutic relationship and treatment outcomes (Barrett & Berman, 2001; Bloomgarden & Mennuti, 2009; Knox, Hess, Petersen, & Hill, 1997; Nyman & Daugherty, 2001). Jourard (1971), one of the original supporters of therapist self-disclosure, contended that such disclosure could lead to more client disclosure, a central goal of therapy. Other psychologists have more recently come to this conclusion as well (Gottlieb, 2009; Prenn, 2009; Rabinor, 2009). There are also those who view therapist self-disclosure as counterproductive and unprofessional (Peterson, 2002). Those who ascribe to this point of view typically adhere to a classic Freudian psychoanalytic position with respect to therapeutic processes (Bloomgarden & Mennuti, 2009). Traditionally, psychoanalysis views self-disclosure as interfering with therapeutic interpretation involved in the attempt to resolve transference issues between the therapist and client (Edwards & Murdock, 1994).

Advocates of the therapeutic use of humor state that, if properly employed, humor can have beneficial results, affecting both the therapist-client relationship and the outcomes of treatment (Dunkelblau, 2007; Martens, 2004; Martin, 2007; Richman, 1995). Ellis (1977), who was one of the first psychologists to advocate the use of humor by therapists, stated he used humor effectively to assist in exposing the level of irrationality and, at times, silliness of the beliefs his clients held. He also suggested that many

therapists, especially psychoanalysts, need to lighten up and not take themselves so seriously. He went on to say that therapy could be fun and interesting, as well as productive at the same time. However, Kubie (1971) contended that humor served no useful purpose in therapy. He saw therapy as serious business, as patients may come to resent the lightheartedness of a humorous therapist in the face of their real suffering.

There is evidence that therapists are using self-disclosure, albeit not extensively, during therapy (Miller, 2002; Simi & Mahalik, 1997; Smith, 1991). The same is true for therapeutic use of humor, although its use does not appear to be as prevalent as therapist self-disclosure (Franzini, 2001; Posada, 1991; Wilkens, 2001). Several of these researchers have found there is little clinical training on the use of these therapeutic techniques, and universities typically do not address these topics in their graduate level psychology coursework. Also, the research on both of these therapeutic techniques has not been extensive. This is particularly true with respect to the use of humor. Most of the studies that have been done on these topics have focused on practicing therapists and a college age/adult population (Barrett & Berman, 2001; Hill et al., 1988; Martin, 1983; Nyman & Daugherty, 2001; Parmet, 2000; Posada, 1991; Simone, 1990; Smith, 1991; Witzum, Briskin, & Lerner, 1999). Very little research has been done on school-based mental health professionals' use of self-disclosure and humor as counseling techniques in working in the school setting. Developmental factors, school setting issues, and the often involuntary nature of the counseling relationship introduce confounding variables into the analysis.

Purpose of the study

The purpose of this study was to examine the almost completely unexplored topic of school-based mental health professionals' use of self-disclosure and humor with the students they counsel. This topic appears worthy of examination due to the potential relational and outcome benefits that can be obtained through counselors' use of these techniques.

Little empirical research has been done on school counseling in general. For the purposes of this study, school-based mental health professionals were New Jersey state certified school psychologists and school social workers who devoted at least a portion of their time to counseling elementary and/or secondary students. Counseling in the school setting typically addresses anything that adversely impacts student performance. This encompasses academic, social, and/or emotional issues. The reason for the focus on school psychologists and school social workers is due to the fact that they can be considered to be agents or facilitators of change in the counseling relationship with students. It was the goal of this study to investigate how and to what extent these counselors facilitated positive change in a nondirective way, aided by the use of self-disclosure and humor with the students they counseled. This study aimed to find out how these counselors used self-disclosure and humor, possibly at times in combination, to build rapport and establish a relationship with the students. This study was interested in determining what effect these counseling techniques have not only on relationship building with students, but on perceived student performance as well.

Counseling in the school setting presents some relatively unique issues. These include developmental and consensual issues (Murphy & Christner, 2006; Friedberg &

McClure,2002). The latter refers to the frequently involuntary nature of the counseling relationship in the school setting. Parents, teachers, and administrators often request counseling of students, rather than students seeking it themselves. Students can often be resistant to counseling, especially at the secondary level. At this age, they are maturing and becoming increasingly independent in search of their own identity. Adolescents typically gravitate to their peers in this developmental process, as they turn increasingly to friends for support. This can make establishing a relationship difficult for school-based mental health professionals who may often be viewed as another adult authority figure by adolescents (Zur, 2009). Self-disclosure has been proposed as one method that counselors working with this population may help adolescents feel honored and respected as opposed to judged and patronized (Zur, 2009). Establishing a therapeutic relationship can also be difficult for therapists working with troubled youth from deprived or abusive backgrounds at any age.

Leahy (2001) discusses various ways clients can be resistant in therapy. One of the ways he cites is validation resistance. He goes on to relate that it is critical for the therapist to establish a secure relationship with the client to assist in overcoming this resistance. He cites Linehan (1993) in discussing validation resistance by referring to her proposed way of working with patients with borderline personality disorder. He thinks she makes a critical point when she says that there is a delicate balance needed in working with these patients in terms of supporting them and encouraging them to change. Leahy (2005) generalizes this approach as often being necessary with resistant clients. This would appear to be an especially appropriate way of working with resistant/difficult students seen for counseling in school. The school counselor needs to strike the right

balance in this process. School based-mental health professional self-disclosure and use of humor, sometimes used in conjunction, may help to foster a relationship between counselor and student by humanizing the counselor in the student's eyes. After the establishment of a secure relationship, the counselor may be better able to work with the student to bring about mutually desired changes in attitudes/behaviors in a collaborative way.

School based-mental health professionals' use of self-disclosure and humor is virtually unexplored in the literature. For this reason, this research study was qualitative in nature. Kazdin (2003) indicated that qualitative research is a good way to begin to understand topics of interest that have been relatively unexplored. He goes on to say that these studies can provide detailed, thick description of the phenomenon of interest. This is done by probing participants' perceptions, feelings, and thoughts. In this way, he concludes, the complexity of the experience is revealed.

Theoretical rationale

This study of school-based mental health professionals' self-disclosure and use of humor looks at these interpersonal issues and how they contribute to relationship building, collaboration, and facilitating change in students. The interpersonal emphasis in this study is reflective of an increased emphasis on interpersonal factors and their effect on the therapeutic process in the psychological community (Faber, 2003; Nyman, & Daugherty, 2001). This increased emphasis represents a sensitivity to and recognition of how interpersonal issues are necessary foundations upon which successful therapy is based. This recognition is not new, as interpersonal issues are central to Rogers' client-centered therapy (1956). His model of therapy targeted the central role of the therapeutic

alliance and its three core components: empathy, unconditional positive regard, and congruence or openness. Several studies have found that a greater alliance between therapist and client facilitated change among adolescents in therapy with various emotional and behavioral problems (Hogue, Dauber, Stambaugh, Cecero, & Liddle, 2006; Kazdin, Marciano, & Whitley, 2005; Shirk, Gudmundsen, Kaplinski, & McMakin, (2008). Kazdin et al. (2005) referred to the therapeutic alliance as being “collaborative” in nature.

Rogers (1956) saw change as occurring in therapy as a result of the warm, trusting relationship that developed between the therapist and the client. He conceptualized the therapeutic relationship as the therapist, in all of his/her humanity, relating to the patient as another human being. He even went so far as to indicate that it is the therapeutic relationship which heals .Gottlieb (2008, 2009) sees the therapeutic relationship, if it is to be effective, in a similar way, as he suggests the power of healing comes from the genuine connection that is established between two human beings. Similarly, Yalom (1980, 1998) contends that a good relationship between therapist and client is related to positive therapeutic outcomes. Beck, Freeman and Davis (2004) also acknowledge the critical importance of the therapeutic relationship in leading to beneficial outcomes in cognitive therapy. They assert that the therapist/client relationship is second only in importance to life-threatening issues among the key factors that need to be addressed in therapy. It is upon these conditions of Rogers’ interpersonal, client-centered approach to therapy that this study of school based-mental health professionals’ use of self-disclosure and humor is based.

This discussion of the importance of the therapist/client relationship does not detract from the critical need for a certain level of therapeutic competence as another key component to effective therapy. However, Bloomgarden and Mennuti (2009) cite Rogers (1980) when he notes that therapeutic competence and expertise cannot come into play in therapy unless a therapeutic alliance has already been established, because if the therapeutic relationship has not been forged, then the client may very well choose to leave therapy.

Chapter 2

Literature Review

Background information: School- Based mental health services

Before examining the literature on the therapeutic use of self-disclosure and humor with students counseled in the school setting, there will be a brief discussion of school based mental health services. Schools provide a logical setting for the provision of mental health services for children and youth (Pluymert, 2002). There are several reasons for this, including: children and youth are required to attend school, financial constraints prevent many parents/guardians from obtaining needed mental health services outside of school for their children, and schools provide a realistic setting in which interventions can be easily integrated in to students' daily activities, as well as being able to closely monitor these interventions (Pluymert, 2002). It has been estimated that around half of Americans will meet the criteria for some type of *DSM-IV* disorder at some time in their lives (Kessler, 2005). The onset of these disorders most often occurs during childhood and adolescence, which calls for interventions aimed at this age level to facilitate both prevention and early treatment (Kessler, 2005). It has also been estimated that one in five youth in schools has a mental health problem, with only 20% of these youth receiving the treatment they need (Powers, 2000). Furthermore, it is estimated that about 80% of children and youth who receive mental health services receive such services in the school setting (Powers, 2000).

An array of mental health services are provided in the school setting. These services range from primary to secondary to tertiary interventions (Nelson, Hoover, Young & Obrzut, 2006). Another way of stating this continuum of services is that they

range from prevention to risk reduction to early intervention and treatment (Pluymert, 2002). The last level of service is the most intensive and most prevalent in the school setting (Doll, 2008). Moderate to severe social/emotional disturbances among students are typically dealt with through counseling by a mental health professional in an individual or small group setting (Pluymert, 2002). Mental health professionals in a school setting are often school psychologists and/or school social workers. Off-site coordination with mental health specialists by these school-based professionals may be necessary in moderate to severe cases of social/emotional disturbance (Cooper, 2008).

There are critics of the current system of mental health provision in the school setting. This criticism takes two basic forms and views the problem of mental health provision in schools from two very different perspectives. One approach has already been alluded to. This is a whole school-based, preventive approach, whose supporters view it as a more productive, active approach compared to the more prevalent reactive, typically individual-based approach (Doll, 2008). Another reason given by the supporters of this approach is that there are not enough resources (counselors) to provide the level of service needed under the current system (Gonzalez, 2005). This is particularly true for urban and low-income children, who are more likely to develop mental health problems and less likely to receive effective mental health services (Gonzalez, 2005). Examples of whole school approaches involve such programs as schoolwide antibullying programs and social skills training incorporated into the regular education curriculum.

The other major criticism of the current system of school based-mental health services takes a more hands-off approach to the problem. Elias, Zins, Graczyk, and

Weissberg (2003) indicate that some school administrators and teachers are critical of the diversion of resources and time to the provision of mental health services in the schools from resources and time that could be devoted to academics. They contend this is a false conflict, because anything that contributes to the social and emotional intelligence of children will also contribute to their academic progress. With the current emphasis on accountability and academic achievement in the public schools under the No Child Left Behind (NCLB) Act, the social/emotional needs of students can be overlooked (Cooper, 2008). Although Title V of NCLB places on schools the responsibility of also addressing the social and emotional health of children (Cooper, 2008). Many schools are falling short in meeting this obligation (Ravitch, 2010). The field of school psychology also bears some responsibility for not devoting enough time and effort to the social/emotional needs of children. However, with the new Individuals with Disabilities Education Act (IDEA) there is more of an emphasis on school psychologists taking a more interventionist approach to their role than the previous assessment emphasis (Bucy, Myers,& Swerdlik, 2002; Upah & Tilly, 2002). The former lends itself much more to addressing the social/emotional needs of children.

Even if a more preventive approach is taken to school-based mental health services, there will be a need for moderately to severely socially/emotionally disturbed students to be counseled individually (Merrell, 2002). Counselors will need to have the skills to build a working relationship with the students. Some of the skills cited by Tharinger and Stafford for doing this are: “the ability to play, to communicate a sense of humor, to use self-disclosure to promote the child’s growth, to use interpretation to make

connections among patterns and themes in the child's life and to use confrontation when necessary." (1995, p. 903).

Therapist self-disclosure and use of humor in therapeutic context

Therapeutic use of self-disclosure and humor are not ends in themselves, but rather a means to an end (Martin, 2007; Paulson, Truscott, & Stuart, 1999). The end or goal of therapy is to assist the client in dealing with his/her symptomatology and its adverse effects on his/her life circumstances. Later in this literature review, outcome studies will be examined to assess how effective these counseling techniques are in facilitating this process. One of the ways the therapist can enhance progress is by fostering the development of a working alliance with the client (Hogue et al., 2006; Kazdin et al., 2005; Shirk et al., 2008). The use of these counseling techniques may enhance the therapeutic alliance, according to several analyses of the therapeutic process (Amada, 1993; Bridges, 2001; Dies, 1973; Koglu, 1993). The development of a therapeutic alliance is a necessary, but not sufficient, condition to advance the goals of therapy.

There are contextual/situational factors that can either assist or hinder in achieving beneficial therapeutic outcomes. Contextual/situational factors encompass the present and past life circumstances of the client. These factors include, among other things, social, economic, racial/ethnic, religious, and gender/sexual orientation issues. Racial factors may have an effect of impeding the therapeutic use of self-disclosure with white counselors working with Black clients (Madison-Colmore, & Moore, 2002). And Kim et al (2003) did a study that found no relationship between therapist self-disclosure and therapeutic outcome for East Asian American clients. It is important therapists to be

careful to use humor appropriately, especially in working with opposite sex and an ethnically/racially diverse clientele (Maples, Dupey, Torres-Rivera, & Loan, 2001). Several situational circumstances have been cited as having an effect on the use and effectiveness of these therapeutic techniques, such as: timing in their use, and the content and amount of their use (Neimeyer & Fong, 1983; Saper, 1987; Simonson, 1976). Conti-Hayes (2008) found that school psychologists and school social workers in New Jersey were more likely to self-disclose when disclosure had been solicited by the students they counseled.

Motivational and personality variables can also influence the use of these techniques during the course of therapy and resultant therapeutic outcomes. Motivation has been cited as a critical factor related to behavior change as a therapeutic outcome (Miller & Rollnick, 2002; Prochaska & DiClemente, 1982). Previous researchers have maintained that for change to occur during therapy, there has to be a certain level of motivation to change by the client. There are varying levels of motivation to change that clients bring to therapy that will have a direct effect on therapeutic outcomes. There are also personality variables that affect the use of these techniques and their effectiveness in bringing about therapeutic change. Personality is related to motivation, but it goes deeper. Therapist use of humor reflects the personality and treatment approaches of the therapist employing them (Richman, 1996). Killinger (1987) states that therapists will probably be more successful using humor spontaneously, reflecting a way of perceiving and experiencing life, rather than engaging in jokes or routines. Saper (1987) stated the therapist should know himself/herself and the client before employing humor in therapy. Bloomgarden and Mennuti (2009) have given similar advice to therapists about making

the choice to self disclose or not. They assert that a therapist should not force self-disclosure, but rather to be true to oneself and self-disclose only in response to the client's needs. Personality variables may factor into the therapist's decision to disclose or not disclose (Bloomgarden & Mennuti, 2009). They cite personality variables, such as introversion and extroversion, which may lead to too little or too much disclosure by the therapist, respectively. They indicate that this dilemma of how much they choose to disclose can arise when therapists attempt to leave their comfort zone by altering their therapeutic style to best meet the client's needs (Bloomgarden & Mennuti, 2009).

There is a lack of training at the graduate level in the therapeutic use of self-disclosure and use of humor (Burkard, Knox, Groen, & Perez, 2006; Franzini, 2001). There is also a lack of research conducted on these topics, particularly the therapeutic use of humor (Franzini, 2001). A reason given for the latter is that the often spontaneous nature of humor makes it difficult, but not impossible, to research this topic (Ventis, Higbee, & Murdock, 2001). Also hampering research on these topics, particularly in the past, was the discouragement of their use by those in the field. This is changing some, as this literature review will later show. This research study represents an attempt to add to the knowledge base of these therapeutic techniques, specifically as they apply to the school setting, in which the research is very sparse.

Definition of Terms

Therapist self-disclosure

Hill and Knox have defined therapist self-disclosure in the following broad terms: "Statements that reveal something personal about therapists" (2001, p. 413). Although therapist self-disclosure can also involve a physical, nonverbal dimension, for the

purposes of this research study, the focus was on verbal disclosures by therapists. Watkins (1990) makes several distinctions as to the various types of therapist self-disclosure. First, there are personal versus demographic disclosures. The former involves intimate sharing, while the latter entails non-intimate sharing. Personal disclosures are those the therapist engages in that reveal personal opinions and experiences. Demographic disclosures are those involving factual information such as degrees held and theoretical orientation. The focus of this study was on personal disclosures. There is also a distinction between past versus present self-disclosures. Past disclosures reveal a problem or experience that took place in the counselor's past. Present disclosures involve revelations about current experiences or problems. Similar to present disclosures are self-involving statements the counselor can make during therapy. These statements represent expression of the current feelings a therapist has for a client. The focus in this study was on past and present self-disclosures and not self-involving statements. Another distinction is that between positive and negative self-disclosures. Positive self-disclosures entail sharing favorable information about one's experiences or the sharing of experiences that are similar to the client's experiences. Negative self-disclosures refer to the exact opposite. The use of both of these types of disclosure were examined in this study, although there was more emphasis on examining positive self-disclosures. Finally, Knight (1997) refers to the therapeutic self-disclosure as being an intentional behavior. In other words, the counselor in self-disclosing is doing so in a conscious, deliberate manner. The goal of therapist self-disclosure, if it is to be truly therapeutic, is to benefit the client. Consequently, the focus remains on the client, even though the therapist is revealing personal information about himself or herself.

Therapist Use of Humor

Franzini has defined therapeutic humor as follows: “Intentional and spontaneous use of humor techniques by therapists and other health care professionals which can lead to improvement in the self-understanding and behavior of clients or patients.” (2001, p171). The therapeutic use of humor can be intentional and deliberate, as well as spontaneous, occurring in response to something the client has said. The key point here is that the focus remains on the client, as either or both of these techniques are employed based on what the therapist perceives will benefit the client. This last point is suggestive of the distinction between the appropriate and inappropriate uses of humor. Appropriate use of humor has as its goal facilitating the health, welfare, and self-esteem of the client (Franzini, 2001; Killinger, 1987). Inappropriate use of humor is the opposite. It involves put downs and destructive comments, which do not have the client’s interests in mind, because as they are made at the client’s expense; Franzini, 2001; Killinger, 1987). The intentional and spontaneous, as well as the appropriate use of humor, is the focus of this study. Franzini gave examples of the various types of humor that therapists can employ as follows:

The form of humor could include a formal structured joke or riddle (although that would be relatively rare), pointing out of absurdities, an unintended pun or spoonerism, behavioral or verbal paraphrases (i.e., Freudian slips), examples of illogical reasoning, exaggerations to the extreme, statements of therapist self-deprecation, repeating an amusing punch line, illustrations of universal human frailties or comical observations of current social and environmental events (2001, p. 171).

This study examined the use of these various techniques. A final distinction to be made in the types of therapeutic humor is that between humor and shared humor. Humor involves those instances in the counseling relationship, when only one party, the therapist or the client, found the use of humor to be funny (Megdell, 1984). Shared humor is when both found the use of humor to be funny or enjoyable (Megdell, 1984). Typically, the successful use of humor by therapists results in a positive, shared emotional experience between therapist and client (Franzini, 2001). The focus in this study was on shared humor, with emphasis on positive versus negative emotional experiences that result from therapist use of humor.

Therapeutic use of humor and self-disclosure can be employed in tandem. Franzini (2001), as noted, indicated one of the humorous techniques therapists can utilize is self-deprecation. This implies that the therapist is revealing something about himself or herself. Sluder (1986) also made reference to combining these two counseling techniques when discussing elementary school counselors' use of humor. She cited as an example of this, for instance, counselors self-disclosing their human foibles.

Therapist views on self-disclosure

Most of the research that has been conducted on therapists' attitudes regarding self-disclosure has been surveys. Also, most of this research has involved therapists who treat an adult population. This research has demonstrated that many counselors/therapists use self-disclosure, when working with their clients; however, they tend to use it infrequently or to a moderate level (Edwards & Murdock, 1994; Gallucci, 2002; Hill, & Knox, 2001). Several studies found that psychodynamically oriented therapists tend to use self-disclosure much less often than cognitive/behavioral or humanistic therapists

(Edwards & Murdock, 1994; Hill, Mahalik & Thompson, 1989; Smith, 1991). Not surprisingly, psychodynamically oriented therapists tend to view the effects of such disclosures much less positively than cognitive/behavioral or humanist therapists (Hill et al., 1988; Hill et al., 1989). Psychodynamic therapists, when they do self-disclose, tend to talk about professional issues (such as degrees, training, and orientation) rather than personal issues (Hill et al., 1988; Smith, 1991). Cognitive behavioral and humanist therapists tend to self-disclose for the following reasons: to model self-disclosure for the client, to enhance the therapeutic alliance, to validate the client, to provide alternative perspectives, and to increase the similarity between the therapist and client (Hill et al., 1988; Oakes, 1999).

Under certain circumstances, research has demonstrated that therapists disclose less frequently. Smith (1991) and Simone (1990) found in their surveys of practicing therapists that they reported self-disclosing less often with more pathological patients. In a survey of nearly 1,000 mental health practitioners, Murdock (1990) discovered that the therapists reported they self-disclosed little at the beginning of therapy and more as therapy progressed. Capobianco and Farber (2005) conducted a survey of over 100 mental health professionals who see child patients. These professionals reported they seldom spontaneously self-disclosed to children. The self-disclosures that did occur were in response to questions from the children. They indicated that children would question them about such things as their marital status, pets, experiences in school, and hobbies. These therapists indicated that their self-disclosures seldom were helpful to the children they treated in advancing the goals of therapy.

