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Disclosure and Nondisclosure in Clinical Supervision:
Negotiation of the Learning/Vulnerability Paradox

by

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DISSERTATION

Submitted in partial fulfillment of the requirements for the degree
of Doctor of Psychology in the Department of Clinical Psychology
at Antioch University New England, 2018

Keene, New Hampshire



Department of Clinical Psychology

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The undersigned have examined the dissertation entitled:

**DISCLOSURE AND NONDISCLOSURE IN CLINICAL SUPERVISION:
NEGOTIATION OF THE LEARNING/VULNERABILITY PARADOX**

presented on August 13, 2018

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Abstract

Few studies have explored the long-term impact of nondisclosure and disclosure events on supervisee development and identity formation. This qualitative study explored the retrospective accounts of supervisee (non)disclosure experiences in clinical supervision as supervisees negotiated the learning/vulnerability paradox that accompanies disclosure. Through the use of Interpretive Phenomenological Analysis (IPA), six early career licensed clinical psychologists who completed their predoctoral internships between 3 and 5 years ago, graduated from an APA-accredited program, and who were actively practicing in the field of psychology were interviewed. Following interview transcription, I engaged in the process of convergent and divergent analysis in order to elicit superordinate and emergent themes within and between participants' narrative accounts. Themes included supervisee qualities, supervision histories, and supervisor qualities, all of which informed and set the stage for (non)disclosure experiences. (Non)disclosure in supervision served a range of functions and was an important component of clinical training that influenced how psychologists approached future professional practices (e.g., therapy, supervision, consultation). In essence, supervisees carry their personal and professional histories into supervision where they interact with supervisor characteristics and experiences to form a mental model of supervision. This mental model informs the critical threshold by which supervisees come to negotiate vulnerability and safety within the relationship. Clinical implications include the promotion of transparency and communication in order to build trust, safely contain anxiety, and allow for learning. While generalizability was limited by the homogenous and small sample, the narratives of these participants make a compelling argument for further investigation into how supervision histories impact training and development.

Keywords: development, disclosure, identity formation, nondisclosure, supervision

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Disclosure and Nondisclosure in Clinical Supervision: Negotiation
of the Learning/Vulnerability Paradox

The interpersonal process of supervision is based on *mutuality in the context of asymmetry*—the ability to form a collaborative supervisory relationship despite an inherent power differential (Frawley-O’Dea & Sarnat, 2001). Forming this collaborative relationship helps both supervisors and supervisees negotiate key dialectics (e.g., establishing a safe place to problem-solve challenges and explore vulnerabilities while evaluating the supervisee’s performance; Mangione, Mears, Vincent, & Hawes, 2011). Although supervisors often use direct observation and feedback to inform these tasks (Ladany, Hill, Corbett, & Nutt, 1996), the promotion of clinical competency and self-exploration is also facilitated through supervisee disclosure around thoughts, feelings, and experiences (Gray, Ladany, Walker, & Ancis, 2001; Mehr, Ladany, & Caskie, 2010).

Supervisee Disclosure is Critical to Effective Supervision

In clinical supervision, supervisee disclosure is defined as the sharing of information “about the client, the therapeutic interaction, the supervisory interaction, and personal information” (Ladany et al., 1996, p. 10). All supervisors rely on supervisee disclosure to guide the process of reflection, increase supervisee self-awareness, knowledge, and skills, and evaluate the trainee’s clinical competency (Falender & Shafrankse, 2012; Hess, 1999; Hess et al., 2008; Ladany et al., 1996). Thus, trainee disclosure enables supervisors to educate—as well as evaluate—supervisees to promote their personal and professional development (Barnett, Erickson Cornish, Goodyear, & Lichtenberg, 2007; Gray et al., 2001; Walsh, Gillespie, Greer, & Eanes, 2002). In addition, supervisors inform critical therapeutic decisions based on supervisee disclosure, ultimately influencing client outcome (Bottrill, Pistrang, Barker, & Worrell, 2010;

Ladany et al., 1996; Mehr et al., 2010; Wallace & Alonso, 1994; Yourman & Farber, 1996). The disclosure process is essential given supervisors' responsibility for the delivery of competent care to their supervisees' clients (Alonso, 1985; Bernard & Goodyear, 2009; Falender & Shafranske, 2004).