In a qualitative study, 11 White therapists who used self-disclosure with the Black clients they see found it to be helpful to the therapeutic process (Burkard et al., 2006). They found that their self-disclosure helped to improve their therapeutic relationship with these clients. More specifically, several of these counselors indicated this was accomplished by their acknowledgement of the role racism plays in American society, as well as acknowledging their own racist attitudes, which comes from living in such a society.

Client views of therapist self-disclosure

Several studies have been conducted on how clients view self-disclosure their therapists engage in with them. The vast majority of these research studies have been conducted with an adult population. Most of these studies were quantitative in nature (correlational). Clients in many of these studies responded to questionnaires. The majority of these studies found that clients viewed therapist self-disclosure positively (Araminta, 2000; Barrett & Berman, 2001; Bridges, 2001; Fotinos, 1996; Knox et al., 1997; Hill et al., 1988; Patten, 1983). The benefit most often cited by clients in these studies, when therapists self-disclosed, was a deepening of the therapeutic relationship. Interestingly, in studies that compared therapist with client attitudes on the subject, clients tended to find therapist self-disclosure more helpful than did their therapists (Araminta, 2000; Hill et al., 1988). In a qualitative study of 13 adult psychotherapy clients by Knox et al. (1997), clients reported the following benefits of therapist self-disclosure: equalized the therapeutic relationship, reassured them by normalizing their problems, modeled for them how to self-disclose or make changes in their lives, and gained a new perspective on why and how to make changes.

Not all of the research done on client views of therapist self-disclosure has yielded overall favorable impressions. Several studies have found neutral results of its use in therapy, as viewed by clients. For example, Chessen (1982) and Gibson (1996) surveyed clients in therapy and found no difference in clients' perceptions of therapeutic conditions and actual outcomes when some of them were exposed to no self-disclosure and others were exposed to therapist self-disclosure. More will be said about outcomes later. Dies (1973) found that 10 psychotherapeutic group members rated their self-disclosing leaders more positively on some qualities, but also more negatively on others. These group members rated their self-disclosing leaders as being more helpful, friendly, trustworthy, and intimate. On the other hand, they also rated these leaders as less relaxed, strong, stable, and sensitive.

Several studies have examined adolescent clients' views on therapist self-disclosure (Bruni, 2004; Fotinos, 1996; Gabriel, 2005; Schimmel, 1994). Adolescents had a generally favorable impression of therapist self-disclosure in these studies. In one study, qualitative in nature, Bruni (2004) interviewed undergraduate students who had reluctantly attended therapy when they were adolescents. They indicated, in retrospect, that they preferred a therapist who engaged in an open dialogue with some self-disclosure to a therapist who engaged in minimal dialogue and asked probing questions. In another qualitative study, Gabriel (2005) found that anorexic girls viewed the self-disclosures of their anorexic female counselors to be helpful. Reasons cited by these girls for the helpfulness of their therapists' self-disclosures included: normalizing their problem, providing a role model for change, and giving them hope and inspiration that they could change. In a study of adolescent male offenders engaging in a first therapeutic interview

it was found they had no preference, and it had no effect on the amount of talking they engaged in, whether or not the therapist self-disclosed (Schimmel, 1994). In this study, 54 adolescents were divided up into three groups and seen by three different therapists who engaged in varying degrees and types of self-disclosure.

Nonclient views of therapist self-disclosure

Most of the research conducted on nonclient views of therapist self-disclosure has been analogue in nature. This kind of study typically focuses on “a carefully defined research question under well-controlled conditions” (Kazdin, 2003, p. 141). These studies are usually done on college campuses, typically in introductory psychology classes, and focus on the initial counseling interview. The majority of these studies have found that nonclients view therapist self-disclosure positively. Hill and Knox (2001) conducted a meta-analysis of 17 analogue studies on therapist self-disclosure. They discovered that in the vast majority of these studies, nonclients preferred therapists who disclosed, at a moderate level, information about themselves. In another meta-analysis of mostly analogue studies, Watkins (1990) found that nonclients preferred counselors who disclosed at a moderate level in a nonintimate fashion compared to those counselors who did not self-disclose or who disclosed a good deal of intimate information about themselves. College students rated therapists who self-disclosed more favorably (perceived warmth, acceptance, and likeability) than those counselors who did not self-disclose (Cashwell, Shcherbakova, & Cashwell, 2003; Hendrick, 1988; Nyman & Daugherty, 2001; Thomason, 2005; Vande Creek, & Angstadt, 1985). Several studies of nonclient views on this topic provided what could be called neutral to somewhat negative results (Carter, 1985; Dowd & Boroto, 1982; Simonson, 1974; Simonson & Baker,

1974). A couple of these studies found that nonclients viewed disclosing therapists as either less attractive, or more attractive, but less expert than nondisclosing therapists (Carter, 1985; Simonson & Baker, 1974). Riviere (1990) discovered that undergraduate college students perceived counselors who self-disclosed as less attractive the more realistic the counseling analogue became.

Counselor self-disclosure in the elementary and secondary school settings

One study examined school based mental health professionals' views on self-disclosure. Conti-Hayes (2008) conducted a survey study of New Jersey school psychologists' and social workers' attitudes about self-disclosing to the students they counseled in school. She found that the majority of these school-based mental health professionals did self-disclose. The primary reasons cited for self-disclosing in this study were to improve the therapeutic alliance, help the student to feel less alone, and facilitate the consideration of other viewpoints. Two reasons were noted by these professionals for not self-disclosing: interfering with therapeutic boundaries and moving the focus from the student to the therapist. Conti-Hayes (2008) also found that school psychologists and social workers were more likely to self-disclose when such disclosure had first been requested by students. Factors that affected self-disclosure rates in this study were the cognitive and emotional maturity of the students and gender. Race/ethnicity/cultural background did not have an effect on self-disclosure rates. Other research done in elementary and secondary schools relating to this topic involved research on student attitudes towards self-disclosure. Patrizio (1990) and Hoang (1996) examined high school students' attitudes toward self-disclosure. Patrizio (1990) was the only study identified that focused specifically on student views of counselor self-disclosure. The

results of this study revealed that a non-disclosing counselor was viewed as significantly more expert than a disclosing counselor. Hoang's (1996) research revealed that immigrant Southeast Asian students were interested in more impersonal forms of counseling on academic and vocational issues than counseling on more personal issues that would require them to self-disclose. Both of these studies were done in the United States and used survey methods. Shechtman and Vurembrand (1996) conducted a study of Israeli elementary students' (grades 4 to 6) attitudes toward self-disclosure. They found that following group counseling in school, girls self-disclosed more and at a more personal level with their friends than boys did. They concluded that the norms of self-expressiveness in the counseling groups were not sufficiently strong to counterbalance societal norms regarding expressiveness and disclosure that tend to be gender based.

Outcome studies on therapist self-disclosure

Few studies have been done on the relationship between therapist self-disclosure and the outcomes of therapy (symptom reduction or attitudinal/behavioral improvement). Results of these studies have been mixed. Some of the studies have found there were positive effects as a result of therapist self-disclosure, while other studies discovered that there were no outcome effects or negative effects following the use of this technique in actual therapy situations. In a meta-analysis of seven correlational studies, Hill and Knox (2001) found that there was no relationship between treatment outcome and therapist self-disclosure, based on therapist, client, or observer judgments. They found one study that reported negative treatment outcomes, as assessed by therapists, following therapist self-disclosure. Two other studies they examined that used other methodologies revealed positive therapeutic effects (less symptom distress) following therapy in which the

therapist self-disclosed. One of these studies was conducted at a university clinic (Barrett & Berman, 2001). Students reported less symptom distress after therapy in which counselors self-disclosed than other students whose counselors did not disclose. In a qualitative study, undergraduate students who reluctantly attended therapy as adolescents reported more positive effects from therapists who self-disclosed and engaged in dialogue than therapists who were more probing and analytical (Bruni, 2004). Some of the positive outcomes reported were greater academic motivation and improved relationships with parents and peers (Bruni, 2004). Two other studies reported no outcome effects resulting from therapist self-disclosure. Gibson (1996) found that clients' anxiety levels did not vary as a function of the type and amount of therapist self-disclosure. Finally, in another study, therapist self-disclosure was not significantly related to clients' or therapists' ratings of symptom change in an outpatient program at a mental health hospital (Kelly & Rodriguez, 2007). The authors suggest that this lack of a relationship between therapist self-disclosure and reported treatment outcomes is most likely due to the fact that many variables account for treatment outcomes.

Therapists' views on the use of humor

Research studies on therapists' views on the use of humor in therapy have been much more qualitative in nature than studies on therapists' views of disclosure. The latter, as previously noted, have primarily been survey studies. Research studies on the topic of humor and how therapists view its use in counseling are about equally divided between qualitative interviews and survey studies. Several studies have examined, among other aspects of, the frequency with which it is employed as a therapeutic technique. Reported frequencies range from some use to frequent use of humor (Bennett,

1996; Martin, 1983). In another study, a majority of social workers surveyed who worked with cancer patients indicated they used therapeutic humor in counseling these patients (Parmet, 2000). Several studies revealed that therapists report a lack of training in the use of therapeutic humor (Bennett, 1996; Wilkens, 2001; Posada, 1991). The Posada (1991) survey of licensed clinical social workers and the Wilkens (2001) survey of marriage and family therapists revealed that significant numbers of counselors in both of these studies were self-trained in the therapeutic use of humor.

The vast majority of the studies showed that therapists viewed the use of humor during the counseling process as yielding positive outcomes. The three studies that revealed the most unqualified support for the use of humor were qualitative in nature (Bennett, 1996; Greenburg, 1995; Martin, 1983). Benefits of the use of humor that were cited by therapists in these studies included: improving the therapeutic relationship, enhancing client well-being by relieving stress, and facilitating new perspectives. Several studies found that therapists held more mixed views as to the benefits of therapeutic humor (Buckman, 1980; Major, 1999; Thomson, 1990). In these studies, therapists acknowledged many of the same benefits in the therapeutic use of humor cited in the previous studies. However, they also cautioned against its potential negative effects and inappropriate use. Buckman (1980) found in her interviews of eight therapists that those with a psychoanalytic orientation viewed the use of humor negatively, because it would interfere with the transference process and resultant therapeutic interpretive insights. Major (1999), in his interviews with seven professional therapists, found that these therapists thought that use of humor could lead to distraction from the therapeutic task and to possibly hurting the clients' feelings. Related to the last caveat about

therapeutic humor, Thomson (1990) surveyed 56 reality therapists and found that the inappropriate use of humor by the therapist was cited by many as possibly leading to negative client feelings, blockage of effective communication, and an imbalance in the therapeutic relationship. These studies appeared to share an implicit assumption as to why therapeutic use of humor could lead to negative outcomes. This assumption was that these negative consequences could easily result, given the lack of training of therapists in the use of this therapeutic technique.

Other general themes emerged from analysis of studies done on therapists' attitudes about the use of humor during therapy. One of these themes centered on the importance of the therapist having a sense of humor and being himself/herself in using humor, if humor was to be used effectively during therapy (Olona, 1988; Schaafsma, 2007). The second theme was that effective therapeutic humor tends to be subtle, spontaneous humor, not jokes or routines (Major, 1999; Thomson, 1990).

Client views of therapeutic use of humor

A large majority of the studies reviewed, employing various research methodologies, showed that clients viewed therapeutic use of humor as having a positive effect. The research methodologies included analogue studies, qualitative interviews and clinical experiences. The clients' perceptions of the positive effect of the use of humor involved an appreciation of how it led to an improvement of the therapeutic relationship, as well as an improvement in treatment outcomes (i.e., symptom reduction). More will be said later about therapeutic use of humor and treatment outcomes. Some of the symptoms from which clients reported relief from following therapeutic use of humor involved depression, anxiety, suicidality, and psychosis. Improvement in the therapeutic

relationship and symptom relief after therapists employed humor was found in several studies (Bennett, 1996; Martin, 1983; Richman, 1995; Richman, 1996; Witzum et al., 1999). One study focused exclusively on the effect that counselor-initiated humor had on the therapeutic relationship (Megdell, 1984). This research study was a quasi-analogue study of an initial counseling session of 30 alcoholic clients. Results of this study showed that counselor initiated humor increased the clients' perceptions of the counselors' attractiveness. Two studies focused exclusively upon therapist humor and treatment outcomes (Nies, 1993; Ventis et al., 2001).

The vast majority of these studies involved an adult population. Clients in these studies ranged in age from late teens to elderly. The only exception to this was the Ventis et al., (2001) study, which involved college-aged students. There were no studies found that examined children/adolescent views of the use of therapeutic humor during the course of therapy. The majority of the studies involved spontaneous humor entailing such humorous techniques as irony, paradox, and exaggeration. None of the studies examined the humorous effects of therapists telling jokes or engaging in comedic routines, although two of these research studies also included planned activities (Nies, 1982; Ventis et al., 2001). These activities will be discussed later, when therapeutic outcomes of the use of humor are discussed. Also to be discussed will be two analogue studies that Roberts (1993) and O'Brien (2000) conducted, results of which revealed no significant differences between clients' perceptions of the effect on treatment outcomes of humorous and nonhumorous therapeutic interventions.

Client sense of humor and its effect on therapeutic outcomes has also been assessed (Newton & Dowd, 1990; Priddy, 1990). Priddy (1990) found little correlation

between client sense of humor and treatment outcomes for 31 clients counseled at a university clinic. Newton and Dowd (1990) found, contrary to their hypothesis, that low-humor test-anxious students responded better to a paradoxical intervention to reduce their test anxiety than high-humor students. The reason they suggested was that low humor students might have taken the intervention more seriously and tried harder than high-humor students.

Nonclient views of therapeutic humor

There was very little research that could be found on nonclient views on the use of humor during therapy. Unlike the research done on therapist self-disclosure, research on humor was much more prevalent for a client/symptomatic population than for nonclients. In an analogue study of college students, those students who viewed a humorous video before engaging in a public speaking activity had lower levels of stress than those students who did not (Smies, 2003). In another analogue study of college students, Kerrigan (1983) found that therapists who engaged in more humor were respected less and viewed as less empathetic, warm, and genuine than therapists who employed less humor. Finally, another analogue study of college students found that counselors who used facilitative humor or no humor at all were equally able to create a positive relationship with the client (Foster & Reid, 1983). The results of this research study also revealed that nonfacilitative humor did not enhance the therapeutic relationship. There were no differences among the three humor conditions in this study in assisting the client to achieve greater self-understanding.

The use of humor by counselors/teachers in the elementary and secondary school settings

Very little research has been done on school based mental health professionals' attitudes about the use of humor with the students with whom they work. Sluder (1986) found that elementary school counselors can use humor to more effectively work with the students they counsel. Some of the benefits include building rapport and using modeling, as well as self-disclosure with humor, to assist children in coping. In a large-scale survey of high school teachers, results showed that teachers used humor in their classrooms for a variety of reasons (Neuliep, 1991). Reasons cited by teachers in this survey included: to make an instructional point, to make a lesson more vivid, and to introduce some levity into the classroom setting. Neuliep (1991) found that 10% of teacher humor was aggressive in nature, involving such things as teasing, joking, and playful put-downs occasioned by student's mistakes. Another study examined both high school teachers' and students' perceptions of what contributes to effective teaching (Brown, 2005). Both teachers and students agreed that teacher sense of humor, among other qualities, contributed to teacher effectiveness.

Other studies on the topic of humor in the school setting examined students' views exclusively. These studies were conducted on junior high and high school students using questionnaires. Seventy-three gifted junior high school students rated teacher sense of humor as one of the most desirable and essential qualities of successful teaching (Wendel & Heiser, 1989). Fifty-one female high school volleyball players were questioned about the effects of their coaches' use of humor (Burke, Peterson, & Nix, 1995). Results indicated a moderate relationship between the coach's sense of humor and

liking of the coach. There was a low to moderate relationship between the coach's sense of humor and perceived coaching ability. Finally, results of this study indicated that humor does play a role in the players' perceptions of the coach, particularly for younger players.

Outcome studies on therapeutic use of humor

More research has been done on therapeutic outcomes relating to the use of humor by therapists than on outcomes following therapist self-disclosure. The results of these studies are mixed regarding the effectiveness of humor used in the therapeutic process, which is similar to research done on this topic with therapist self-disclosure. Saper (1987) did a meta-analysis of approximately two dozen doctoral dissertations on the effectiveness of therapeutic humor. All of these studies were empirical in nature, using a variety of research methodologies. He reported that results were inconclusive in supporting the positive claims made on the basis of anecdotal data and clinical experiences for the productiveness of humor in psychotherapy. Richman (1995) and Richman (1996) discussed the value of humor in working with elderly patients in reducing their levels of anxiety, depression, and suicidality by citing various clinical experiences.

Several studies employed a more rigorous analogue methodology and found that the use of humor contributed significantly to symptom relief. The use of humor with 12 chronically schizophrenic patients resulted in significantly more symptom relief than persuasive therapy with these hospitalized patients (Witzum et al., 1999). Results of this study suggested that the use of irony, exaggeration, and absurdity with these patients led them to new insights, which contributed to symptom relief. In a study of 40 students who

were highly fearful of spiders, the use of humor in systematic desensitization reduced their fear as effectively as traditional desensitization (Ventis, et al., 2001). In a study of 14 dating anxious-males, cognitive restructuring infused with humor yielded significantly more improvement in reducing their anxiety levels than cognitive restructuring without humor (Nies, 1982).

In a qualitative study, 30 adult clients were interviewed and reported they had extremely positive experiences with the use of humor by their therapists during the course of their counseling (Bennett, 1996). In terms of treatment outcomes, they reported that use of humor had helped to provide them with relief from stress and tension.

Several analogue studies done on the use of humor in the therapeutic context found that it did not contribute significantly to therapeutic outcomes or that it contributed no more to outcome effectiveness than other techniques. The use of therapeutic humor with anxious clients did not result in more significant improvement in their anxiety level than with clients who were not exposed to therapeutic humor (O'Brien, 2000). Roberts' (1993) study of cancer patients who were exposed to therapeutic humor revealed that they showed no significantly greater reduction in their levels of anxiety and depression than patients who received mental imagery or group therapy, although all three interventions, including therapy infused with humor, led to significant reduction in their anxiety and depression levels. The Newton and Dowd (1990) study, reviewed before, found that a paradoxical intervention to reduce students' levels of test anxiety produced results contrary to those hypothesized. Martin (2001) reviewed several studies that examined the effect of the use of humor by teachers on student learning. He found that

most of the studies' results revealed that the use of humor in the classroom setting had little influence on student learning.

Chapter 3

Method

Overview of research design

This research study is qualitative in nature. The topic examined in this paper, school based-mental health professionals' use of self-disclosure and humor, is virtually unexamined. Qualitative research has proven useful in examining topics on which little research has been done and, consequently, for which there is little conceptual development of the topic (Glaser & Strauss, 1967; Kazdin, 2003). There are several qualitative research strategies, including the following: ethnography, case studies, phenomenological research, narrative research, and grounded theory (Creswell, 2009). The research strategy that will be employed in this study was grounded theory, which was originally developed by Glaser and Strauss (1967).

The grounded theory approach can utilize various data collection methods. These methods include observations, interviews, and analysis of documents and audiovisual materials (Creswell, 2009). The data collection method that will be employed in this study was interviews. The unit of analysis in grounded theory, as well as analysis of documents, is language in most general terms and words specifically (Cresswell, 2009; Morrow & Brown, 1994). This contrasts with quantitative studies, in which the primary unit of analysis is numbers. Qualitative analysis is inductive in nature, as the raw data is examined and coded to develop increasingly abstract themes or categories (Corbin & Strauss, 2008; Glaser & Strauss, 1967). The grounded theory strategy of qualitative data analysis, as the name implies, has as its ultimate goal to build theory from the ground up. The theory is grounded in the data or reality (Glaser & Strauss, 1967). As a result, with

this approach to theory building, the theory is constructed to fit the data and not vice versa, as the originators of grounded theory suggest is often the case with quantitative research (Glaser & Strauss, 1967).

The grounded theory approach to data analysis does not necessarily have to lead to theory construction. This approach can result in thick, rich description of a particular topic and/or conceptual development of themes or categories that emerge from analysis of the data (Corbin & Strauss, 2008; Creswell, 2009; Kazdin, 2003). Thick, rich description and conceptual analysis of the data was the goal of this research study on school-based mental health professionals' use of self-disclosure and humor. This description and analysis was done by examining the perceptions and experiences with respect to this topic of the participants interviewed by this researcher. This depiction of the study is in line with the description of some key assumptions and fundamentals of qualitative research, as delineated by Marshall and Rossman (2006), who stated that qualitative researchers "are intrigued by the complexity of social interactions expressed in daily life and by the meanings that the participants themselves attribute to these interactions" (p. 2).

The raw data generated by the interviews in this research study were raised to a conceptual level by coding the data (Corbin & Strauss, 2008). Coding the data allows concepts to be extracted from the data. Concepts are developed in terms of their properties and dimensions (Corbin & Strauss, 2008). Properties refer to characteristics that help to define concepts, while dimensions involve variations within properties that give them both particularity and range with respect to the concepts being developed (Corbin & Strauss, 2008). The raw data is constantly compared to look at similarities and

differences in the data, which then leads to coding of the data into various categories or themes, according to its properties (Glaser & Strauss, 1967). Theoretical sampling of the data is conducted until no new categories or themes are being developed or the categories that have been developed have sufficient depth and variation (Corbin & Strauss, 2008; Glaser & Strauss, 1967). This description of theoretical sampling is also a good description of saturation when no new data are emerging (Corbin & Strauss, 2008). Unlike quantitative sampling, where the goal is to be able to generalize the findings as much as possible, the goal of theoretical sampling in qualitative analysis is particularity and depth of analysis (Corbin & Strauss, 2008; Cresswell, 2009).

Memo writing during the course of research has been suggested by several qualitative researchers to facilitate data analysis (Corbin & Strauss, 2008; Cresswell, 2009). Corbin and Strauss (2008) suggest that memo writing is helpful for generating insights. Creswell (2009) indicates that memos tend to become increasingly abstract as research and data analysis progresses. The implication is that memo writing is useful in generating higher levels of conceptual analysis of the data. Memo writing was employed throughout analysis of the raw data.

As with all empirical research, there is concern with its validity or credibility, or how certain the researcher can be about the accuracy of the findings. Corbin prefers to talk about the credibility rather than the validity of qualitative findings, given the latter concept's quantitative methodological connotations (Corbin & Strauss, 2008). Corbin & Strauss (2008) define credibility in the following terms: "Credibility indicates that findings are trustworthy and believable in that they reflect participants', researchers' and

readers' experiences with a phenomenon but at the same time the explanation is only one of many possible "plausible interpretations from the data".(p.302)

Several methods have been proposed for ensuring the credibility of qualitative findings. These include: (a) triangulation, whereby different sources or perspectives converge to add weight to the accuracy of the findings, (b) member checking, with study participants to discern their thoughts on the findings, (c) using rich, thick description to convey the depth of the findings, (d) presenting negative or discrepant information which is contrary to the findings, and (e) clarifying and explaining any bias the researcher brings to the research study (Creswell, 2009). Four of the five credibility checks discussed above were used. The only check that was not employed was (c), member checking. Credibility checking (e) will be discussed below in the brief biography of the researcher, including a discussion of the biases he brought to the topic.

Personal biography

The researcher worked in the New Jersey public school system as a school psychologist for 18 years in a school district in the southern New Jersey area. He recently retired from this position. As part of his job, he counseled students with academic and emotional/behavioral concerns that were interfering with their educational performance. He employed self-disclosure and the use of humor while counseling these students to assist in developing a rapport with the students in an attempt to enhance counseling outcomes. The researcher believes that the use of these counseling techniques facilitated, much more often than not, in assisting these students with their problems. At the time of the study the researcher was a crisis screener at two local hospitals for three years. He held this position also in the southern New Jersey area. This job required that

patients treated in the emergency room as a danger to themselves or others be evaluated to determine the appropriate level of service needed. The researcher also used self-disclosure with the patients he saw in crisis. He used this technique judiciously and with what he thinks was some success. Success is defined here as helping to develop a relationship with the crisis patient and to further the prospect of future successful treatment outcomes. The researcher was much more selective in using humor with crisis patients than with the students he counseled in the school setting. The reason for this obviously relates to the serious, dire circumstances the crisis patients tended to find themselves in. However, in a few cases, the researcher utilized his clinical judgment and employed humor with crisis patients. He believed the use of this counseling technique with these patients was effective, at times.

The researcher's personal bias, as noted from this brief biography, is that self-disclosure and the use of humor can be effective in different settings. The purpose of this qualitative study was to determine whether or not other school-based mental health professionals have found these counseling techniques to be useful in counseling students.

Participants

The participants in this study were New Jersey state certified school psychologists and school social workers, all of whom worked with public school students. All of the participants had a minimum of 4 years experience. The school settings included local public school districts, as well as out of district, county-run public schools. Participants were also recruited from out-of-district, private schools. All of the participants worked in schools located in the southern New Jersey area and counseled at least five students during the course of the school year.

The researcher recruited participants by contacting school psychologists and school social workers that he knew because he worked with these individuals over the years in his role as a school psychologist or he met them at the semiannual New Jersey school psychologists' meetings. Subjects were recruited for this study until saturation was reached. Saturation, as noted, is the point at which no new information is being gained in the interview process relating to the themes or categories emerging in the research.

Measures

Two instruments were employed in this research study. The first instrument was a questionnaire that elicited demographic information from the school psychologists and school social workers who participated (Appendix B). The second instrument was a semistructured questionnaire, School-Based Mental Health Professionals' Use of Self-Disclosure and Humor (Appendix C). This questionnaire was developed by the researcher. The questions were developed based on research relating to counselors' use of self-disclosure and humor. Global questions were asked first during the course of the semistructured interview, followed by more specific questions on school counselors' use of self-disclosure and humor.

Procedures

A pilot study was conducted before the actual research study ,because very little, if any, research has been done on the use of school-based mental health professionals' use of self-disclosure and humor in the school setting. The pilot study was conducted with a crisis screener who was a supervisor with a B.A. in psychology. This pilot study

was conducted to evaluate the semistructured questionnaire to determine whether the information gathered would support the basis of this qualitative study.

The interviews were conducted at various locations at the convenience of the participants. These locations included the participants' worksites after their scheduled work hours and private residences. The interview began with an explanation of the purpose of the study. Therapist self-disclosure and use of humor were then defined. This information was provided in a brief script that was presented to the participants to read. The researcher then informed the subjects that all information obtained would remain confidential. They were also told they had the right to refuse to answer any questions and that they were free to drop out of the study at any time of their choosing. The researcher informed each participant that he would be taking notes and audiotaping the interview to ensure information was being accurately recorded from the interview and to allow for detailed analysis at a later time.

Following this brief introduction, each subject was asked a series of questions from the semistructured interview. The first two questions were general in nature and asked the participant to describe themselves and how this has affected how they do their jobs as either school psychologists or school social workers. The second part of the semistructured questionnaire involved open ended questions. The questions were posed in this manner to allow participants to express their own perspectives on the topic. The first open-ended question asked each participant to discuss how he or she viewed the use of self-disclosure and humor in the therapeutic context. The second question asked the subject to discuss an instance when he or she self-disclosed to a student in counseling, and if he or she did not, to explain why not. Following this, participants were asked

about what it was like for them before, during, and after self-disclosing, as well as about their perception of what impact this counseling technique had in this case. Depending on whether the participant viewed the impact of the self-disclosure to be positive or negative, he or she was then asked to discuss a time when the impact of the use of this technique was the opposite. Next, the same series of questions were asked of each participant regarding a specific instance in which they used humor in counseling a student. Following this, they were asked if they wanted to discuss any other instances in which they used self-disclosure and/or humor with students they counseled. Finally, they were asked whether, in retrospect, they would change anything about their use of these counseling techniques.

These open-ended questions allowed the school psychologists and school social workers to freely discuss their perceptions and experiences concerning the use of and therapeutic effectiveness of these counseling techniques. When considered necessary, the researcher probed for further clarification of the participants' answers to the open-ended questions. Participants were free to comment on any perceived effect of therapist self-disclosure and use of humor. The interviewer was careful not to lead the participants in any way in answering so as to reduce, as much as possible, interviewer bias. After the semistructured interview was completed, the subjects were asked to complete the demographic questionnaire.

After the interview, the researcher asked each participant if he or she could be contacted to ask further questions or to clarify answers already given. The purpose of the study was stated once again at the conclusion of the interview, and the subjects were

asked if they had any last questions or comments. Each of the participants was offered a brief summary of the results of the study after it was completed.

Note taking was conducted by the interviewer during each of the interviews. He recorded comments on the participant's mood and changes in mood, if any, in response to particular questions. The length of each interview was also noted. Each participant was assigned a pseudonym. The participants were advised that the dissertation committee and the validation team were the only ones who would have access to the data. The interview data was stored in a locked file by the investigator, when not in use. The signed consent forms were kept in another locked file.

After the interviews were conducted, the information was transcribed verbatim. Each interview was read closely by the investigator to detect similarities and differences in the data. These similarities and differences provided the basis for the data to be coded into more abstract themes. Eliciting recurring categories or themes was the primary goal of this research. The transcripts were also read by the other members of the team. These team members read the transcripts to identify similarities and differences in the data to assist in coding the data and formulating general categories or themes. The validation team met as a group to discuss the similarities and differences, codes, and categories or themes each had elicited from the data. Similar themes emerged from constant discussion and the building of consensus among team members. This peer review is a key method whereby the credibility of the findings can be enhanced and researcher bias can be reduced.

Informed consent

Each of the participants in this study was asked to sign an informed consent form, agreeing to participate in this research study. Consent was obtained immediately prior to the interview. The form explains the purpose of the investigation. It also includes statements about the expected time of the interviews, as well as confidentiality. The informed consent form includes a statement that the participants can refuse to participate in this study. Also, the subjects were notified that they had the right to stop the interview at any time or refuse to answer any one of the questions posed during the interview.

After giving the participants time to review the informed consent forms, and agree to participate in the study by signing them, the researcher explained to the participants that the interview would take about one to one and one-half hours to complete. The subjects were also told that the interview would be audiotape recorded and then transcribed to ensure accuracy and to allow for later detailed analysis of the data. In addition, subjects were informed this researcher would be taking some notes during the interview to also facilitate later analysis of the data. It was explicitly pointed out to each participant that his or her anonymity would be maintained throughout the research study. They were told this would be done by assigning each interview conducted with a pseudo-name so that the participants' real names would not be disclosed. The subjects were also told they would receive a \$40.00 gift card from a local restaurant (T.J.I Friday's) to compensate them for their time and effort. This gift card was presented to them at the end of the interview.

Judges and interviewer

There were five individuals who were involved in this research project: the dissertation chairperson the investigator, and the validation team. The dissertation chairperson was the head of the dissertation committee. The investigator and validation team served as judges in analyzing the data. The role of the validation team was to review the interview transcripts individually and then to meet as a group with the investigator to reach a consensus regarding recurring themes or categories. The validation team consisted of three doctoral level school psychologists, all of whom taught at the university level. The investigator conducted all of the interviews with the subjects. He also led the team meetings.

Chapter 4

Results

Database sources

The database employed in this study was developed over the course of one year. Fourteen school-based mental health professionals were recruited for participation during this period. These professionals were New Jersey state certified school psychologists and school social workers. The interviews were completed over a 3 month period. The survey questionnaires took no longer than a few minutes for each one of the participants to complete. The audiotaped, semistructured interviews ranged from 30 minutes to 1 hour in length. The average interview was about 45 minutes in duration. The interviews were conducted in three different settings. The majority of the interviews (11 of 14) were completed in the offices of the school-based mental health professionals. Two of the interviews were held at the participants' private residences. One of the interviews was conducted at the investigator's residence.

Data analysis

The data was content analyzed and interpreted over the course of 5 months. This was an ongoing process, as each interview was read by the researcher several times. Initially, the interviews were read to provide an overall impression and to start to identify patterns emerging from the data. Then the interviews were systematically coded to generate overall categories or themes. The data was further analyzed to develop subthemes within each one of the major categories. In this process, the researcher was able to identify similarities and differences in the data across interviews. Three major categories or themes eventually were extracted from the data. One minor category was

found. Each validation team member was given several interviews to read and instructed to look for similarities and differences in the data to determine if any common themes were emerging. The validation team met once to cross-validate the data.

Demographic findings

Of the 14 school-based mental health professionals who participated in this investigation, eight were school psychologists and six were school social workers. Eight of the subjects were male and six were female. All of the participants were White and were employed in a four-county area of southern New Jersey. The counties were Gloucester (eight subjects), Camden (three subjects), Burlington (two subjects), and Cumberland (one subject). Each school psychologist and school social worker interviewed had at least 4 years of experience in the school setting. Seven participants had 4 to 10 years of experience. Three had 11 to 15 years of experience, and four had over 20 years of experience. Regarding subjects' educational levels, four had master's degrees and five had master's degrees plus additional education. Three had Ed.S. degrees, and two had doctoral degrees.

With respect to educational setting, 11 of the school-based mental health professionals in this study were employed in the public schools. Of these, two participants were employed in public out-of-district schools. Three participants worked in private out-of-district schools. Three professionals in this study counseled students primarily at the elementary level. Three subjects indicated their counseling responsibilities primarily involved both elementary and middle school students. Three of the participants' primary counseling populations were middle school students. Five participants primarily counseled high school students.

In terms of primary job responsibility, six participants indicated counseling was their primary job responsibility. One professional reported counseling and consultation/intervention were his primary responsibilities, and one subject indicated counseling and assessment as her primary tasks on the job. Three participants selected assessment as their primary job, and three reported case management took up more of their time than any other task they had to perform. Five subjects chose 5% to 10% as the percentage of time they spent on counseling compared to their overall job responsibilities. Four professionals indicated that 11% to 20% of their time involved counseling. While three subjects indicated counseling in the 21% to 40% range, one professional indicated the 41% to 50% range, and three participants reported they counseled over 50% of the time. With respect to the numbers of students they counseled on average on a weekly basis, two school psychologists reported they counseled one to three students. Two school professionals reported they counseled four to six students on average weekly, and two professionals indicated they counseled 7 to 10 students weekly. Four participants counseled 11 to 15 students and four had over 15 students they treated weekly. Twelve of the participants indicated they counseled more male than female students, while two participants reported they counseled about equal numbers of male and female students. None of the participants indicated they counseled more female than male students.

In terms of attitudes, 12 of the 14 subjects in this study chose very interesting and challenging on the demographic questionnaire in describing their feelings about counseling students. One of the subjects reported that counseling was both very interesting and challenging and also part of the job. One subject indicated she felt that

counseling was a somewhat interesting and challenging part of her job. All of the subjects reported they had a good sense of humor.

Descriptive findings

Description of self

Several professionals explicitly said that there was little to no difference between their personal selves and professional selves. For example, Mary said, “Personally and professionally I think I am very similar.” Sheila related, “I try my hardest in personal and professional relationships.” Several subjects made comments about being caring and helping others in describing themselves. Linda mentioned, “I always try to help others and that’s what led me to a career in social work.” Two participants specifically indicated that a key method by which they helped others was by advocating for their clients. For instance, Gary said, “I think I am an advocate for kids.” Don stated similarly, “I always put the needs of the student first.” There were also some subjects who also noted their level of competence. Sheila related, “I am good at what I do in both areas” [personal and professional]. Joe was even more detailed in describing his capabilities as he related that he is “the type of person people look to, to get things done.” Similarly, Chuck said, “Professionally I have the ability to get things done.”

A few subjects made reference to their humorous, fun-loving, or positive nature in describing themselves. Jake said, “Humor, it’s a part of my personal life and it’s a part of my professional life,” while Joe described himself as a person who’s “fun to be around.” Linda described herself as being “an upbeat person.” Several professionals made mention of personal traits they possessed that reflected their level of openness or dealt with aspects of their communication skills. Both Jerry and Dena indicated they are

outgoing. This was evident when they both said in almost the exact same words, “I like to talk to people,” whereas, Don showed evidence of constriction when he described himself “personally, as a fairly private individual.” Two interviewees referred to their receptive and/or expressive language skills, specifically being a good listener, in depicting themselves personally and professionally. For instance, Chuck said that he had “a good ability to listen and communicate,” while Mary focused upon her own receptive language skill of being a good listener in portraying an aspect of herself. She went into some detail in describing how she developed this skill:

I had a childhood where we moved from country to country [in Europe] until I was in high school. I think it was a skill I developed because it was a way to gain acceptance very easily. A good listener is always welcome. You make friends easily if you are a good listener. I think that very early on it was a skill I learned that has stood me well over the years.

Description of how self affects job – school psychologists and school social workers.

All of the school psychologists and school social workers interviewed thought that who they are had a significant effect on how they performed their jobs. For instance, Gary stated, “I think it affects it 100%.” He went on to say about himself on the job, “What you see is what you get. I try not to pull punches.” Several other professionals also emphasized how their honesty, genuineness, and straightforwardness shone through in how they dealt with whomever they came into contact with on the job. Karl commented upon the importance of this quality when he related the following, “You have to be true to yourself. You can’t be somebody you are not, kids can see through that kind

of stuff.” Some of the participants pointed out how their caring and concerned attitudes enabled them to help students more. For example, Sarah related the following about her compassionate nature, “I try to put myself in their shoes. I try to understand what they [students] are experiencing and what their families are experiencing.” Linda stated, “I think my patience and caring helps a lot, because I feel that I have easily created a rapport with a number of my students.”

Some of the professionals singled out aspects of their backgrounds which helped them to better understand others they deal with in the schools. Joe said, ‘I see my life from many different aspects, that of a husband, a professional, and a Christian. Having many different perspectives helps me to understand that people have different perspectives than mine, and that’s okay’. Dena cited her background as a mother, grandmother, and a former teacher, which helped her to be more compassionate. Sheila focused on the fact she is a “mother” and how this affects how she does her job. She related, “I am pretty much in a nutshell, a mom everywhere. I want to be sure everybody’s okay.”

Several participants singled out their sense of humor as being critical to their job performance. For instance, Kim said, “I’m a little goofy, so I guess I bring that to the table too, a lot of the stuff we deal with is very serious so a lot of the time being able to try to get somebody to try to kind of lighten up a little.” Similarly, Chuck said, “I can listen and use a sense of humor to maybe bring out the best in a student to help deal with situations that could be very stressful.” With respect to listening, Mary indicated that she is a good listener, as well as a problem solver. She attributed a much of her development of these qualities to her background, moving from country to country as a child. She

went on to relate how being a good listener helped her to make friends in each new country. She also noted her problem solving skills were honed by the necessity of coping with each new country she had to adjust to.

Views on the use of self-disclosure and humor in general

All of the school psychologists and school social workers interviewed reported they have used self-disclosure and humor, at one time or another, when counseling students in school. However, some participants were more enthusiastic about the use of these counseling techniques than others. Also, humor was more widely supported than self-disclosure by the participants. In commenting about these therapeutic techniques, in general terms, only 5 of 14 participants expressed reservations about the use of humor, while 9 of 14 participants did so for self-disclosure.

Benefits of therapeutic use of self-disclosure and humor in general

Several of the professionals related how both therapeutic self-disclosure and humor could be beneficial to the relationship between counselor and client. For example, Joe said, "I think it [self-disclosure] can help you form a bond with the person you are working with." Jack stated, "It's always made the kids feel more comfortable when I disclose things about myself." Thirteen participants indicated that the use of humor could enhance the counselor/client relationship, whereas, 8 participants indicated that self-disclosure served this function. For instance, Kent stated, "If you have a sense of humor, I think it improves the client/professional relationship. Humor often times is a way to make a connection." Mary indicated the use of humor can be especially important at the beginning of a counseling relationship, serving as an icebreaker. Chuck reported, "Humor often helps students feel more comfortable."

Some school psychologists and school social workers contended that these counseling techniques could also serve the function of imparting or conveying information to students. Almost equal numbers of professionals thought this could be done with humor (7 subjects) as with self-disclosure (6 subjects). Regarding the use of humor, Chuck related how, in a stressful situation, it can help a student to see the other side of a problem or situation. Jerry indicated that therapeutic humor can enable a counselor “to mask or exploit the issue you want to talk about in a more comfortable fashion.” Both Karl and Chuck mentioned how the use of self-disclosure can be helpful to students by providing them with life lessons. Karl said, in describing how he does this, “I kind of use it in general terms, when I self-disclose, but using it as an example; like learning from mistakes.” Mary reported she taught “social skills” to students with Asperger’s syndrome in her group counseling by being “concrete” with these students. The way she makes it concrete to them was by disclosing about past experiences she had that she thought might be helpful to them in coping and adjusting.

Therapeutic self-disclosure and use of humor were cited as being almost equally beneficial in humanizing the therapist, based on the numbers of interviewees who mentioned it. Six participants said that using humor with students served this function, 5 participants indicated use of self-disclosure helped to humanize them. For example, Jack said in describing one of the effects of his use of self-disclosure, “They [students] get to see somebody that’s a real person.” Sheila went into more detail with respect to this concept when she stated, “If it’s going to help a child to recognize I’ve been through the same thing they’re going through, I’ll relate to them in that manner.” Very similar to what Jack said about the humanizing effect of therapeutic self-disclosure, Joe stated,

“Use of humor, I think just makes you a real person.” Linda pointed out how therapists’ use of humor can have several positive results, including humanizing the therapist. She said, “Because I can be a bit goofy and playful, and I think it helps lighten the mood and see that we are all human and help them to open up.”

Linda alluded to another general benefit of therapeutic use of humor in the previous quote. This benefit entails stress relieving or mood lifting outcomes ascribed to the use of this counseling technique, which was cited by several other subjects. Sarah indicated that the use of humor in counseling “can help to make a situation less stressful and intense for a student.” Dena reported she used humor, at times, “to try to lighten their [students’] load a little bit.” Jack went into the most detail in describing the stress-relieving function of therapeutic humor. He said, “A lot of times, kids come to us very serious and sometimes a little levity helps the situation. It just kind of lightens things up. It lightens the mood, makes things more relaxing for the student.”

Reservations about the use of therapeutic self-disclosure and humor in general

Reservations cited by the professionals interviewed, as noted, were more numerous for the use of self-disclosure (9 subjects) than the use of humor (5 subjects) in counseling. Two subjects, Kim and Gary, indicated they had to get to know students first before they employ humor with them. They both noted how using humor before getting to know a student can have a negative outcome, for example, offending a student. Linda related a similar reservation about disclosing to students without first getting to know them. Jake reported he does not use humor with students when the situation is serious, “to let the student know it is serious.” Reservations about the use of self-disclosure

centered around two concerns. These concerns involved the fact that therapist self-disclosure may be distracting, as well as counselor aversion to introducing personal matters where they do not belong. Regarding the former concern, Kim said, "It's more important to deal with the issue at hand. It usually ends up being more of a distraction, and you get away from what you were working on." With respect to personal matters, Gary said, "I don't let all the skeletons out." He went on to mention certain personal issues he would not bring up with students, such as his earlier drug usage. Mary indicated she would not talk about current situations and marital situations with the students she counsels. Jake summed up this reservation nicely when he said, "It's your business, your personal business. You shouldn't bring a lot of that stuff into the job."

Specific use of self-disclosure and humor.

Each one of the school psychologists and school social workers who were interviewed was able to recall and discuss a specific case in which he or she employed self-disclosure and humor when counseling students. Although some of these school professionals were more supportive of and used these counseling techniques more than other professionals. There were a few professionals who used one technique more than the other. Various reasons were given as to why they did this, involving such factors as personal characteristics, background/experiences, and personal attitudes. For example, Kim explained why she was more comfortable using humor than self-disclosing to students in the following words:

I guess I just do it more. I feel more practiced at it. I just feel the use of humor is more a part of my personality in that way. And I've used it more. I've had more success and I just feel more confident.

Sheila related experiences working with behaviorally/emotionally disturbed students that have led her to use humor more than self-disclosure with this population.

She explained her reason as follows:

Well, I definitely wouldn't be telling anybody I smoke again [as she had an experience where this backfired]. That's for sure. I think I've been pretty careful with self-disclosure, because again, the population that's historically the population I work with. I worry what the repercussions could be if I self-disclose too much. So, not self-disclosure, humor I'd like to add more in, if anything. I'd like to be more humorous with these kids, because it seems to really work.