A Strong Supervisory Alliance Promotes Supervisee Disclosure

Bordin (1983) argued that the working alliance, comprised of (a) mutually agreed upon goals, (b) tasks necessary to accomplish those goals, and (c) a relationship or bond between participants, is central to the change (i.e., learning) process. In supervision, the working alliance is central to the learning process through the promotion of disclosure, the safe processing of vulnerability, and the facilitation of supervisee development (Bilodeau, Savard, & Lecomte, 2010; Farber, 2006; Gray et al., 2001; Hutt, Scott, & King, 1983; Ladany et al., 1996; Mangione et al., 2011; Mehr et al., 2010; Webb & Wheeler, 1998). Within the working alliance, the supervisory relationship, in particular, supports supervisee disclosure (Gray et al., 2001; Mehr et al., 2010; Walsh et al., 2001; Worthen & McNeill, 1996). Supervisory relationships that are devoid of mutual trust and liking are more likely to contribute to nondisclosure (Hutt et al., 1983; Ladany et al., 1996; Yourman & Farber, 1996).

Nevertheless, contrary to supervision lore, supervisees withhold information in good supervisory relationships, as well (Hess et al., 2008). Hess et al. conducted a qualitative investigation to explore nondisclosure from the perspective of 14 predoctoral interns whom they divided into two categories of either good ($n = 8$) or problematic ($n = 6$) supervisory relationships. Participants were recruited based on their ability and willingness to share around nondisclosure and reluctant disclosure events. Therefore, although the frequency of nondisclosures varied based on the quality of the relationship (e.g., one reported nondisclosure

versus many, in good and problematic relationships, respectively), all participants reported withholding information in supervision. In both good and problematic supervisory relationships, supervisees' reasons for nondisclosure centered around evaluative concerns ($n = 9-12$ cases) and negative feelings ($n = 9-12$ cases; e.g., vulnerable, insecure, embarrassed; Hess et al., 2008).

Supervisees Often Withhold Information Relevant to Development and Outcomes

Despite the potential benefits of disclosure and the reliance placed on it within clinical training, some degree of nondisclosure is inevitable (Farber, 2006; Wallace & Alonso, 1994; Yerushalmi, 1992; Yourman, 2003; Yourman & Farber, 1996), and indeed, full supervisee disclosure is neither practical nor helpful. As supervisees negotiate their professional identity, they may withhold information, unsure of what is appropriate or useful or safe to disclose (e.g., unintentional nondisclosure, appropriate establishment of personal and professional boundaries; Farber, 2006; Gross, 2005; Hess et al., 2008; Mehr et al., 2010; Wallace & Alonso, 1994; Yourman, 2003).

Over the past two decades, researchers have found that a majority of trainees withhold information from their supervisors (Gulla, 2008; Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996). For example, Ladany et al. surveyed 108 therapists in training who were in counseling and clinical psychology doctoral and masters level programs. When prompted to reflect on their supervisory experience of at least two months, 97.2% of participants reported at least some level of nondisclosure, with an average of 8.06 instances of withholding information over the course of their current supervision. Participants rated withheld information as moderately important to their clinical training. In addition, Mehr et al. interviewed 204 trainees from a range of training levels about their most recent supervision session. They found that 84.3% of supervisees failed to disclose information during a single

supervision session. On average, participants reported 2.68 nondisclosures ($SD = 1.77$).