These professionals viewed the consequences of the utilization of these techniques very similarly. Two major categories or themes emerged in this regard, centering around relational and outcome benefits associated with their employment of self-disclosure and humor, after reviewing and coding the interviews. Twelve of the 14 subjects interviewed were able to pinpoint relational benefits they saw as a result of self-disclosing to students. The perceived relational benefits of utilizing humor with students were even greater, as all 14 subjects were able to cite a positive relational experience they had after employing humor with students they counseled. Very similar results were found when analyzing outcome data associated with the use of these two counseling methods. Twelve of 14 subjects were able to describe positive outcomes they believed resulted from their use of self-disclosure. And 13 subjects cited positive outcomes that emerged from their use of humor with students they have counseled. In addition, similar subthemes emerged within these two categories after analyzing the data. For this reason,

the use of these counseling strategies will be compared and contrasted, specifically with respect to subthemes that emerged under the two categories.

Relational theme

Two relational subthemes were evident after reviewing and coding the data for both therapeutic use of self-disclosure and humor by these school-based mental health professionals. They were: improving aspects of the relationship and humanizing the counselor as a result of self-disclosing and using humor.

Improving aspects of the relationship

Establishing a connection.

Several subjects reported that through their use of self-disclosure and humor, they were able to establish a bond or a connection with the students they were counseling. Kim related that she shared with several high school students, who were depressed and miserable, that she also felt this way, at times, in high school. In discussing these self-disclosures, she said:

I feel like it helps make that connection. So they hopefully feel kind of like, you know, more of where they're coming from versus just being the counselor lady that listens to you and how could you possibly know. I mean kids forget that we went through what they went through. You know, like we had to be teenagers at some point. We didn't come out as adults. You kind of build that connection and maybe instilling a little hope. Generally my motive would be to instill some kind of hope that as bad as you may feel now, you certainly aren't the only one going through

it. You can see that somebody else got through it and there are things to look forward to.

Dena cited an example in which she self-disclosed to a student who was struggling doing homework that she had similar problems with in high school. As a result of this disclosure, she said, “I was hoping, I guess, that maybe I could bridge something to let him know I was once like him in that respect. So, maybe we could bond in some way.” Don recounted how he shared with several middle and high school students that he had a similar interest in sports. He went on to say this helped him to make a connection with these students.

In reviewing the data on how humor can help forge a bond and build a connection with a student, Linda gave a good example of a girl she counseled. Linda indicated that this was a girl who had initially had trouble making friends at the school. They worked on this in counseling. This girl eventually developed many friendships. This student also shared Linda’s love of fashion. Then one day, Linda reported this student came to see her. She recounted the interaction as follows:

“Miss Linda, I just have too many friends. I can’t keep up with them all.” Because a while ago our goal was making friends I said, Marie, can we ever have too many friends or too many shoes? She just cracked up and she said, Miss Linda, you’re too much.” I don’t know. We knew each other well enough and I knew her leopard shoes and my leopard shoes. So there are certain times I do that little goofiness, and it just connects me with the students.

Karl related how he saw a student in counseling who was having a problem with one of his teachers. He said that during the course of counseling this student, as he has done with many other students, he utilized humor. He reflected that humor helped him to make a connection with this student. Chuck related an example of a tough young man who he was counseling and having difficulty reaching with whom he resorted to a humorous intervention. He described the success of this intervention in getting through to this student in the following terms: "I think that humor got me laughing, and it just eased things up a little bit, because it was a way of connecting with that student by using this. He smiled, I smiled, and we connected."

The accounts of the school professionals interviewed suggest that humor and self-disclosure appeared to be similarly and equally effective in establishing a bond with students.

Building comfort, trust, and rapport.

Several subjects emphasized how their use of self-disclosure and humor had the effect of making it easier to relate to some of the students they counseled. They varied somewhat in how they described this, but the relational consequences amounted to boosting the students' level of rapport, comfort, or trust. Subjects emphasized that self-disclosure had the primary effect of assisting in the process of easing into the relationship as well as building the level of comfort and trust. When they used humor with students, their emphasis was on the comfort, trust, and rapport in describing humor's relational consequences. With respect to self-disclosure, Jack related a bullying incident he experienced as a child to a group of students who had behavioral issues. For some of

these students, these issues included bullying. He believed his disclosure made it easier for these students to talk about bullying. He said,

I find that, in general, with self-disclosure that I think it just kind of puts them at ease, as well as, as I said even individually, when I tell them a little bit – something about myself or one of my children, it just makes it a little bit easier for them to relate to.

Linda recounted an incident in which she disclosed to an anxious student who was taking medication. She, too, was anxious and also took medication for it. Linda employed similar terms as Jack in describing the relational effect of his self-disclosure of a bullying experience. Linda stated, “I think it just opened the door for her to make it easier to come to me, when it [their appointment] was scheduled ” Dena mentioned times when she had self-disclosed about difficulties she had in doing homework in high school, as well as disclosing about more sensitive issues. For example, she indicated she discussed self-esteem issues she had in high school with high school girls experiencing similar doubts about themselves. She described the relational effects of these disclosures in the following terms:

Those kinds of things [more sensitive issues], it’s more difficult to do [than disclosing about homework issues], but I think it’s more meaningful. I think it establishes with the person you are counseling more trust, because if you are open with them, they are liable to be more open with you.

Kim reported how self-disclosing about self-esteem issues she had in high school to students who had similar issues had beneficial relational effects. She said that “I felt it

had a positive [effect], like I felt like it did help to continue to develop that relationship and trust.” Gary talked about how he had disclosed to Hispanic students he counseled that he struggled too as a youth, as he was an Italian immigrant. He said he struggled in school because of the language barrier, just as some of the Hispanic students he counseled were struggling. He did not specifically say he tried to comfort these students in their struggles with this disclosure. However, his description of his intent in disclosing this amounted to comforting them, when he said, “They need to know they are not alone in the struggle.”

Some of the professionals interviewed indicated how their use of humor helped them to build a level of comfort, trust, and rapport with students they counseled. Joe commented on his use of humor with a group of students diagnosed with autism he counseled. After using humor with these students for several sessions, he described the relational impact his use of humor had as follows:

Well, you can see a level of comfort. You can see maybe a little tightness in being rigid, relaxed shoulders, not being as guarded. You can see conversations start to increase. You can certainly see the level of comfort and rapport by the third session as being a lot different than the first session.

While Kim focused upon the rapport building with a student with whom she frequently employed humor, she noted that she did not use humor with this student right away, nor did she with other students she counseled. She was cautious about this, because she was fearful that early use of humor, before she got to know a student, might be offensive to the student. Some other subjects also stated a similar caution about

premature utilization of humor. Jake focused on how he used humor with students with the intent of increasing their level of trust in him. Jake works at a vocational/technical high school. He described himself as not being very handy. He went on to say he would engage in self-deprecating humor with students about his mechanical deficiencies. He described the relational consequences this had on students he has counseled at this school as follows: “You are humorous, accessible, friendly face, nonthreatening. After a while, the kids come to trust you, and then you are in, buddy.”

The school professionals interviewed described the relational impact of the use of self-disclosure and humor in very similar terms with respect to building a level of comfort, trust, and rapport with students.

Humor employed as an icebreaker.

Although several professionals singled out a particular relational effect they have seen in their use of humor, these effects were not cited by any professional for self-disclosure. This was the icebreaking function several subjects noted, for using humor in counseling. Jack mentioned cases in which he turned to humor as an opening or icebreaker. He said he resorted to humor with this intent particularly for students he found to be guarded and not initially engaged in the counseling session. He described his employment of humor with these students as follows:

I certainly felt a lot better afterwards [after having used humor], that it seemed to have broken the ice, so to speak. Kind of what I referred to as icebreakers. You need to have something sometimes with some kids. They're just well defended and are not really going to talk that much.

Similarly, Don discussed the case of a middle school student with whom he used humor initially with the intent of alleviating the discomfort he thought this student was experiencing. In discussing his utilization of humor in this case, he said:

I think the specifics were that I sensed it was uncomfortable for the student, and I think I used humor to break the ice and to try to really take the focus away from the discomfort the student was in. I think it did sort of take the tension out of the situation. I think that it helped the student to understand that he was not with me for disciplinary reasons, more just to talk and to clear the air as opposed to being in trouble.

Other professionals gave examples of humor they used with students that helped break the ice by getting group discussions started. For example, Karl related his use of humor with a group of students he counseled:

Yeah. Just an ice breaker kind of thing. Especially at the beginning. The kids were like, okay, how do we get started kind of thing. That's always the most awkward thing for kids. You have to use a little humor to get them relaxed and have some fun with it and not think too hard about it. Just kind of get their juices flowing.

Mary talked about how she has used humor with groups of male students with Asperger's syndrome she counseled. She discussed how she had found it helpful in discussing awkward subjects, such as relating to girls. She said, in describing this, that "a good way to break that ice and make it not as scary to talk about is to use humor." These two examples of the use of humor appear to have an indirect relational impact, with the emphasis more on getting the discussion started. The previous two examples cited

seemed to have a more direct relational consequence. However, all of the cases discussed under this subtheme of breaking the ice through humor share a common denominator in that, humor was used by to initiate or facilitate active student participation in the counseling sessions.

Humanizing functioning of self-disclosure and humor.

Several participants recounted how self-disclosure and/or humor helped to make them appear to be more human in the eyes of the students they have counseled. It was apparent that several school psychologists and school social workers viewed the use of these nontraditional counseling methods as essential in laying the foundation for establishing a relationship with students they counseled. Another salient feature of this subtheme was that these techniques were often combined by the school-based mental health professionals interviewed in the form of self-deprecating humor. One subject, Jerry, also mentioned he used self-deprecating humor with a student when discussing a particular case in which he self-disclosed. Most of the humanizing examples given by the professionals for their use of humor in counseling involved self-deprecating humor.

Several subjects noted the humanizing function of self-disclosure that did not involve self-deprecatory humor. For example, Kim related how she has shared with the students she has counseled some of the activities she engages in outside of the school setting. She stated that some students “will say something like ‘what are you doing?’, and I’ll say I’m going snowboarding in a couple of weeks. Then they’re, like you’re a regular person, not just a counselor.” Jake and Gary talked about how they struggled growing up with students they have counseled who were also struggling. They both suggested their intent in doing this was to humanize themselves in the eyes of the

students by showing the students the parallels between their past struggles and the students' current struggles. Jerry was more explicit when he recalled that by disclosing "a little bit of what is going on in your life," you can let students know "you are a human being, too."

As noted, Jerry also did employ self-deprecatory humor, when he discussed a specific instance in which he self-disclosed to a student. He was the only subject who cited such an example when discussing self-disclosure. He did acknowledge that his use of self-deprecation in this situation did, in his opinion, had the effect of humanizing him with the student he was counseling. The other examples of self-deprecation and its humanizing effects cited by the subjects in this study all came under their discussion of specific cases in which they used humor with students. Dena related a story of a girl who, in a group situation, questioned whether or not she was pregnant. She stated she was not pregnant at the time, just putting weight on. She noted the outfit she was wearing tended to make her look heavier. She described her response to the student's question as follows:

After a few moments, I just looked up and said, 'Nope, just fat.' So that sort of brought a smile to the student's face that I'm telling the story to. But then I go on to say, 'Look, I have a pretty good sense of humor, and I self-deprecate a lot. I don't really think I'm that important a person that I can't make fun of myself. But on the other hand, your teacher that you might say something inappropriate or maybe insulting to might not share my personality. They might not be the kind of person who can take a joke.'

Jerry said that he used self-deprecating humor to demonstrate to students he counseled that we “are all rowing in the same boat.” Kim related that she can “make fun of [her]self with certain kids.” She cited the example of a student she had been working with a long time who had excellent computer skills. She acknowledged her computer skills were not good to this student. As a matter of fact, she recalled saying to this student that he could make fun of her, because her computer skills were so poor. She said that one of the reasons she self-deprecated to this student was to show him, “I’m human, too.” Linda was the only subject who pointed out the humanizing impact she thought her use of humor had with students, who did not cite a self-deprecating example of its use. She spoke of laughing and having fun, so that students she counseled see her as “human.”

Outcome theme

Several subthemes emerged after analyzing and coding the interviews involving positive outcomes associated with the participants’ utilization of self-disclosure and humor. These subthemes could be compartmentalized into three different areas. They included the following: imparting information to the students, positively impacting affect or mood and positive effects on students’ behaviors. These subthemes will be discussed separately, comparing and contrasting how the use of self-disclosure and humor positively influenced each one of these outcomes.

Imparting information to the student.

Several school psychologists and school social workers mentioned that their intent was to convey information to students they counseled by self-disclosing and using humor. Many of these professionals thought they were successful in doing this. In

utilizing self-disclosure, the subjects who cited this outcome tended to view its impact as providing another way to look at a situation or, in other words, to put an issue into perspective. However with humor, the subjects who noted an informational outcome consequent to the use of this technique tended to focus on conveying information directly to the student.

In analyzing and coding the interviews, it was difficult to disentangle the informational and motivational aspects of the subjects' use of self-disclosure. Most of the subjects who pinpointed this outcome (conveying information to students) also mentioned that their intent was to motivate students. For instance, Dena shared with a high school student who was struggling academically due to a failure to do homework that she had homework issues in high school, as well. However, she noted that despite the fact she put it off, she did usually complete her homework. She recounted this incident and her intent in self-disclosing to this student:

So I guess I was thinking that maybe I could motivate him to reframe what he did with his afternoons or evenings. He is a freshman and he does not believe he is going to be left back. He doesn't get that he is going to be a freshman again next year, if he doesn't start passing his classes.

Joe and Chuck related how they had shared their struggles with weight and height issues, respectively, with students who were struggling with the same issues. Joe suggested that his intent in doing this was to let the student know that it was a matter of putting things in perspective. In further elucidating his motivation for sharing his struggle with his weight with this student, he tried to convey to him that a person's weight does not totally define who he or she is. He tried to get this student to focus on

some of his strengths instead of being held back by overfocusing on his weight. Chuck shared with a shorter student that his small stature had worked to his advantage, at times, when he was growing up. He recounted the incident as follows:

I changed the way I thought about that [his small stature] and what I did, the other side of the coin would be, being a short guy and being fast and strong. I found that to be a positive when I played soccer and I wrestled.

He went on to say that by this disclosure, he tried to convey to this student that he turned something negative into a positive.

Several school professionals did mention that humor assisted them in conveying information to students they counseled in an effective manner. Only one subject, Karl, did relate how use of humor with a middle school student helped put into perspective for this boy a conflict he had experienced with one of his teachers. Other professionals focused on how humor was a useful way to instruct students or it helped students to understand an issue better. For example, both Joe and Mary recollected how they used humor with middle school students with Asperger's to teach social skills. Joe stated, "Those students need that. They miss all those [social] cues. I guess I am trying to teach them how to use humor appropriately." Mary indicated that her use of humor with this student population was a great tool in assisting her in teaching social skills in sensitive areas, such as boy/girl social interactions. She discussed her use of humor in instructing these students as follows:

Without humor, those kinds of discussions would be so uncomfortable and so difficult to move along, I think. To give them that sense of safety and

trust, and I'm not going to suddenly be shocked or appalled or judgmental.

A little bit of humor about those kinds of topics is perfectly okay.

Sheila stated she used humor effectively when group counseling third and fourth grade students with behavior disorders students. She said, "I enjoyed being humorous with them, because I think they understand more rather than me lecturing at them."

Positively influencing students' affect or mood.

Several of the school psychologists and school social workers interviewed in this study indicated that they thought their use of self-disclosure and/or humor had a positive effect on the mood of students they had counseled. However, about twice as many cited this positive influence on students' moods when using humor as when self-disclosing to them.

The most commonly expressed intent several school professionals voiced concerning what they hoped would be the emotional impact of using self-disclosure with students was to instill hope. Kim, Jake, and Gary said or implied that one of their purposes for self-disclosing to students was to instill hope. Kim was the most explicit in doing this, when she was working with a high school girl who was struggling with self-esteem issues. She disclosed to this girl that she had struggled with similar issues when she was in high school. This same case was noted earlier in a different context. In discussing her objective in self-disclosing to this student, she said:

Maybe instilling a little hope, generally my motive would be to instill some kind of hope that as bad as you may feel now, you certainly aren't the only one and are not the only one going through it. You can see that somebody else got through it and there are things to look forward to.

Jake and Gary self-disclosed about issues that have also been discussed earlier when looking at another subtheme. They were not as explicit as Kim about their desire to inspire hope with students they were counseling. However, in analyzing their interviews, that was unmistakably one of their motivations for self-disclosing to these students. Jake discussed how he had conflicts with his father similar to conflicts a high school boy he had counseled was having with his father. He then went on to say he shared with this student that he and his father eventually repaired their relationship, intimating that this boy might be able to do this eventually, as well. Gary mentioned his early immigrant experience in this country and consequent struggles with the language and his academics to Hispanic high school students who were also struggling in these areas. His message of hope to them was also implied, because these students could see he had mastered the language and had a nice job in the school system. The message being that they, too, might be able to similarly succeed in the future. Gary explained his struggles in school after arriving in this country at a young age from Italy as follows:

With a lot of kids, I tell them how I struggled in high school and in school in general with my immigrating to the United States when I was 7 years old, especially with Hispanic kids, and then because I had such a hard time with academics, I was the class clown. I disclosed that type of stuff and feel good about that. They need to know they are not alone in this struggle.

Dena attempted to influence a high school student's mood in a different way. As previously discussed, she tried to motivate him to do his homework by scaring him with the possibility he might fail for the school year, if he did not do homework. Earlier in her

counseling session with this boy, she had disclosed to him that she struggled doing homework in high school, but she would eventually complete it. She recalled her counseling session with this boy as follows:

I disclosed to a student today that when I was his age, I had no interest in school, and that was his big issue today. He just doesn't do homework. I came home from school exhausted and depressed, just the thought of having to sit down and do homework, to the point where I had to lay down and take a nap, because I would pull the covers over my head, I went to sleep. My mother would come in and wake me up and then I would get the homework done after dinner.

Some school professionals indicated they found that by using humor with students they could reduce students' anxiety and tension, as well as brighten their mood. Karl, Don, Joe, and Jack provided examples of how their use of humor in counseling students had helped relax students who were tense and nervous so they could then be better able to actively participate in individual or group counseling sessions. They all thought their use of humor had been effective in this endeavor. Even Don, who stated he used humor "only as a last resort," mentioned how his use of humor with a middle school student had been successful. In describing this counseling session he said:

I think it did sort of take the tension out of the situation, and I think it helped the student to understand that he was not with me for disciplinary reasons, more just to talk and to clear the air as opposed to being in trouble.

In all of the cases cited above, the students were anxious because they were uncomfortable about the counseling situation. Their anxiety or tension did not result from something they experienced prior to the counseling sessions.

Two subjects, Kim and Mary, did recount instances in which they employed humor with students who had experienced a stressful or anxiety-provoking incident prior to the counseling session. Kim related how she used humor successfully with a high school student on several occasions whom she had counseled for years and really got to know. She recounted one of her counseling sessions with this student as follows:

It [humor] can really defuse that situation. You have to use it carefully, because you can't be like – okay, let's joke and play. I can see you want to go kill someone, but that's all right. But I keep thinking of Jason again. We would joke around a lot anyway. It was just his personality. But there would be times when he would come in and he would be so angry about whatever, and we would talk that through. But after a while, we could always fall back to some of our inside jokes.

Mary related a story about her successful use of self-deprecating humor with a middle school boy with Asperger's. According to Mary, this boy had barricaded himself in a closet, because he was afraid to go home due to the fact that he had gotten a bad report that day. He did not want his parents to see it [as the daily report accompanies each student home]. She described her use of self-deprecatory humor with this student in the following words: "It was effective, and it allowed him to get out of an unsafe situation and put him in a situation where his anxiety level had decreased sufficiently so he could actually then sit down and problem solve."

Two participants in the study mentioned that one of the reasons they utilized humor with students was due to its mood lifting effects. Dena noted she had used humor with a high school girl in a group situation that had this effect on the girl. Linda talked about her use of humor in general and with a specific middle school student in the following terms:

And sometimes when I use humor, like with other students, she seemed a little down, the one who wasn't feeling good. When I joked with her, she like brightened up and smiled. I think humor can kind of brighten them up.

In both of these cases, the students were feeling down before the counseling sessions. In each case, the professionals interviewed thought their use of humor had been effective in elevating the mood of the students.

Positively influencing students' behaviors.

In reviewing the interviews, equal numbers of school professionals thought self-disclosure and humor were effective in positively influencing students' behaviors (8 subjects in each case). Some participants believed their use of these counseling techniques probably had a positive impact on students they counseled, whereas, others pointed to specific behaviors they saw students they counseled were displaying as evidence that these counseling strategies had been successful.

Two participants in this study thought they had positively impacted students with their self-disclosures. For instance, Gary thought his self-disclosure of the fact he had smoked when he was young, and subsequently quit, probably had a positive influence on some of the students he has counseled who were smokers. Several participants cited

actual specific behaviors of students they self-disclosed to as reason for believing their self-disclosures had positively affected them. For example, Sheila related she had counseled five angry, aggressive elementary students about how their aggressive posturing and body language might lead to conflict. She went on to say this had in fact occurred in her personal life, when she took an aggressive approach to her husband, when it was uncalled for. This led to a needless argument between them. When asked for evidence of how this disclosure and her counseling had a beneficial impact on these students, she said: “They are not doing aggressive stances. They are practicing calming techniques in the classroom, and their referrals have gone down, all with the exception of one student.”

There were other examples of the positive behavioral impact that the subjects in this study contended were, at least partially, due to their disclosures to students. For instance, Linda recounted how she revealed to a student who had depression and anxiety symptoms that she suffered from these symptoms, as well. She went on to say that this student had initially been very defensive and guarded in counseling. However, after her personal revelation to this student, she said, “I think it [her self-disclosure] just opened the door for her to make it easier to come to me when it was scheduled on paper.” Jake discussed how a high school boy to whom he self-disclosed, who was in danger of not graduating and had family issues, did graduate and was able to resolve his domestic concerns, while Chuck mentioned that a boy he had counseled and disclosed to, returned years later to thank him for helping him. He counseled this boy when he was 13 years old. He described him as being very emotionally disturbed, from a disruptive family, and “one of the toughest kids I ever had.” He did note that this student was short in stature,

like him. He was certain he had discussed this with the boy at the time and the concerns the boy had about his small stature. Neither Jake nor Chuck attributed the behavioral outcomes they cited exclusively to their self-disclosures to these students. Rather, they thought these disclosures were one piece, albeit a key piece, in influencing the outcomes they described.

Similar to the description of the influence of therapeutic self-disclosure on student behaviors, some subjects thought their use of humor positively impacted students they had counseled. A number of subjects pointed out specific behavioral outcomes as proof that using humor with students had a positive influence. Jake contended that the way he has positively presented himself to the students he counseled has been a key factor in helping students. He said, "I like being friendly, and I like being humorous, and I like being trusted." With such an attitude and approach, he thought that students found him to be accessible. Consequently, his perception was that they have been more willing to come to see him when they had a problem. Dena mentioned examples in which she employed humor with high school students she counseled. In one case, with a girl she counseled, she said there was a positive outcome, while in the other case involving a boy, there was a negative outcome. She did not attribute these divergent outcomes to any difference in the way she utilized humor with these students. Rather, she reflected that the difference was due to different maturity levels. She described the girl as being more mature than the boy.

Other specific positive behavioral outcomes were cited by Sheila and Mary following their use of humorous interventions with students. Sheila discussed how she has used, with success, a humorous counseling technique with a small group of third and

fourth grade students with behavior disorders. This technique, as she described it, entailed her wearing sunglasses and “going into my cool mode” to show students how they could go into a “cool mode” to calm themselves down, when they were angry. She described the results of this counseling intervention in the following terms:

Well, they definitely remember the be cool stance, and they definitely remember what the sunglasses represent, and they definitely can mimic it. As I said, from what I’m seeing through data and observation and whatnot in class, I’ve seen that they’re using it, so I feel successful.

Sheila also recounted that not only did she enjoy this humorous intervention, the students appeared to really enjoy it, too. Mary’s use of self-deprecating humor with a middle school boy with Asperger’s was described in the previous section, in which the affective impact of the use of humor was discussed. As noted, she recounted how her use of humor had lowered this boy’s anxiety level and thereby enabled him to get out of an unsafe situation. She used slapstick humor with some self-deprecation with this student to deescalate the situation. She asked this student if he would take a flashlight from her to look for some items she had been looking for in the closet. At one point during the situation, she remembered saying,

In all honesty, I feel really ridiculous talking to the door. If anybody walked by the classroom right now and saw me talking to a piece of wood [closet door], they would probably call someone to come and get me in a little white jacket and the wagon.’ And then he laughed and opened the door and said he wouldn’t let that happen. Then we were able to walk out, come down to the office, and talk through it.

In this case, the inextricable link between the effect that emotion had on behavior was clearly demonstrated.

Personality/background experience category

A third major category was extracted from the data after analyzing and coding the interviews. This category centered on personality variables. This category was reflected in the subjects' interviews with respect to both self-disclosure and the use of humor, although content analysis and coding of their interviews revealed this category or theme was somewhat more prominently displayed regarding subject's use of humor.

Personality/background factors were cited by 13 subjects when they discussed why they either did or did not support the use of humor in counseling students. Eleven subjects made reference to these factors when discussing their use of self-disclosure. In many cases, subjects made statements indicating that their use of these counseling techniques was related to who they were as persons. For example, Joe indicated he used humorous interventions with students a lot. In describing himself, he suggested a key reason why he did this when he said, "I consider myself to be a very humorous person." At other times, the personality variable was alluded to when subjects made reference to background experiences associated with their employment of these counseling strategies. Background experiences are relevant here because these experiences are critical in the development of personality. Several professionals made reference to experiences growing up, while others noted graduate/training experiences and work experiences. Sarah went into some detail about her work environment in explaining why she was reticent about self-disclosing much. She related as follows her reasoning for this caution:

I think unfortunately because my particular district has gotten so much attention for inappropriate relationships between students and staff, that just made me even on more high alert to not share that type of information. I will gladly share if they ask about a photo I have on my desk or something along those lines. I will tell them what it is all about. I don't see any harm in that. It's just a way of relating person to person. But, I don't really make a point of self-disclosing too often unless it is planned and I have thought it through in my head.

Personality, background and self-disclosure.

Six subjects cited personality and/or background experiences either directly stating or suggesting why these variables were important in their support of the use of self-disclosure with student, while five subjects made negative statements on this topic in pointing out why they were not enthusiastic about self-disclosure. For example, in support of self-disclosure, both Dena and Jerry said that they liked to talk to people, thereby suggesting openness in personal interactions. Jack related he was more comfortable with the use of self-disclosure with students than he was in employing humor with them. He attributed this preference, at least in part, to who he was as a person. Mary recounted her background experiences as a youth in Europe, moving from country to country, as critical to her development and her use of self-disclosure with the students with Asperger's whom she has counseled. Both Jerry and Chuck related how their graduate training discouraged the utilization of therapist self-disclosure. They went on to say that they did not let this prevent them from training themselves later regarding the use of this counseling technique. They both said they did this because they could see

its positive impact. For example, Chuck said, "In hindsight, I wish I would have learned it [self-disclosure] a little earlier to try to use it. I think it may be one of the gifts that works well for me."

On the negative side, Don said that he was a fairly private individual, suggesting a personality dimension, among other reasons, as to why he had reservations about the use of self-disclosure. Kim said that she tended to shy away from self-disclosure for various reasons. She said she was uncomfortable with it because of "that personal piece of, like, let a little bit of my guard down " Secondly, she cited her graduate training, which did not encourage counselor self-disclosure. Kim's concerns about the use of self-disclosure appeared to encompass who she was (apparently a fairly private person) and background experiences. Sarah and Sheila also referred to background experiences they have had when they described their tendencies to avoid this counseling technique when working with students. The experiences they recounted involved work experiences. Sheila said that she did not use self-disclosure with students with behavior disorders any more, because her use of it in the past with one of these students backfired.

Personality, background and use of humor.

The personality theme was even more clearly evident after analyzing and coding the interviews, when subjects engaged in humor with students they counseled. Also, the personality/background dimension here was overwhelmingly supportive of the use of humor, unlike self-disclosure, where it was much more evenly divided between support and lack of support. Ten of 13 subjects made statements supportive of employing humor in counseling students that were reflective of the personality/background theme. In many of these statements, subjects directly attributed their propensity to use humor with

students to who they were or aspects of their personality. For instance, Karl said he employed humor with students, “because that’s who I am.” Jerry related how other people have referred to him as a funny guy, in describing him. While Joe said, “I consider myself to be a very humorous person.” Linda used the following terms to depict herself: “a bit goofy and playful.” Gary indicated that humor permeated his life, when he said, “It is so much a part of my everyday life.” Similarly, Jake related, “I am always in a pretty good mood, and I like joking around.” Two professionals, Dena and Kim, stated they had a good sense of humor. Kim went on to say that she attributed her sense of humor, at least partially, to her family upbringing. Jerry mentioned his experiences with his peers growing up, which helped to develop his sense of humor. Chuck mentioned that he wished he had learned about the use of humor earlier in graduate school. He said that he had no training on its use in graduate school, and that anything he learned about its use he learned on his own.

For those less supportive of the use of humor, two of the three subjects who were less enthusiastic about its use made reference to who they were as persons as a reason for this. For example, Don said, “Not everybody thinks I’m funny, and I tend to be sarcastic.” Jack, as noted, said he was more comfortable with self-disclosing to students, than with using humor with them. He attributed this preference, at least partially, to his personality, although Jack differed from Don in that he was more enthusiastic about the use of humor. Jack displayed a personality dimension that made self-disclosure more appealing to him in counseling students than using humor with them, while Sarah indicated she had an aversion to using humor with students she counseled because of bad

experiences she had. She said that students she counseled tended to misperceive situations which made the use of humor with them problematic.

Indirect benefit of the use of humor

A fourth category was extracted after reading the interviews. This theme centered on how the use of humor by some professionals in this study did not directly benefit the students counseled. Rather, its use indirectly benefited them by assisting the subjects in some way to do their counseling job better. This was a minor theme or category because only five of the 14 subjects showed evidence of using humor for this purpose. The indirect benefits provided to students through employment of humor cited by these five subjects were basically three areas:

- (a) Improving or adding to the general counseling atmosphere,
- (b) Specifically helping the counselor, and
- (c) Obtaining specific information from students.

Some professionals interviewed stated that it was important to have a good time on the job. They did not provide a specific reason for this, but rather suggested that by enjoying themselves, a more positive overall atmosphere would result. Humor was the vehicle by which three subjects, Karl, Joe, and Jake, recounted how they did this. In talking about humor, for instance, Jake said, "I like keeping it light, and I like having fun on my job." Two subjects, Joe and Jerry, said that use of humor held specific benefits for them. For example, Joe said, "It makes you more capable of working through the problem efficiently and be able to provide appropriate and good care to people," while Jerry focused upon another specific benefit he thought using humor provided him. He said, "I think it does for the therapist, it keeps you more relaxed." Finally, two subjects,

Karl and Sarah, recounted how, by using humor with students, they were able to obtain specific information about students that enabled them to better assist students with their problems. For example, Sarah related a case in which she was counseling a high school boy and her use of humor put her in a better position to help this student. She said, “So it [humor] allowed me to understand a little more about what his household was all about.”

Negative experiences when self-disclosing and using humor with students

Approximately equal numbers of school professionals interviewed described negative experiences they had as a result of using self-disclosure and humor with students. Four subjects indicated they had a negative experience when self-disclosing to students, while five subjects related they had a negative encounter when utilizing humor with students. Of the remaining professionals, several reasons were given as to why they had not had negative experiences with these counseling techniques. In the case of self-disclosure, the reasons cited for this included: they did not self-disclose much, they avoided certain subjects, such as prior drug use, that are sensitive, and they exercised clinical judgment as to what to disclose. For instance, Sarah said, “I would say that I don’t use self-disclosure very frequently, so it is difficult to think of a time that it really had a negative impact, at least that I am aware of.” With respect to humor, reasons cited by subjects as to why they had not had negative encounters included the following: they did not use it often, they used clinical judgment when to employ humor, and the students might not understand the humor, but it was not harmful. For example, Linda had difficulty in specifying any situations in which her use of humor had a negative impact on a student. She said, “There are times when I see a student is really upset or serious, then I

know if I had used humor at that point, they might not have been ready for it, and I just stay away from it.”

The reasons why subjects reported negative experiences with self-disclosing to students often centered on student misinterpretation of the disclosure. For example, Sheila’s self-disclosure that she smoked to a middle school student with a behavior disorder backfired. She knew this was the case when the boy later asked her for a cigarette. Sarah related a counseling session with a high school student in which the student shared a story about what a teacher had done to this student. She stated, “My facial expression lets [him] know that I am not pleased with what the teacher had done to him. I think that can be harmful.” She went on to say that, although she wanted to be an “ally for my students,” she did not want to undermine teachers in the students’ eyes. Jack discussed how, at times, he talks about his children to make a connection, and some inner city students will challenge him by stating that his children do not know what it is like to grow up poor. Mary discussed how a self-disclosure she made to a middle school boy with Asperger’s was misinterpreted by him. She went on to say that she did not do enough preparatory work with the boy and his family before making this disclosure. She said this situation was resolved after clearing up any misunderstanding. She noted that she learned a lesson from this situation.

The reasons for negative encounters with the use of humor with students were somewhat more varied than for self-disclosure. Jack mentioned that he used humor with an inner city boy to make a connection with him. He related he “kind of joked around” with this student. He went on to say that he made up a story about having a black college roommate who was a starter on the basketball team and he was from “the hood.” He said

this did not go over well with this boy, as “[he] proceeded to tell me that I knew nothing about the hood.” Jerry and Gary described situations in which they joked around with middle and high school boys, respectively, that did not go well. In Gary’s case, he thought a key reason his use of humor did not go well with the student was offended by it was because he had not gotten to know the student better. In Jerry’s case, he thought he might have offended the student because he was considering his needs first. What he said he meant by this was that his joking around with this student probably was more intended, in hindsight, to impress his colleagues present than to help the student. Both of these professionals indicated they learned a lesson from these situations and, as a result, are more cautious in using humor in certain situations. Kim did not cite a specific example in which she had a negative experience employing humor with students, while Mary did. Kim recalled situations where she said something funny to a student who was having a bad day, and he or she took it the wrong way. Kim explained her caution in using humor with such a student in the following words:

It’s kind of like one day it’s okay to joke about that topic, whatever it may be, and then another day it’s off limits. When I have a student like that, when I don’t know what day it will be okay or not okay to make a funny comment to, I’ll just back totally off and just try to leave humor out of it.

Mary described a specific instance in which she turned to humor with a middle school girl with Asperger’s who was distraught and screaming. However, her use of humor escalated the situation. She went on to say that she was eventually able to calm this girl. She did not utilize humor in doing this.

In retrospect, any changes subjects would have made in using self-disclosure and/or humor

Several subjects indicated that, in hindsight, they would make no changes with respect to their use of self-disclosure and humor with students. For example, Linda stated, "Right now, I am comfortable with my disclosures and humor, as well." Joe went into more detail as to why he would not make any changes in his utilization of these counseling techniques. He said,

I would say no, and the reason I say that is because I do feel very comfortable with the level of self-disclosure and humor that I use because of background and learning, particularly the point of practice that I am at now.

Several subjects related they felt comfortable with their use of humor, but looking back, they would have made some changes in the way they self-disclosed to students. For instance, Karl indicated he would have used less self-disclosure. He went on to say he did not think it was necessary, and he thought it was more appropriate to draw examples for students from common, everyday experiences. Mary mentioned she would not alter the way she uses humor [with a good deal of self-deprecation]. She said the reason for this was because even if the humor "doesn't work, I'm not harming them in any way, if I am using myself as the brunt of the humor." However, in using self-disclosure with students with Asperger's she counseled, she said that she verified with them repeatedly now to make sure they were receiving the message she was intending.

Two participants in this study made no reference to altering the way they self-disclosed to students, but they did say, based on their experiences, that they would make

some changes in how they employed humor. Jerry discussed how he would like to use more humor at the beginning of the session to “have some fun before we get onto the hard stuff.” He suggested he wanted to use humor even more, because it worked for him so well with students in the past. However, he did say in the future wanted to make sure students understood his humorous intent and did not misinterpret his humor. He indicated he cited this cautionary note about his use of humor, based on one incident when he did not do this, and the student took his humorous intent the wrong way. Jerry went into some detail about the lesson he learned from this incident and the consequent change he has made in his approach to using humor with middle school students. He related:

It was a chance at humor, and it was one of those kind, I remember thinking afterward, that could have been perceived by sixth or seventh graders, it was in the middle school, as a little too critical. And I remember then, you have to be more careful in any public setting, number one, and sometimes when I use humor and self-disclose, I do have a tactic that I use where I let a youngster know that I’m going to use humor and self-disclosure. I will lead up to that I am going to talk about the use of humor before I use the humor.

Finally, there were some subjects who, looking back on their past experience in the school setting, would have liked to make some changes in the way they used both self-disclosure and humor with students. Chuck discussed how he regretted he did not use both of these counseling techniques earlier, because he has seen how effective they can be. He attributed his late start in employing these counseling strategies to his

graduate training. He said that self-disclosure was discouraged in his graduate program, and the use of humor was not even mentioned. Don, on the other hand, expressed a desire to be more circumspect and more in control when he used these counseling techniques in the future. He said:

In foresight, I just hope that my tool box is getting bigger and more appropriate and that I can avoid using humor unless it's a tool of choice, as opposed to a last resort. With self-disclosure, my hope would be that I would never use self-disclosure unless, again, it was a tool of choice.

Sheila said that she would like to use self-disclosure less and humor more with students with behavior disorders. She gave as reasons for this that self-disclosure had backfired with one of these students and humor seems to have really worked with them.

Chapter 5

Discussion

Summary of results

The purpose of this study was to gain a greater understanding of the benefits, if any, of the use of self-disclosure and humor by school-based mental health professionals in counseling students. Research conducted primarily outside the elementary/secondary school setting has demonstrated that there are relational and outcome benefits associated with the use of these counseling techniques (Barrett & Berman, 2001; Bennett, 1996; Burkard et al., 2006; Knox et al., 1997; Richman, 1995; Witzum et al., 1999). Very little research has been done on the use of these counseling techniques in the elementary/secondary school setting. This is a key reason why this was a qualitative study, given the paucity of research in this area. In fact, very little research has been done at all on any aspect of counseling students in this setting. What little research that has been done on the topic has shown some support for the benefits of utilizing self-disclosure and humor in this educational setting (Brown, 2005; Conti-Hayes, 2008; Sluder, 1986). This study represented an attempt to address this research gap on school counseling techniques in general and also specifically with respect to the employment of self-disclosure and humor in this setting.

The results of this study showed there is strong support in the southern New Jersey area for the use of self-disclosure and humor by school-based mental health professionals. Fourteen school psychologists and social workers were interviewed from this area to garner their views on the use of these counseling strategies with the students they counseled. All of the professionals interviewed have employed both self-disclosure

and humor with students they have counseled at one time or another. Some subjects utilized these techniques more than others. Some subjects were more enthusiastic about the perceived benefits of self-disclosing and using humor with students. The type of self-disclosure used that was mentioned almost exclusively by the subjects involved past experiences. Many of these disclosures were very personal in nature, while some were more impersonal. Examples of the former entailed sharing such things as past trials and tribulations with students, while the latter involved sharing with students' similar interests in sports. Only one subject, Sarah, engaged in a self-involving disclosure. This occurred when she related she displayed an emotional expression on her face that signified displeasure with something the student had said to her in counseling. Types of humor subjects discussed that they turned to in working with students varied more. They included such humorous interventions as: laughing at funny situations, humorous stories, joking, and self-deprecation. It should be noted that not one professional indicated that jokes they told to students were intended to be at the expense of the student. In other words, they never intended to disparage the student. Self-deprecation, as described by several of the professionals who utilized this technique with students, often combined humor with self-disclosure. Several subjects shared that they were comfortable in belittling themselves, at times, if they thought it would help the student.

Table 1 – Types of Self-disclosure and Humor used by Participants	
<u>Types of Self-Disclosure</u>	<u>Types of Humor</u>
Self-disclosure about past experiences (more personal in nature)	Laughing at funny situations
Self-disclosure about past experiences (more impersonal in nature)	Humorous stories
*Self-involving disclosure	Joking
* <i>Only cited by one participant</i>	Self-deprecation

The school psychologists and school social workers interviewed were slightly more supportive of the benefits of using humor with students than of self-disclosing to them. All 14 subjects interviewed cited relational benefits they experienced as a result of humorous interventions with students, while 12 out of 14 subjects saw this benefit when self-disclosing to students. Outcome results were very similar. Thirteen of 14 subjects described what they perceived to be positive outcomes of being humorous with students in counseling. Twelve of 14 subjects were able to delineate what they thought were positive outcomes associated with their disclosures to students. Similar relational benefits were emphasized by the participants when utilizing self-disclosure and humor with students. The same was true when they described perceived outcomes as a consequence of utilizing these counseling strategies. Relational benefits included humanizing the counselor, making a connection with the student and improving other aspects of the counselor/student relationship. Perceived outcome benefits were as

follows imparting information to the student, positive effect on the student's mood or affect and positive effect on the student's behavior.

Table 2 – Participants' Perceived Relational Benefits as a Result of Self-disclosure and Using Humor

- ✓ Humanizing the counselor
- ✓ Making a connection with the student
- ✓ Improving other aspects of the counselor/student relationship

Table 3 – Participant' Perceived Outcome Benefits as a Result of Self-Disclosing and Using Humor

- ✓ Imparting information to the student/
augmenting student perspectives
- ✓ Positive effect on student mood
- ✓ Positive effect on student behavior

Specific relational benefits cited by the participants of their use of self-disclosure and humor in this study were facilitating or enhancing the counselor/student relationship. Several subjects recounted how their use of these counseling methods formed the basis for the development of the counselor/student relationship by humanizing them. For example, Joe said his use of self-disclosure in counseling “helps make you more human to the student,” while a few subjects noted how their use of self-deprecating humor assisted them in counseling by humanizing them in the eyes of the students. Self-deprecating humor combines counselor self-disclosure and humor by poking fun at

something stupid the counselor has done or by pointing out a lack of skill he or she possesses. For instance, Jake shared he was not very handy with vocational/technical high school students he counseled. Kim shared with a high school student she counseled, who had greater facility on computers, that her computer skills were poor. Several subjects emphasized how the utilization of self-disclosure and humor with students had assisted them in fostering a connection with students. Dena mentioned that she had self-disclosed to a high school student “so maybe we could bond in some way.” Karl noted how he frequently turned to humor in counseling students, because it helped him to make a connection. There were some subjects who singled out how the use of these counseling strategies could benefit other aspects of the counselor/student relationship, in addition to establishing and enhancing a connection. Jack mentioned how his self-disclosure about bullying issues he encountered in his childhood with students who were being bullied “just kind of puts them at ease.” Karl related he frequently used humor at the beginning of group counseling sessions, because it has helped break the ice. In this way, he has seen evidence of how the use of humor enhanced group discussions by getting them started.

Many of the participants implied, and some of them specifically said, that their use of self-disclosure and/or humor assisted the relationship with students they counseled. They suggested that this facilitated the later positive outcomes they were able to achieve with these students. For example, Linda reflected on how her disclosure to an anxious student that she too was anxious had helped this student. She said, “Talking about it really helped her, so I knew and felt good about what we were doing.” And Jake discussed how being “humorous, accessible, friendly” with students he counseled had a

positive effect on them. He summed this up when he said, “After a while, the kids come to trust you and then you are in.”

Outcome benefits specified by the school professionals interviewed attributed to their use of self-disclosure and humor with students could be classified into three different areas: providing information, mood or affect enhancement, and positive behavioral change. In some cases, it was difficult to disentangle the informational and motivational intent of some school professionals in self-disclosing to students. For instance, Joe and Chuck shared with students they counseled who were experiencing weight and short stature concerns, respectively, that they experienced similar concerns in their youth. Their intent, as they described these encounters, was to help the students put these concerns into a perspective. In other words, these concerns should not totally define who they were as persons. Also, their intent was motivational in that they hoped that by their personal revelations, they could spur these students to change their thinking and ultimately change their behaviors. Mary, who worked with middle school students with Asperger’s, indicated the use of humor with these students significantly enhanced her ability to teach social skills. According to Mary, otherwise difficult topics, such as boy/girl relationships, became much easier to discuss with this population with the introduction of humor into the discussion. Sheila noted how her use of humor in counseling elementary students with behavior disorders helped them, “because I think they understand more rather than me lecturing at them.”

Several subjects mentioned how their use of self-disclosure and humor with students had the effect of elevating student mood or affect, although these consequences were noted about twice as often by the professionals in this study for the use of humor, as

for self-disclosure. Kim, Jake, and Gary disclosed experiences from their youth to students who were anxious and/or depressed in an attempt to instill some hope in them that things could change. Several school professionals recounted humorous interventions with students that had the effect of easing students' levels of tension and anxiety. For example, Don recounted how he employed humor with a middle school student. He went on to describe how it took the tension out of the situation, thereby enabling the student to talk. Analysis of subjects' interviews revealed they found self-disclosure and humor about equally effective in positively impacting students' behaviors. Gary recounted how he disclosed about his smoking as a youth and eventual termination of this bad habit to high school students he counseled who were smokers. He thought this disclosure might, in some small way, have had a positive impact on a few of these students. Sheila recalled how a disclosure she made about the adverse effects of aggressive posturing with her husband positively impacted elementary students with behavior disorders who engaged in such posturing. She pointed to improved classroom behaviors and the fact their disciplinary referrals decreased as evidence of this.

There were some negative experiences and reservations that several participants mentioned they encountered or they had, respectively, about employing these counseling techniques in the school setting. Approximately equal numbers of participants in this study were able to cite negative experiences they had with their use of self-disclosure and humor with students. Four professionals discussed negative encounters they had after self-disclosing to students. For the most part, the reason these encounters turned out negatively was the student misinterpretation of the disclosure. In only one of these cases was the school-based professional able to rectify the negative encounter by correcting the

misunderstanding. Five professionals talked about negative experiences they had when doing humorous interventions with students. The reasons humorous interventions were perceived as turning out badly were a little more varied. There were two examples noted by the subjects that did not go well, because the students misinterpreted their humorous intent. In another two cases, the professionals recognized they erred in using humor with students, because they did not get to know the students as well as they should have before using humor with them. Finally, Kim mentioned she had several instances in which her use of humor with students did not go well. The common factor among these situations, she noted, was that she joked with students who were having bad days. In the majority of these situations, the professionals were later able to ameliorate the negative outcome of their use of humor. In all these cases involving negative encounters with self-disclosure and humor, the professionals asserted they learned valuable lessons that they thought would help them to avoid making the same mistakes in the future.

Interestingly, almost two times as many subjects (nine vs. five) expressed reservations about employing self-disclosure with students than about the use of humor. The reason for this difference, when compared to the almost equal negative experiences reported with these techniques, can be accounted for easily. Many of the nine subjects who expressed reservations about self-disclosing to students said that they limit their use of self-disclosure. Subjects were not nearly as cautious about using humor with students. Specific reasons given by the participants for their reservations about self-disclosing to students included: it can be a distraction, not wanting to share their personal business, and the need to get to know the student first. Reasons given for reservations about humorous

interventions were the need to get to know the student first and not using humor in serious situations.

In addition to the two major categories of the relational and outcome benefits of the use of self-disclosure and humor in the schools, another major category was extracted from the data. This category centered on personality/background experiences that either contributed to or decreased the extent to which the subjects utilized these nontraditional counseling methods. The investigator began this study presupposing he might find relational and outcome benefits associated with subjects' self-disclosure and use of humor in the school setting. There was also a presumption that personality/background experiences might be influential in the use of these counseling strategies. Bloomgarden and Mennuti (2009) suggest that personality variables are related to the effective use of self-disclosure. Killinger (1987) does likewise with respect to the therapeutic use of humor.

Eleven of the 14 subjects interviewed mentioned personality and/or background experiences that influenced their use of self-disclosure with students in the school setting. Even more subjects (13 of 14) discussed how these factors had influenced the extent to which they employed humor with students they have worked with in counseling. Of the 11 subjects who referred to personality and/or background experiences with respect to self-disclosure, six made reference to variables in these areas that have contributed to their self-disclosing more to students. Several of these subjects noted personality variables in this regard, while one subject singled out a background variable. For example, two subjects, Jerry and Dena, indicated they liked to talk, while Jerry also mentioned he has been diagnosed with ADHD, which might lead him to overdisclose to

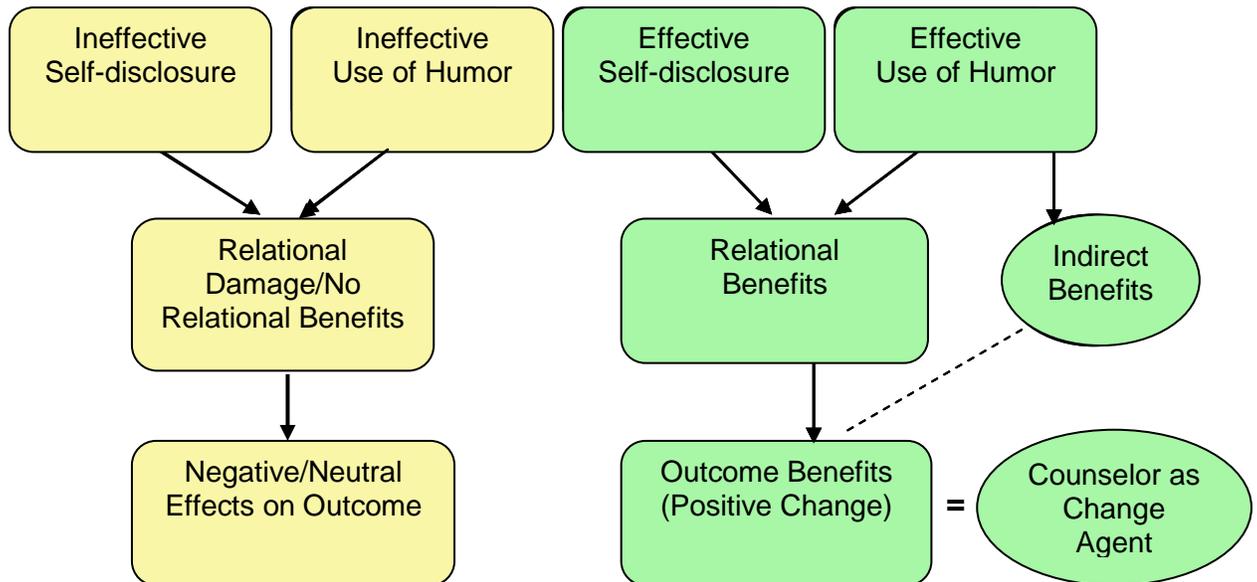
students. Mary discussed her background, moving from country to country in Europe as a youth, and her sharing of this information with students with Asperger's whom she has counseled. Five subjects mentioned directly or alluded to these personality and background factors, and how they might have influenced them to self-disclose to students less. For example, Don said he was a private person. Kim indicated therapist self-disclosure was discouraged in her graduate training. On the other hand, Linda admitted she was an anxious person which, at times, had the effect of raising concerns about how students would view her after self-disclosing her vulnerabilities. However, she continued to self-disclose despite her concerns, if she felt it would benefit the student. Chuck was discouraged from self-disclosing in his graduate training, although, unlike Kim, he was very supportive of its use because he had seen its benefits. He independently learned more about therapist self-disclosure. This was apparently one method by which other school professionals in this study recognized the benefits of therapeutic self-disclosure and have become more proficient in its use. There is little graduate school training on its use (Burkard et al., 2006).

With respect to the use of humor, the vast majority of the interviewees talked about personality factors that have had an impact on their use of humor in the school setting. For example, Dena stated she had a pretty good sense of humor. Joe indicated he was a humorous person. Linda said that she could be goofy. Sheila related how her positive experiences with elementary students with behavior disorders encouraged her to use it more with this population. Two participants in this study, Jerry and Kim, pointed to both aspects of their personality and experiences growing up that made them comfortable employing humor with students. On the negative side, Sarah and Don

referred to aspects of their personality that have inhibited them from using humor extensively in the school setting. Sarah said, "I have an adult sense of humor that wouldn't be appropriate in a school setting." Don indicated he tended to be sarcastic, and not everybody thought he was funny. Chuck recalled a background experience in his graduate training that did not discourage the use of humor in counseling, but that certainly did not encourage it. He said that nothing was mentioned about humor and its uses in counseling during his graduate training. However, he talked about how he considered humor to be a productive strategy, based on his experiences, in the school system. As a consequence, similar to what he did with self-disclosure, he learned about it independently. Franzini (2001) suggested that this self-instruction in the therapeutic use of humor is unfortunately commonplace if a therapist seeks instruction in its effective utilization. This is the case because, as he has pointed out, there is little graduate training on the use of humor in counseling.

An unexpected finding in this study was the emergence of a fourth category or theme after analyzing the data. Use of humor with students indirectly benefited students counseled, assisting or enabling the school psychologists and school social workers to better help the students they counseled. This is a minor category due to the fact that only 5 of the 14 subjects cited this benefit of humor. The indirect benefits of humor were threefold: (a) it improved the overall atmosphere or climate in counseling by having fun, (b) it could be a specific help to the counselor by keeping him more relaxed or by allowing the counselor to work more efficiently, and (c) using it and learning how students reacted to it differently yielded information about the student.

Figure 1: Effects of Using a Nontraditional Approach to Counseling Students in the School Setting*



- Results of this study demonstrated that effective use of these approaches was cited much more by the participants than their ineffective use.

Significance of results.

The results of this qualitative study of school-based mental health professionals' use of self-disclosure and humor in the school setting generally concurred with the research literature on the benefits of employing these counseling techniques. Similar benefits were noted in the literature for the use of these techniques, and by subjects in this study. For instance, examination of therapists' views of the benefits of self-disclosure in the literature cited the following benefits: enhancing the therapeutic alliance, validating the client, increasing the similarity between therapist and client, and providing alternative perspectives. All of these benefits were noted by subjects in this study. However, they also mentioned potential or actual outcomes for students' mood or affect and behaviors.

This may be because most of the literature on this topic involved therapists working with an adult population, while in this study, school professionals were working with a younger population. Conceivably, school professionals saw or were more optimistic about seeing emotional and behavioral changes in the students they counseled who were at a more malleable stage of development than adults.

With respect to humor, the literature described the following relational and outcome benefits, as viewed by therapists: improving the therapeutic relationship, augmenting client well-being by alleviating stress, and facilitating the development of new perspectives. This, too, was very similar to what the subjects in this study indicated were the contributions of utilizing humor with students they counseled, although in this study, several professionals also specified positive behavioral outcomes after employing humor with students in counseling. This was particularly true for some of the subjects whose counseling population included a significant number of students with behavior disorders. This population of students apparently responds well to nontraditional methods of conveying information, such as the use of humor, rather than being lectured to or preached at. These children are often bored with school and seeking stimulation or some form of entertainment. Humor used skillfully by several school professionals in this study enabled them to effectively convey a message to these students, aided by the fact that the students were simultaneously being entertained. Developmental considerations probably were a factor, as well, similar to those just discussed with respect to therapist self-disclosure with a young population. A minor finding in this study, which was not discussed in the literature, was how the use of humor could indirectly benefit the student by benefiting the subjects. Reasons cited for this centered on the fact that humor,

in various ways, enabled several school professionals to better help students they counseled by augmenting the professionals' capabilities or by providing them with information. No mention was made of this contribution of the use of humor to the therapist in the literature.

Some support was found in this study for the contention in the literature reviewed that there is little training in the use of these counseling techniques. Regarding the use of humor, not one subject mentioned that he or she had graduate training in its use. One subject specifically acknowledged this, while several other subjects suggested they were self-taught in its utilization. With respect to self-disclosure, not only did no subject indicate that he or she had graduate training on this counseling technique, several subjects noted its use was actually discouraged in their graduate programs.

A major finding in this study was that personality and upbringing variables had a significant effect on the extent to which self-disclosure and humor were employed by the school professionals interviewed. Although this was noted in the literature, especially regarding the use of humor, these variables were not indicated as major contributing factors to the use of these counseling strategies. The results of this study suggested that a key underlying reason governing the extent of the use of these nontraditional counseling methods was based upon who these professionals were as individuals. For example, they differed in that some subjects were more open than other subjects. Also, some subjects were more fun loving and humorous than other subjects. Consequently, those subjects who were more open and fun loving tended to employ self-disclosure and humor significantly more than those subjects who were not.

Finally, the results of this study added to knowledge of the utilization of self-disclosure and humor in another way. This was evident in the extent to which the subjects combined self-disclosure and humor. They did this by engaging in self-deprecatory humor. The use of this counseling technique was mentioned in the literature. However, the multiple consequences of its use were not specified in the literature. Results of this study demonstrated the following consequences, cited by several professionals: humanizing the counselor, making a connection with the student, and defusing a volatile situation.

Several findings from this qualitative study are significant to the field of cognitive behavioral therapy (CBT). The relationship between therapist and client is critical to CBT, because much of the success of this type of therapy is dependent upon collaboration between the therapist and client in setting goals (Freeman et al., 2004; Beck et al., 2004). Ultimately, the purpose of building the relationship through collaboration in CBT is to enhance the possibility of facilitating positive change(s) in the client. Leahy (2001) acknowledges that CBT has been criticized for not “adequately address(ing)” the patient’s emotional needs. Leahy provided more detail of this criticism:

Psychodynamic, Rogerian, and experiential orientations argue that the cognitive therapist ignores the need of the patient to ventilate his or her emotions and to have these emotions understood and validated by the therapist. Validation resistance is the demand for understanding, empathy, and care from the therapist – often to the exclusion of problem solving or a rational perspective 2001, (p. 58).

Leahy (2001) acknowledges there has to be a balance between change and validation. From these descriptions, these cognitive therapists clearly attested to the critical importance of establishing a therapeutic alliance with the patient, if therapy is to be successful. This study of the use of self-disclosure and humor in the school setting is based on Rogerian premises in building a therapeutic alliance and then, consequently, bringing about positive change. The results of this study revealed how subjects' use of self-disclosure and humor with students they counseled helped enhance their relationship with these students. This, in turn, based on subjects' perceptions, assisted in bringing about positive emotional and behavioral changes in the students. These counseling strategies are not limited in their use to any particular theoretical orientation in their application. The findings of this study suggest that CBT therapists might find these counseling strategies useful in establishing and enhancing a therapeutic alliance with clients they counsel.

There are two other findings from this study that have significance for CBT. These findings are associated with the fact that both self-disclosure and humor can be utilized as cognitive therapy techniques. These techniques involve modeling and putting things into perspective. Modeling entails description of behaviors, including ways of coping. It also encompasses demonstrating ways of living or being. Leahy (2001) describes how the therapists can model proper behavior for the client by drawing on their own life experiences. He also suggests that the therapist can be a role model for the client by the way he or she carries himself/herself and treats other people. Subjects in this study described both of these kinds of modeling with the students they counseled. This was demonstrated through their use of both self-disclosure and humor with students.

Several professionals drew on their past experiences to provide students they were counseling with appropriate models of conduct. In some cases, they combined self-disclosure and humor when they engaged in self-deprecating humor to do this. In addition, through their disclosures and use of humor, they provided role models to students by presenting themselves as human beings who have vulnerabilities and who had to cope with life's problems, too. This role modeling can be extremely important to school-age youth by showing them they are not alone, that they do not have to be perfect, and also that it is acceptable to be weak and vulnerable, at times.

With respect to putting things into perspective, the results of this study showed that subjects recalled this happening with their use of both self-disclosure and humor with students. A critical component of cognitive therapy is that it is not so much objective reality that determines how we adjust and cope, but rather our perceptions of the reality we confront. The reasoning behind this approach is simple. This can be summed up as: our outlook or approach to life is most dependent upon the way we view or interpret the things that occur to us. Cognitive behavior therapy focuses on helping the client to change maladaptive, often, negative cognitions to more positive cognitions. As a consequence, the goal of this therapy is to ultimately assist the client in bringing about positive changes in his or her emotions and/or behaviors (Beck, 2005; Dobson & Hamilton, 2003; Ellis, 2003; Freeman, Pretzer, Fleming, & Simon, 2004; Friedberg & McClure, 2002; Mennuti, Christner, & Freeman, 2006). Several subjects in this study recounted how their use of self-disclosure and/or humor was intended to assist students they counseled to gain a new perspective on a problem confronting them. This entailed such things as helping the student to put the difficulty they were encountering into a

larger framework or to turn a negative into a positive. Regarding the former strategy, the goal articulated was for the student to minimize the seriousness of the problem in their mind by placing it into context. With respect to the latter, the hope was for students to view a difficult situation in a not completely negative way. Rather, the goal was to assist them in viewing these situations as spurs to action to do something about it. As a consequence, several subjects in this research study clearly demonstrated how they self-disclosed and used humor with students with the intention of facilitating change in their negative cognitions.

Contribution to the field.

The results of this qualitative study of the use of self-disclosure and humor in the school setting has positive implications for the field of psychology in general and for the field of school psychology in particular. With respect to the general field of psychology, the results of this study have added to the relatively limited research that has been conducted on the use of self-disclosure and humor in counseling. Results of this study will add to the knowledge base in the use of these nontraditional counseling techniques, with the consequent benefits and cautions about their utilization in counseling with a young population. This is particularly true for therapeutic use of humor, as this topic has been investigated less than therapeutic self-disclosure. Second, the findings obtained from this research study can augment the knowledge base in the area of interpersonal factors influencing the counseling process. Rogers (1956) was one of the original proponents of this method or way of approaching counseling that emphasized these factors. More recent proponents of this interpersonal, relational perspective on counseling included Gilligan (1982) and Miller and Stiver (1997). These more recent

researchers have focused upon women in developing this relational, interpersonal approach to counseling, as they contend relationships are critical for women. This perspective is also spreading to the area of counseling in general [encompassing both female and male clients]. The key reason for this development is that this approach has been found to be helpful to men and women alike in therapy (Faber, 2003; Nyman & Daugherty, 2001). Results of this study have shown that the development of the relationship between counselor and student in the school setting, at least in part through the utilization of self-disclosure and humor, contributed to the success of counseling these students.

Another contribution of the results of this study is to the area of CBT. It has been documented how the counseling techniques of therapeutic self-disclosure and use of humor can contribute to modeling appropriate behaviors for the young, school-age population in this study. It has also been shown that these techniques facilitated the counseling process with this population by providing them with a way to take a different perspective in looking at their problems. Modeling and facilitating a different client perspective are two key counseling strategies employed by CBT therapists. More research has been done on how therapeutic self-disclosure can assist the client by modeling appropriate behaviors than for the other areas discussed here. As a consequence, results of this study add to the research base with this young population. Little to no research has been done either on therapeutic modeling through the employment of humor or on facilitating a different client perspective through the utilization of either of these counseling techniques.

The contributions of the findings of this research study to the field of school psychology are several. This study was qualitative in nature because the area of counseling in the elementary/secondary school settings is almost completely unexplored. Kazdin (2003) and Creswell (2003) have both noted that qualitative research can be helpful in developing a knowledge base and contribute to theory building in relatively unresearched areas. This study represented an attempt to do this. Findings obtained from this study have shown that counselor use of self-disclosure and humor can facilitate relationship building with students and consequent positive outcomes.

This study has demonstrated how subjects' use of these counseling techniques helped them to make a connection with students they were counseling. It also helped to humanize them in the students' eyes. As a result, barriers were reduced between an adult authority figure [the counselors] and the students. This contributed to the development of positive relationships with students, which in turn, often led to positive emotional and/or behavioral changes in the students. These positive results should be viewed in a larger context. Often, students who are counseled in the schools distrust adult authority figures. The reasons for this could relate to such things as their prior bad experiences with authority figures many have emotional/behavior disorders, with extensive discipline records. They come from dysfunctional families, or they might be at an age [adolescence] where they do not fully trust adults. Overcoming their resistance and focusing upon building a relationship with these students is critical before any changes in their emotions and/or behaviors can result. The findings documented here have demonstrated how counselor self-disclosure and use of humor can contribute to the

establishment of a good relationship with these students and with other students who might have different problems [such as internalizing depressed and anxiety disorders].

Limitations of the study

The results of this research study have demonstrated that there were generally positive perceptions by school-based mental health professionals of the use of self-disclosure and humor in counseling students. However, there are several limitations of the research associated with the qualitative nature of the research design. Only 14 subjects were interviewed, as subjects were interviewed until saturation of categories or themes was reached. Several aspects of the research design placed limitations on the ability to generalize the results of this study. With only 14 subjects interviewed, the results cannot be generalized to a larger population. Results of this study were restricted to the elementary/secondary school setting in the southern New Jersey area. Both of these factors limit the generalizability of the results to other settings and locations, respectively. The sample in this study was convenient in nature [personally selected by the investigator] and consisted entirely of subjects who were all white, with little ethnic diversity. This limits the generalizability of these results to other cultures. Had another sample been selected, other results might have been obtained.

There were other factors associated with the research design of this study that limited the results. The results were based on subjects' perceptions and recollections of past experiences. While the design of this study permitted subjects to give rich, detailed descriptions, the accuracy of their perceptions and recollections might be questionable. The inclusion of concrete objective measures in this study could have added credibility and validity to the participants' perceptions. These measures were not included in this

study. This study did not include solicitation of the views of students regarding their thoughts and feelings about the effectiveness of these counseling techniques. Inclusion of students' views would have provided a more complete picture of the impact of the use of these techniques in the school setting. The findings of this study might have been interpreted differently by another researcher. Another researcher might have posed different questions, which might have led to different results than those obtained in this study.

The last two limitations cited above refer to personal bias of the researcher. The danger of this bias is characteristic of qualitative research. The investigator undertook this study with a preconceived notion that therapeutic self-disclosure and use of humor could be of benefit to clients. This bias was acknowledged earlier in the introduction to this study. Other ways of neutralizing this bias were employed in addition to mere acknowledgement. The detailed, rich, thick description that is characteristic of qualitative research can reduce researcher bias. By presenting the subjects' words in such detail, the subjects, in effect, were allowed to speak for themselves. Also, there was a validation team to review the findings. Three doctoral level school psychologists and the investigator were members of this team. The doctoral level school psychologists read the interviews privately. A team meeting was then held to review the findings. In this validation process, the expectation was that researcher bias might be reduced with a consequent enhancement of objectivity by reaching some sort of consensus on the themes extracted from the data.

Future directions

This qualitative study of school-based health professionals' use of self-disclosure and humor in the elementary/secondary school setting has added to the research base on these nontraditional counseling methods. This study has provided rich, detailed description of 14 school professionals' perceptions of the effectiveness and consequences of utilizing these counseling strategies with students they have counseled. More research on the utilization of self-disclosure and humor in other school settings in other location is needed to expand upon the present study. This suggestion, along with a more diverse racial and ethnic sample in future studies, would augment the generalizability of the findings.

This investigation was conducted with the underlying assumption that school psychologists and school social workers can function as agents of change with students they counsel. For this reason, the investigator decided to start with examining how these professionals viewed the use of these counseling strategies. However, in order to more completely assess the effectiveness of these interventions, student views regarding the use of these strategies need to be investigated. Such investigation could explore what specifically makes school professionals' employment of self-disclosure and humor effective from the students' perspectives. For example, does it matter if school professionals self-disclose to students without such disclosure being solicited by students? Similarly, does it matter if school professionals turn to humor with students they are counseling if they do not first confirm its appropriateness with the students? Neither of these questions was examined in this study. Examination of such questions could enhance the effective utilization of the use of self-disclosure and humor by school

professionals, as could investigation of more concrete, objective outcome measures.

These measures could include such things as student grades, as well as discipline and attendance records.

More research in general, as well as more training, is needed on these counseling strategies. This is particularly true in the elementary/secondary school setting, as little research has been done on any aspect of counseling these students. There is little or no training on the use of these nontraditional counseling interventions in graduate training programs. This study has shown that therapeutic self-disclosure and humor can be used successfully with certain populations of students, such as those students with Asperger's syndrome or behavior disorders. However, the current study has also demonstrated that, at times, there is a need for caution when these counseling strategies are employed with such students. Further research is needed to assist in determining what factors contribute to the successful use of therapeutic self-disclosure and humor with these populations. In addition, future research might prove helpful in ascertaining if there are other student populations that are aided by these counseling interventions. Future research is also needed with all of these populations to investigate such things as timing and context, and how they affect the successful utilization of these interventions.

This study involved almost equal numbers of men and women, as well as almost equal numbers of school psychologists and school social workers. There were eight males and six females in this study. There were eight school psychologists and six school social workers. Overall differences in views regarding self-disclosure and use of humor between the various groups that comprised the sample in this study were not readily apparent. There appeared to be a diversity of views on the topic of this study that

extended across these groupings. However, future research on this topic might contribute to a clearer understanding of how gender and Child Study Team role influence the utilization of these counseling techniques. The current study has shown that personality and background experiences had a significant effect on how the school professionals viewed the use of self-disclosure and humor in the school setting. Further research would be helpful to deepen the understanding of how these factors influence the use of these counseling techniques.

Conclusions

This qualitative study investigated school-based mental health professionals' perceptions of therapeutic self-disclosure and use of humor with students they have counseled. Very little research has been done on the use of these nontraditional counseling techniques in the school setting. In fact, little research has been done on any aspect of counseling in the school setting. As a result, a qualitative design was selected as the research design for this study. The nature of this research design allowed for rich and detailed description of subjects' views on the topic. Such studies can be helpful in delineating key variables and initiating research in a relatively unexplored area of interest.

The findings of this study showed that all of the school professionals interviewed self-disclosed and used humor with students in counseling. Some professionals used these techniques more than others, and some were more enthusiastic about their use than others. Analysis of the interviews demonstrated that personality and background experiences were significant contributors to how the professionals viewed and used these nontraditional counseling methods. Those subjects who were more open personally and

described themselves as being humorous were much more likely to use these counseling techniques and view them positively than those subjects who were not. Upbringing and background experiences both contributed to and detracted from views of or extent of use of these counseling techniques.

Overall, the results showed that school psychologists and school social workers interviewed saw positive effects they could attribute to their use of these interventions. This was particularly true when they used humor with students. Benefits described basically fell into two categories: relational and outcome. Many of the subjects suggested that one flowed from the other. In other words, building the relationship laid the foundation for being able to achieve the positive outcomes they saw later in working with the students. Many of the subjects described how both their use of self-disclosure and humor helped to humanize them in students' eyes. Use of these nontraditional methods of counseling also helped to forge a connection with students and improved the relationship. As a consequence, several professionals suggested that students were more willing to listen to them. As Karl said, "You have to build some kind of connection with somebody or else they are not going to hear you." This is particularly important for counseling in the schools, because students seen in schools are often disaffected, distrust authority figures, and are being counseled involuntarily. Regarding the involuntary nature of much of school counseling, many students do not seek counseling themselves. Rather, they are often referred by parents, teachers, or administrators. Positive outcomes delineated by the subjects with the use of these counseling strategies were: providing students with alternative perspectives, improving their mood, and positive behavioral change.

The findings of this study showed that all was not positive in the subjects' views regarding the use of disclosure and humor with students. Several subjects had reservations about using these methods of counseling. Several subjects also described negative experiences they have had in using self-disclosure and/or humor with students. A reservation cited by a few subjects in employing both of these techniques involved being wary of self-disclosing or being humorous with students before getting to know them first. With respect to self-disclosure, several professionals said that they do not like to reveal too much about themselves. Some indicated disclosure can be a distraction to counseling. Several professionals mentioned that their negative experiences with self-disclosure centered on students misinterpreting their disclosures. Reasons given by the professionals for their negative experiences with humor also involved misinterpretation. For example, subjects indicated that humor was not well received by students when misinterpreted. In some instances, subjects noted this misinterpretation occurred because they used humor with students they had not gotten to know better. One subject mentioned her use of humor had gone badly, at times, when she misjudged students' moods.

The results of this investigation, both positive and negative, point to the need for further research on the topic. Concerns about the ability to generalize the results indicate the need for more research with other samples. For example, a more ethnically and racially diverse sample than the sample in this study would enable results to at least begin to be generalized to other cultures. Similarly, the geographic restriction of the sample in this study (southern New Jersey area) prevents the findings from being able to be applied to other areas of the country. Research is also needed into students' perceptions of the

effectiveness of their counselors' use of these interventions. Without such information, a complete assessment as to the effectiveness of these interventions is not possible. Also critical to assessment of these counseling techniques is the need for future research that can provide concrete, objective measures. These measures might include grades, discipline records, and attendance records of the students who were exposed to these counseling interventions. This study suggested therapeutic self-disclosure and use of humor can be helpful to certain populations of students such as those with Asperger's and behavior disorders. More research is needed on these interventions with these students and other difficult to serve students who might be helped by these interventions. Context and timing issues were not addressed in this study with respect to these nontraditional methods of counseling. These issues need to be examined further.

Nonetheless, the findings of this study have initiated the examination of counselor self-disclosure and use of humor in the schools. Results should prove useful in beginning to delineate under what circumstances therapeutic use of these nontraditional counseling methods can be beneficial and when their use can be deleterious. Many subjects in this study employed these counseling strategies with a good deal of effectiveness. However, none of the subjects reported that they received any formal training in their utilization. All of the subjects apparently were self-taught in the use of self-disclosure and humor. This lack of training opportunities highlights the need for much more education and training by graduate schools, professional organizations, or providers of continuing education on the use these interventions.

References

- Amada, G. (1993). The role of humor in a college mental health program. In W. F. Fry and W. Salameh (Eds.), *Advances in humor and psychotherapy* (pp. 47-55). Professional Resource Press: Sarasota, FL.
- Araminta, T. (2000). *Dialectical behavior therapy: A qualitative study of therapist and client experience* (Unpublished doctoral dissertation). California School of Professional Psychology, San Diego, CA.
- Barrett, M. S. & Berman, J. S. (2001). Is psychotherapy more effective when therapists disclose information about themselves? *Journal of Consulting and Clinical Psychology, 69*, 597-603.
- Beck, A. T., Freeman, A., & Davis, D.D. (2004). *Cognitive therapy of personality disorders*. Guilford Press: New York, N.Y.
- Beck, J. S. (2005). *Cognitive therapy for challenging problems: What to do when the basics don't work*. Guilford Press: New York, NY
- Bennett, C. E. (1996). *An investigation of client's perception of humor and its use in therapy* (Unpublished doctoral dissertation). Texas Woman's University, Dallas, TX.
- Bloomgarden, A., & Mennuti, R. B. (2009). Collective wisdom for good practice: Themes for consideration. In A. Bloomgarden & R. B. Mennuti (Eds.), *Psychotherapist revealed: Therapists speak about self-disclosure in psychotherapy* (pp. 307-311). Routledge: New York, N.Y..
- Bloomgarden, A., & Mennuti, R. B. (2009). Therapist self-disclosure: Beyond the taboos. In A. Bloomgarden & R. B. Mennuti (Eds.), *Psychotherapist revealed:*

Therapists speak about self-disclosure in psychotherapy (pp. 3-15). Routledge:
New York, N.Y.

Bridges, N. A. (2001). Therapist's self-disclosure: Expanding the comfort zone.

Psychotherapy, 38, 21-30.

Brown, S. L. (2005). *High school students' perceptions of teacher effectiveness: Student ratings and teacher reflections* (Unpublished doctoral dissertation). University of New Mexico, Albuquerque, N.M.

Bruni, J. L. (2004). *Adolescents who reluctantly attended short-term therapy: Their later thoughts and reflections on their psychotherapy experiences*. (Unpublished doctoral dissertation). University of Pittsburgh, Pittsburgh, PA.

Buckman, E. S. (1980). *The use of humor in psychotherapy* (Unpublished doctoral dissertation). Boston University, Boston, MA.

Bucy, J. E., Myers, A. B.; & Swerdlik, M. E. (2002). Best practices in working in full-service schools. I A. Thomas and J. Grimes (Eds.), *Best practices in school psychology IV* (pp. 281-291). NASP Publications: Bethesda, MD/

Burkard, A. W., Knox, S., Groen, M., & Perez, M. (2006). European American therapist self-disclosure in cross-cultural counseling. *Journal of Counseling Psychology, 53*, 15-25.

Burke, K. L., Peterson, D., & Nix, C. L. (1995). The effects of the coaches' use of humor, on female volleyball players' evaluation of their coaches. *Journal of Sports Behavior, 18*, 83-90.

Capobianco, J., & Farber, B. A. (2005). Therapist self-disclosure to child patients. *American Journal of Psychotherapy, 59*, 199-212.

- Carter, R. L. (1985). *The effects of intimacy of therapist self-disclosure and formality of presentation on perceptions of expertness, attractiveness, trustworthiness and empathy* (Unpublished doctoral dissertation). Hofstra University, Hempstead, N.Y.
- Cashwell, C. S., Shcherbakova, J., & Cashwell, T. H. (2003). Effect of client and counselor ethnicity on preference for counselor disclosure. *Journal of Counseling and Development, 81*, 196-200.
- Chessen, B. L. (1982). *The effects of therapist self-disclosure, sex of therapist and sex of subject on psychotherapeutic outcomes*. (Unpublished doctoral dissertation). University of Washington, Seattle, WA.
- Conti-Hayes, A. (2008) *The perceptions of therapist self-disclosure in school-based mental health*. (Unpublished doctoral dissertation). Philadelphia College of Osteopathic Medicine, Philadelphia, PA.
- Cooper, J. L. (2008). The federal case for school-based mental health services and supports. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*, 4-8.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage Publications: Thousand Oaks, CA.
- Cresswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed method approaches*. (3rd). Sage Publications: Thousand Oaks, CA.
- Dies, R. R. (1973). Group therapist self-disclosure: An evaluation by clients. *Journal of Counseling Psychology, 20*, 344-348.

- Dobson, K. S. & Hamilton, K. E. (2003). Cognitive restructuring: Behavioral tests of negative cognitions. In W. O'Donohue, J. E. Fisher, & S.C. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (pp. 84-95). John Wiley & Sons: Hoboken, N.J.
- Doll, B., & Cummings, J. A. (2008). *Transforming school mental health services: Population based approaches to promoting the competency and wellness of children*. Corwin Press: Thousand Oaks, CA.
- Dowd, E. T., & Boroto, D. R. (1982). Differential effects of counselor self-disclosure, self-involving statements and interpretations. *Journal of Counseling Psychology*, 29, 8-13.
- Dunkelblau, E. (2007, May). *The benefits of the use of humor in the public school setting*. Workshop presentation at the New Jersey Association of School Psychologists' semi-annual meeting, Jamesburg, NJ.
- Edwards, C. E., & Murdock, N. L. (1994). Characteristics of therapist self-disclosure in the counseling process. *Journal of Counseling and Development*, 72, 384-389.
- Elias, M. J., Zins, J. E., Graczyk, P. A., & Weissberg, R. P. (2003). Implementation, sustainability and scaling up of social-emotional and academic innovations in public schools. *School Psychology Review*, 32, 303-319.
- Ellis, A. (2003). Cognitive restructuring of the disputing of irrational beliefs. In W. O'Donohue, J. E. Fisher, & S.C. Hayes (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (pp. 79-83). John Wiley & Sons: Hoboken, N.J.
- Ellis, A. (1977). Fun as psychotherapy. *Rational Living*, 1, 2-6.

- Faber, B. A. (2003). Self-disclosure in psychotherapy practice and supervision: An introduction. *Journal of Clinical Psychology, 59*, 525-528.
- Foster, J.A., & Reid, J. (1983). Humor and its relationship to students' assessments of the counselor. *Canadian Counselor, 17*, 124-129.
- Fotinos, K. A. (1996). *The effects of therapist self-disclosure and client's solicitation of self-disclosure on adolescent client willingness to self-disclose and therapist preference* (Unpublished doctoral dissertation). California School of Professional Psychology, San Diego, CA.
- Franzini, L. R. (2001). Humor in therapy: The case for training therapists in its uses and risks. *Journal of General Psychology, 128*, 170-193.
- Freeman, A., Pretzer, J. Fleming, B. & Simon, K. M. (2004). *Clinical applications of cognitive therapy (2nd)*. Kluwer Academic/Plenum Publisher, New York, N.Y.
- Friedberg, R. D. & McClure, J. M. (2002). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. Guilford Press: New York, N.Y.
- Gabriel, G. N. (2005). *A qualitative analysis of female adolescents' perceptions of therapist self-disclosure within the therapeutic process* (Unpublished doctoral dissertation). Philadelphia College of Osteopathic Medicine, Philadelphia, PA.
- Gallucci, A.M. (2002). *Therapists' use of self-disclosure: A quantitative study* (Unpublished doctoral dissertation). Boston University, Boston, MA.
- Gilligan, D. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press: Cambridge, MA.
- Gibson, D. L. (1996). *Effects of therapist self-disclosure on clients' level of anxiety, perceptions of the therapist and perceptions of similarity to the therapist*

(Unpublished doctoral dissertation). California School of Professional Psychology, San Diego, CA.

Glazer, B. G., & Strauss, A. J. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Publishing Co.: Chicago, IL.

Gonzalez, M. J. (2006). Access to mental health services: The struggle of poverty affected urban children of color. *Child and Adolescent Social Work Journal*, 22, 245-256.

Gottlieb, D. (2008). *Learning from the heart: Lessons on living, loving and listening*. Sterling: New York, N.Y.

Gottlieb, D., Bloomgarden, A., Mennuti, R. B., & McCoubrey, C. (2009). Nobody gets to see the wizard: An interview with Dan Gottlieb. In A. Bloomgarden & R. B. Mennuti (Eds.), *Psychotherapist revealed: Therapists speak about self-disclosure in psychotherapy* (pp. 247-255). Routledge: New York, N.Y.

Greenberg, M. (1995). *Therapeutic humor as a process of caring within the nurse-client relationship: Perspectives of three professional nurses and clients in an acute care hospital setting* (Unpublished doctoral dissertation). New York University, New York, N.Y.

Hendrick, S. S. (1988). Counselor self-disclosure. *Journal of Counseling and Development*, 66, 419-424.

Hill, C. E., Helms, J. E., Tichenor, V., Spiegel, S. B., O'Grady, K. E., & Perry, E. S. (1988). Effects of therapist response modes in brief psychotherapy. *Journal of Counseling Psychology*, 35, 222-233.

Hill, C. E., & Knox, S. (2001). Self-disclosure. *Psychotherapy*, 38, 413-417.

- Hill, C. E., Mahalik, J. R., & Thompson, B. J. (1989). Therapist self-disclosure. *Psychotherapy: Theory, Research, Practice, Training, 26*, 290-295.
- Hoang, P. D. (1996). *Attitudes of southeast Asian immigrant students toward counseling* (Unpublished doctoral dissertation). University of Washington, Seattle, WA.
- Hogue, A., Dauber, S., Stambaugh, L. F., Cecero, J. J., & Liddle, H. A. (2006). Early therapeutic alliance and treatment outcome in individual and family therapy for adolescent behavior problems. *Journal of Consulting and Clinical Psychology, 74*, 121-129.
- Jourard, S. M. (1971). *Self-disclosure: An experimental analysis of the transparent self*. John Wiley & Sons, Inc.: New York, N.Y.
- Kazdin, A. E. (2003). *Research design in clinical psychology*. (4th). Allyn & Bacon: Boston, MA.
- Kazdin, A. E., Marciano, P. L., & Whitley, M. K. (2005). The therapeutic alliance in cognitive-behavioral treatment of children referred for oppositional, aggressive and anti-social behavior. *Journal of Consulting and Clinical Psychology, 73*, 726-730.
- Kerrigan, J. F. (1983). *The perceived effect of humor on six facilitative therapeutic conditions* (Unpublished doctoral dissertation). University of Arizona, Tempe, AZ.
- Kelly, A. E., & Rodriguez, R. R. (2007). Do therapists self-disclose more to clients with greater symptomology? *Psychotherapy: Theory, Research, Practice, Training, 44*, 470-475.

- Kessler, R. C. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 593-602.
- Killinger, B. (1987). Humor in psychotherapy: A shift to a new perspective. In W. F. Fry & W. A. Salameh (Eds.), *Handbook of humor and psychotherapy: Advances in the clinical use of humor* (pp. 22-38). Professional Resource Exchange: Sarasota, FL.
- Kim, S. K., Hill, C. E., Gelso, C. J., Goates, M. K., Asay, P. A., & Harbin, J. M. (2003). Counselor self-disclosure East Asian American client adherence to Asian cultural values, and counseling process. *Journal of Counseling Psychology*, *50*, 324-332.
- Knox, S., Hess, S. A., Petersen, D. A., & Hill, C. E. (1997). A qualitative analysis of client perceptions of the effects of helpful therapist self-disclosure in long-term therapy. *Journal of Counseling Psychology*, *44*, 274-283.
- Koglu, A. Y. (1993). Favorite jokes and their use in psychotherapy with children and parents. In W. F. Fry & W. A. Salameh (Eds.), *Advances in humor and psychotherapy* (pp. 57-80). Professional Resource Press: Sarasota, FL.
- Kubie, L. S. (1971). The destructive potential of humor in psychotherapy. *American Journal of Psychotherapy*, *127*, 861-866.
- Leahy, R. L. (2001). *Overcoming resistance in cognitive therapy*. The Guilford Press: New York, N.Y.
- Madison-Colmore, O., & Moore, J. L. (2002). Using the H.I.S. model in counseling African-American men. *Journal of Men's Studies*, *10*, 197-205.

- Maples, M. F., Dupey, P., Torres-Rivera, E., & Phan, L. T. (2001). Ethnic diversity and the use of humor in counseling: Appropriate or inappropriate? *Journal of Counseling and Development, 79*, 53-60.
- Major, M. J. (1999). *The use of humor in psychotherapy with adolescents* (Unpublished doctoral dissertation). California School of Professional Psychology at Berkeley, Alameda, CA.
- Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research* (4th). Sage Publications: Thousand Oaks, CA.
- Martens, W. H. J. (2004). Therapeutic use of humor in anti-social personalities. *Journal of Contemporary Psychotherapy, 34*, 351-361.
- Martin, J. F. (1983). *Humor in therapy: An observational study* (Unpublished doctoral dissertation). The University of Tennessee, Knoxville, TN.
- Martin, R. A. (2007). *The psychology of humor: An integrative approach*. Elsevier Academic Press: Boston, MA.
- Megdell, J. I. (1984). Relationship between counselor-initiated humor and client's self-perceived attraction in the counseling interview. *Psychotherapy: Theory, Research, Practice, Training, 21*, 517-523.
- Mennuti, R. B., Christner, R. W., & Freedman, A. (2006). An introduction to a school-based cognitive-behavioral framework. In R. B. Mennuti, A. Freeman, & R. W. Christner (Eds.), *Cognitive-behavioral interventions in education settings: A handbook for practice* (pp. 3-19). Routledge: New York, N.Y.
- Merrell, K. W. (2002). Social-emotional intervention in schools: Current status, progress and promise. *School Psychology Review, 31*, 143-147.

- Miller, J. B., & Stiver, I. P. (1997). *The healing connection. How women form relationships in therapy and in life*. Beacons: Boston, MA.
- Miller, M. C. (2002). How much should psychotherapists tell about themselves? *Harvard Mental Health Letter*, 19, 3-7.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd). Guilford Press: New York, N.Y.
- Mitchell, B. A. (1980). *An investigation of therapist and patient self-disclosure in an outpatient therapy group* (Unpublished doctoral dissertation). Rutgers, New Brunswick, N.J.
- Morrow, R. A. & Brown, D. D. (1994). *Critical theory and methodology*. Sage Publications: Thousand Oaks, CA.
- Murdock, J. L. (1990). *The use of therapist self-disclosure during therapy* (Unpublished doctoral dissertation). The University of Mississippi, University, MS.
- Murphy, V. & Christner, R. W. (2006). A cognitive-behavioral case conceptualization approach for working with children and adolescents. In R. B Menniti, A. Freeman & R. W. Christner (Eds.), *Cognitive-behavioral interventions in educational settings: A handbook for practice* (pp. 37-62). Routledge: New York, N.Y.
- Neimeyer, G. J., & Fong, M. L. (1983). Brief reports: Self-disclosure flexibility and counselor effectiveness. *Journal of Counseling Psychology*, 30, 258-261.
- Nelson, R. B., Hoover, M., Young, M., & Obrzut, A. (2006). Integrated psychological services in the Greeley-Evans Public Schools. *School Psychology Quarterly*, 21, 445-467.

- Neuliep, J. W. (1991). An examination of the content of high school teachers' humor in the classroom and the development of an inductively delivered taxonomy of classroom humor. *Communication Education, 40*, 343-355.
- Newton, G. R. & Dowd, E. T. (1990). Effect of client sense of humor and paradoxical interventions on test anxiety. *Journal of Counseling and Development, 68*, 668-672.
- Nies, D. C. (1982). *A role of humor in psychotherapy: Reduction of dating anxiety in males* (Unpublished doctoral dissertation). Fuller Theological Seminary, School of Psychology, Pasadena, CA.
- Nyman, S. J. & Daugherty, T. K. (2001). Congruence of counselor self-disclosure and perceived effectiveness. *Journal of Psychology, 135*, 269-276.
- Oakes, L. N. (1999). *An investigation of the content and impact of therapist use of self-reference* (Unpublished doctoral dissertation). University of Minnesota, St. Paul-Minneapolis, MN.
- O'Brien, E. E. (2000). *Humor, the therapeutic relationship and outcome* (Unpublished doctoral dissertation). Indiana University of Pennsylvania, Indiana, PA.
- Olona, M. M. (1988). Going from serious to fun and remaining professional. *Journal of Counseling and Development, 67*-110.
- Parmet, D. A. (2000). *Social workers' perceptions of the used of therapeutic humor with cancer patients* (Unpublished doctoral dissertation). California State University, Long Beach, CA.

- Patrizio, T. (1990). *Effect of self-disclosure and interpersonal touch on high school students' perceptions of a school psychologist during an initial interview* (Unpublished doctoral dissertation). Hofstra University, Hempstead, NY.
- Patten, T. G. (1983). *Factors influencing self-disclosure in actual therapy sessions* (Unpublished doctoral dissertation). Texas Tech University, Lubbock, TX.
- Paulson, B. L., Truscott, D., & Stuart, J. (1999). Clients' perceptions of helpful experiences in counseling. *Journal of Counseling Psychology, 46*, 317-324.
- Peterson, Z. D. (2002). More than a mirror: The ethics of therapist self-disclosure. *Psychotherapy: Theory, Research, Practice, Training, 39*, 21-31.
- Pluymert, K. (2002). Best practices in developing exemplary mental health programs in schools. T. A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology IV: Volume 2* (pp. 963-975). NASP Publications: Bethesda, MD.
- Posada, P. E. (1991). *A descriptive study of the therapeutic use of humor by professional social workers* (Unpublished doctoral dissertation). California State University, Long Beach, CA.
- Powers, T. (2000, December). *The key role of public schools in providing mental health services*. Keynote address at the New Jersey Association of School Psychologists semi-annual meeting, Jamesburg, N.J.
- Prenn, N. (2009). I second that emotion! On self-disclosure and its metaprocessing. In A. Bloomgarden & R. B. Mennuti (Eds.), *Psychotherapist revealed: Therapists speak about self-disclosure in psychotherapy* (pp. 85-99). Routledge: New York, N.Y.

- Priddy, M. W. (1990). *The role of client sense of humor on therapeutic outcome* (Unpublished doctoral dissertation). University of Southern California, Los Angeles, CA.
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice, 19*, 276-288.
- Rabinor, J. R. (2009). Self-Disclosure as a turning point in psychotherapy. In A. Bloomgarden & R. B. Mennuti (Eds.), *Psychotherapist revealed: Therapists speak about self-disclosure in psychotherapy* (pp. 55-70). Routledge: New York, N.Y.
- Ravitch, D. (2010). *The death & life of the great American school system: How testing and choice are undermining education*. Basic Books: New York, N.Y.
- Richman, J. (1996). Points of correspondence between humor and psychotherapy. *Psychotherapy, 33*, 560-566.
- Richman, J. (1995). The lifesaving functioning of humor with the depressed and suicidal elderly. *Gerontologist, 35*, 271-273.
- Riviere, D. A. (1989). *The efficacy of therapist self-disclosure as a counseling technique* (Unpublished doctoral dissertation). Rutgers, New Brunswick, N.J.
- Roberts, A. K. P. (1993). *The effects of imagery, group therapy or laughter on quality of life in cancer patients* (Unpublished doctoral dissertation). California Institute of Integral Studies, San Francisco, CA.
- Rogers, C. R. (1956). Client-centered therapy. *Journal of Counseling Psychology, 3*, 115-120.

- Saper, B. (1987). Humor in psychotherapy: Is it good or bad for the client? *Professional Psychology: Research and Practice*, 18, 360-367.
- Schaafsma, M. C. (2007). *Personal characteristics of effective couple therapists* (Unpublished doctoral dissertation). St. Louis University, St. Louis, MO.
- Shechtman, Z., & Vurembrand, N. (1996). Does self-disclosure in friendship increase following group counseling therapy? A different case for boys and girls. *Sex Roles*, 35, 123-130.
- Schimmel, L A. (1994). *The effects of therapist verbal self-disclosure on adolescent male offenders' engagement in an initial clinical interview* (Unpublished doctoral dissertation). California School of Professional Psychology, San Diego, CA.
- Shirk, S. R., Gudmundsen, G., Kaplinski, H.G., & McMakin, D. L. (2008). Alliance and outcome in cognitive-behavioral therapy for adolescent depression. *Journal of Clinical Child Psychology*, 37, 631-639.
- Simi, N. L. & Mahalik, J. R. (1997). Comparison of feminist versus psychoanalytic/dynamic and other therapy on self-disclosure. *Psychology of Women Quarterly*, 21, 465-483.
- Simone, D. H. (1994). *Therapist use of self-disclosure: An investigation of client and therapist variables influencing disclosure behavior* (Unpublished doctoral dissertation). University of Minnesota, St. Paul-Minneapolis, MN.
- Simonson, N. R. (1976). The impact of therapist disclosure on patient disclosure. *Journal of Counseling Psychology*, 23, 3-6.

- Simonson, N. R., & Bahr, S. (1974). Self-disclosure by the professional and paraprofessional therapist. *Journal of Consulting and Clinical Psychology, 3*, 359-363.
- Sluder, A. W. (1986). Children and laughter: The elementary school counselor's role. *Elementary School Guidance and Counseling, 21*, 120-127.
- Smies, R. J. (2003). *Coping with stressful situations: The use of humor as a preventative coping mechanism for perceived stress in public speaking* (Unpublished doctoral dissertation). The University of North Dakota, Grand Forks, N.D.
- Smith, G.C. (1991). *A survey of self-disclosure practices among clinical psychologists* (Unpublished doctoral dissertation). Pepperdine University, Malibu, CA.
- Tharinger, D., & Staford, M. (1995). Individual counseling of elementary-age students. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology, Vol. III* (pp. 893-907). NASP Publications: Bethesda, MD.
- Thomason, M. (2005). *The effects of therapist orientation and self-disclosure on perceptions of therapists' characteristics and effectiveness* (Unpublished doctoral dissertation). Fairleigh Dickinson University, Teaneck, N.J.
- Thomson, B. R. (1990). Appropriate and inappropriate uses of humor in psychotherapy as perceived by certified reality therapists: A Delphi study. *Journal of Reality Therapy, 10*, 59-65.
- Upah, K. R. F. & Tilly III, W. D. (2002). Best practices in designing, implementing, & evaluation quality interventions. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV* (pp. 486-501). NASP Publications: Bethesda, M.D.

- Vande Creek, L., & Angstadt, L. (1985). Client preferences and anticipations about counselor self-disclosure. *Journal of Counseling Psychology, 32*, 206-214.
- Ventis, W. L., Higbee, G., & Murdock, S. A. (2001). Using humor in systematic desensitization to reduce fear. *Journal of General Psychology, 128*, 241-253.
- Watkins, C. E. (1990). The effects of counselor self-disclosure: A research review. *Counseling Psychologist, 18*, 477-500.
- Wendell, R., & Heiser, S. (1989). Effective instructional characteristics of teachers of junior high school gifted students. *Roeper Review, 11*, 151-153.
- Wilkins, N. T. (2001). *Attitudes toward and usages of humor among practicing marriage and family therapists* (Unpublished doctoral dissertation). St. Mary's University of San Antonio, San Antonio, TX.
- Witzum, E., Briskin, S., & Lerner, V. (1999). The use of humor with chronic schizophrenic patients. *Journal of Contemporary Psychotherapy, 29*, 223-234.
- Yalom, I.D. (1980). *Existential psychotherapy*. Basic Books: New York, N.Y.
- Yalom, I. D. (1998). *The Yalom reader: Selections from the work of a master therapist and storyteller*. Basic Books: New York, N.Y.
- 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* (pp. 31-51). Routledge: New York, N.Y.

Appendix A

Informed Consent Form

TITLE OF STUDY

A Qualitative Analysis of School Based Mental Health Professionals' Views on the Use of Self-Disclosure and Humor

TITLE OF STUDY IN LAY TERMS

An Interview Study of How School-Based Mental Health Professionals view a couple of counseling techniques: Telling something about themselves and using humor

PURPOSE

The purpose of this research is to find out how school-based mental health professionals self-disclose and use humor to assist them in helping students they counsel.

I am being asked to be in this research study to assist Mr. Felloney and Dr. Mennuti in a research project. If I do not agree to be in this study, I cannot be influenced or coerced to be in this study.

INVESTIGATOR(S)

Principal Investigator: Rosemary Mennuti, Ed. D.
Institution: Philadelphia College of Osteopathic Medicine
Department: School Psychology, Psy.D.
Address: 4170 City Avenue,
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Phone: 215-871-6693

Co-Investigator: Robert S. Felloney, Ed.S.
Institution: Philadelphia College of Osteopathic Medicine
Department: School Psychology, Psy.D. Program
Address: 21 Barry Drive,
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The interview I am being asked to volunteer for is part of a research project.

If I have any questions about this research, I can call Dr. Mennuti at (215) 871-6693. If I have any questions or problems during the study, I can ask Dr. Mennuti, who will be available during the entire study. If I want to know more about Dr. Mennuti's background, I can call the PCOM Research Compliance Specialist at (215) 871-6782.

DESCRIPTION OF THE PROCEDURES

If I agree to be in this study, I will be asked to answer several questions on my use of self-disclosure and humor with the students I counsel in school. I will also be asked to complete a brief demographic questionnaire.

The interview will take place over the course of one sitting for a total of approximately 1 to 1 ½ hours of my time.

POTENTIAL BENEFITS

Although I may not benefit from being in this study, other people in the future may benefit from what the researchers learn from the study.

RISKS AND DISCOMFORTS

There are no anticipated risks or discomforts from participation in this study.

ALTERNATIVES

My only other choice is not to participate in this study.

PAYMENT

I will be paid for being in this study. The payment will be a \$40 gift certificate to a T.G.I. Friday's restaurant.

CONFIDENTIALITY

All information and records relating to my participation will be kept in locked files. My identity will be protected by the co-investigator by assigning my interview a pseudonym. The interviews and consent forms will be kept in separate locked files. Only the researchers, members of the Institutional Review Board and the U.S. Food and Drug Administration will be able to look at the records. If the results of this study are publicized, no names or other identifying information will be used.

REASONS PARTICIPANTS MAY BE TAKEN OUT OF THE STUDY WITHOUT HIS/HER CONSENT

If health conditions occur that would make staying in the study possibly dangerous to me, or if other conditions occur that would damage my physical or mental health, the researchers may take me out of this study. In addition, the entire study may be stopped if dangerous risks or side effects occur in other people.

NEW FINDINGS

If any new information develops that may affect my willingness to stay in this study, I will be told about it.

INJURY

If I am injured as a result of this research study, I will be provided with immediate necessary care. However, I will not be reimbursed for care or receive other payment. PCOM will not be responsible for any of my doctor or hospital bills, including any routine care under this program or reimbursement for any side effects that may occur as a result of this program.

If I discover that I have suffered injury or illness in the course of this research, I should notify the PCOM Research Compliance Specialist at (215) 871-6782. A review

by a committee will be arranged to determine if the injury or illness is a result of my participation in this research. I should also contact the PCOM Research Compliance Specialist, if I think that I have not been told enough about the risks, benefits or other options or that I feel that I am being pressured to stay in this study against my wishes.

VOLUNTARY PARTICIPATION

I may refuse to be in this study. I agree to be in this study with the understanding of the known possible effects or hazards that might occur during this study. Not all the possible effects of the study are known.

I may leave this study at any time.

If I decide to drop out of this study, there will be no penalty or loss of benefits to which I may be entitled.

I have had adequate time to read this form and I understand its contents. **I have been given a copy for my personal records.**

I agree to participate in this research study.

Signature of Subject: _____

Date: ____/____/____ Time: _____AM/PM

Signature of Witness: _____

Date: ____/____/____ Time: _____AM/PM

Signature of Investigator or Designee (circle one):

Date: ____/____/____ Time: _____AM/PM

Appendix B**Demographic Information Questionnaire**

1) What is your job title?

School Psychologist _____ School Social Worker _____

2) What is your sex? Male _____ Female _____

3) What is your race/ethnicity?

White/Non-Hispanic _____ Hispanic _____

Black _ Asian _ Other _____

What is the highest level of education or degree you have attained?

Master's _____ Master's + _____

Ed.S. _____ Doctorate _____

How many years have you been counseling students in the school setting?

4 to 10 _____ 11 to 15 _____ 16 to 20 _____

Over 20 _____

In what school setting do you work?

Public _____ Public/Out-of-District _____

Private/Out-of-District _____

What grade level of students do you primarily counsel?

Elementary (Kindergarten to 5th) _____

Middle (6th to 8th) _____

High School (9th to 12th) _____

In which county in the southern New Jersey area do you work? Gloucester _____

Burlington _____ Cumberland _____ Camden _____

What is your primary job responsibility?

Counseling _____ Assessment _____

Consultation/Intervention _____ Other _____

Approximately what percentage of time, on average, do you counsel students, compared to your overall job responsibilities?

<5% _____ 5% to 10% _____ 11% to 20% _____

21% to 40% _____ 41% to 50% _____ Over 50% _____

Approximately how many students do you counsel, on average, in a week?

1 to 3 _____ 4 to 6 _____ 7 to 10 _____

11 to 15 _____ Over 15 _____

12) Do you counsel? More male students _____

More female Students _____ About equal numbers _____

13) Do you think you have a good sense of humor?

Yes _____ No _____

14) How would you describe your feelings about counseling students in school?

Part of the job _____

Somewhat interesting and challenging _____

Very interesting and challenging _____

Appendix C

Semi-Structured Interview School-Based Mental Health Professionals' Use of Self-Disclosure and Humor

General Overview Questions:

- 1) How would you describe yourself both personally and professionally?
- 2) How does who you are affect how you do your job as a school psychologist or school social worker?

Open-Ended Questions

- 3) Generally speaking, how do you view self-disclosure in the therapeutic situation?

Humor?

- 4) Tell me about a specific instance in which you self-disclosed to a student whom you were counseling. If you have not self-disclosed to a student, could you please explain why not?
 - Tell me what it was like for you at the time you self-disclosed to this student.
 - What was it like for you just before and just after you self-disclosed to this student?
 - Could you reflect on how this self-disclosure may have impacted counseling this student?
 - Could you tell me of another time that your use of self-disclosure with a student had a positive impact? Negative impact? (Depending on the response to the previous question)

- 5) Tell me about a specific instance in which you used humor with a student whom you were counseling. If you have not used humor with a student, could you please explain why not?
- Tell me what it was like for you at the time you used humor with this student.
 - What was it like for you just before and just after you used humor with this student?
 - Could you reflect on how this use of humor may have impacted counseling this student?
 - Could you reflect on another time that your use of humor with a student had a positive impact? Negative impact? (Depending on the response to the previous question)
- 6) Are there any other times that you self-disclosed or used humor with a student you would like to talk about?
- 7) In hindsight, is there anything you would change about your uses of self-disclosure and/or humor with these students?

Appendix D

Semi-Structured Interview Script

“I want to thank you for taking time to be a part of this research project. I hope the information I learn through this project will help to improve your level of expertise in counseling students. Your agreement to participate in this study makes it possible to learn important information about school-based mental health professionals’ use of self-disclosure and humor with students they counsel. Your honest answers will assist in developing a foundation to understand how school-based mental health professionals’ use of self-disclosure and humor can benefit you and the students you counsel. I will be audiotaping this interview so I can write out the interview later to fully understand your thoughts and feelings about the topic.

Over the course of one to one and one-half hours I am going to ask you some questions about your thoughts and feelings about your use of self-disclosure and humor with the students you counsel. Please answer the questions as honestly as possible, because it is important to obtain your true thoughts and feelings on the topic. The questions will be open-ended in nature. This means they will allow you to respond openly about your personal thoughts and experiences. Whenever possible, please tell me as much information as you are able to so I can clearly understand your feelings and experiences. I want to understand your personal perception of when you used self-disclosure and humor to assist students you were counseling. The goal of these questions is to gain an understanding of both your rational thoughts and emotional experiences. Each of the questions will be asked to gain a clearer understanding of your experiences related to the topic.

You can decline to answer any of the questions you do not want to answer for whatever reason. At the end of all my questions, please feel free to provide any other information you think may assist with this research area or contribute in some way to the topic.

For the purpose of this study, school-based mental health professional self-disclosure will be defined as follows: ‘Intentional statements that reveal something personal about you, which you made to help students you were counseling deal with problems they were confronting.’ School based mental health professional use of humor will be defined as follows: ‘Intentional and spontaneous use of humor techniques with students you counsel which had as the goal to assist students in understanding themselves better and/or to improve their behaviors.’

At this time, do you have any questions I can answer for you? Let’s begin.”

Appendix E**Demographic Findings**

Name	Job Title	Race/ Ethnicity	Education	Counseling Experience	School Setting
Jack	School Social Worker	Caucasian	Master's	Over 20 Years	Private/Out of District
Chuck	School Social Worker	Caucasian	Master's +	Over 20 Years	Public
Jake	School Psychologist	Caucasian	Master's +	4 to 10 Years	Public/Out of District
Don	School Psychologist	Caucasian	Maser's +	4 to 10 years	Public
Sarah	School Psychologist	Caucasian	Doctorate	4 to 10 Years	Public
Joe	School Social Worker	Caucasian	Master's	4 to 10 Years	Public
Dena	School Psychologist	Caucasian	Ed.S.	4 to 10 Years	Public
Karl	School Social Worker	Caucasian	Master's +	4 to 10 Years	Public
Jerry	School Psychologist	Caucasian	Master's +	Over 20 Years	Public
Linda	School Social Worker	Caucasian	Master's	11 to 15 Years	Private/Out of District
Gary	School Psychologist	Caucasian	Ed.S.	11 to 15 Years	Public
Mary	School Psychologist	Caucasian	Doctorate	Over 20 Years	Private/Out of District
Sheila	School Psychologist	Caucasian	Ed.S.	4 to 10 Years	Public
Kim	School Social Worker	Caucasian	Master's	11 to 15 Years	Public/Out of District

Name	Grade Level of Students Primarily Counseled	County of South Jersey	Primary Job Responsibility
Jack	Middle School (6 th to 8 th)	Gloucester	Counseling
Chuck	Elementary School (Kindergarten to 5 th)	Gloucester	Assessment
Jake	High School (9 th to 12 th)	Camden	Counseling
Don	Elementary (Kindergarten to 5 th)	Camden	Case Management
Sarah	High School (9 th to 12 th)	Gloucester	Case Management
Joe	Middle School (6 th to 8 th)	Camden	Assessment
Dena	High School (9 th to 12 th)	Gloucester	Assessment
Karl	Middle School (6 th to 8 th)	Gloucester	Counseling
Jerry	Elementary (Kindergarten to 5 th) and Middle School (6 th to 8 th)	Burlington	Counseling and Consultation/ Intervention
Linda	Elementary (Kindergarten to 5 th) and Middle School (6 th to 8 th)	Gloucester	Counseling
Gary	High School (9 th to 12 th)	Cumberland	Case Management
Mary	Elementary (Kindergarten to 5 th) and Middle School (6 th to 8 th)	Burlington	Counseling
Sheila	Elementary (Kindergarten to 5 th)	Gloucester	Counseling and Assessment
Kim	High School (9 th to 12 th)	Gloucester	Counseling

Name	% of Time Counseling/ Overall Job Responsibilities	# of Students Counseled on Average/ Week	Sex of Students Counseled More	Good Sense of Humor	Feelings About Counseling
Jack	41% to 50%	Over 15	Male	Yes	Very interesting and challenging
Chuck	21% to 40%	11 to 15	About Equal	Yes	Very interesting and challenging
Jake	21% to 40%	11 to 15	Male	Yes	Very interesting and challenging
Don	5% to 10%	1 to 3	Male	Yes	Very interesting and challenging
Sarah	11% to 20%	7 to 10	Male	Yes	Somewhat interesting and challenging
Joe	5% to 10%	4 to 6	About Equal	Yes	Very interesting and challenging
Dena	5% to 10%	1 to 3	Male	Yes	Very interesting and challenging
Karl	21% to 40%	11 to 15	Male	Yes	Very interesting and challenging
Jerry	11% to 20%	7 to 10	Male	Yes	Part of the Job and Very interesting and challenging
Linda	Over 50%	Over 15	Male	Yes	Very interesting and challenging
Gary	11% to 20%	4 to 6	Male	Yes	Very interesting and challenging
Mary	Over 50%	Over 15	Male	Yes	Very interesting and challenging
Sheila	11% to 20%	Over 15	Male	Yes	Very interesting and challenging
Kim	Over 50%	11 to 15	Male	Yes	Very interesting and challenging