As supervisees negotiate shame, tact, and appropriateness (Farber, 2003), many opt to disclose more information about their clients than about their personal issues, countertransference experiences, or experiences within the supervisory relationship (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010; Pisani, 2005; Yourman & Farber, 1996). They tend to withhold concerns about evaluations, their supervision setting, and clinical mistakes (Ladany et al., 1996; Pisani, 2005), as well as concerns about professional inadequacy and worry about how supervisors perceive them both professionally and personally (Mehr et al., 2010).

For instance, Pisani (2005) surveyed 71 first-year social work trainees about their disclosures (e.g., frequency, content) in supervision. They reported the lowest rates of disclosure around supervisor, evaluation, and supervision setting concerns as compared to reactions to clients and general client observations. When prompted to “briefly describe something you did not feel comfortable telling your supervisor” (p. 41), supervisees revealed several additional nondisclosure categories related to supervision quality and setting (i.e., Supervisee-Supervisor Disagreement with Treatment, Supervisee Disorganization, and Racism).

Supervisees Withhold Due to Having to Negotiate Vulnerabilities Within the Supervisory Relationship

As supervisees ask questions, share concerns, and reveal weaknesses, their personal and professional identity becomes exposed (Alonso & Rutan, 1988; Farber, 2006). Their vulnerability elicits anxiety and primes, or sets the stage for, the learning process (Worthen & McNeill, 1996). Ideally, the supervisor is able to safely contain vulnerability through a trusting, empathic, supportive, and respectful relationship that works to decrease barriers to appropriate disclosure and ultimately development (e.g., nondisclosure; Gray et al., 2001; Gross, 2005; Hutt

et al., 1983; Ladany, Walker, & Melincoff, 2001; Mangione et al., 2011; Murphy & Wright, 2005; Orchowski, Evangelista, & Probst, 2010; Southern, 2007; Worthen & McNeill, 1996).

The inherent power differential and evaluative component of supervision places supervisees in a vulnerable position that can promote nondisclosure, especially in the absence of a strong working alliance (Farber, 2006; Hess et al., 2008). Feelings of vulnerability and powerlessness contribute to increased guardedness around thoughts, feelings, and experiences. Guardedness is more likely to occur for supervisees who have had negative experiences with past disclosures (Hess et al., 2008). Supervisees who feel threatened in supervision are likely to withhold information in order to maintain a sense of power and safety (De Stefano, Hutman, & Gazzola, 2017; Farber, 2006; Ladany et al., 1996; Liddle, 1986; Murphy & Wright, 2005; Noelle, 2002; Orchowski et al., 2010).

The central paradox is that trainee disclosure facilitates the learning process (Bilodeau, Savard, & Lecomte, 2012; Farber, 2006; Mehr et al., 2010; Pisani, 2005), but with increased disclosure, comes heightened vulnerability and the very real potential for negative evaluations, relational ruptures, and negative feelings for the supervisee, such as anxiety and shame (Alonso & Rutan, 1988; Bilodeau et al., 2010, 2012; Dodge, 1982; Farber, 2003; Ladany et al., 1996; Mangione et al., 2011; Liddle, 1986; Mehr et al., 2010; Sanford, 1998; Yourman, 2003). Within this *learning/vulnerability paradox*, fear is both natural and healthy but may hold supervisees back as they choose either to allow vulnerability and disclose or defend against it and withhold (Gulla, 2008). Nevertheless, some researchers have referenced the necessity of nondisclosure, in moderation, given its function to regulate anxiety around feared consequences (both perceived and real; Yourman, 2003).

The Relationship Between Supervisee Nondisclosure, Development, and Outcomes is Complex

As is often the case with complex interpersonal and intrapersonal processes, the relationship between disclosure and supervisee functioning is complex and bidirectional (Gulla, 2008). More disclosure does not necessarily equate to enhanced development and better outcomes, as is often implied in the literature (Ladany et al., 1996; Mehr et al., 2010; Pisani, 2005; Walsh et al., 2002). Through a series of case illustrations, Yourman (2003) explored shame within the supervisory relationship. He stated that nondisclosure may be “a normal response to the supervisory situation, and that a trainee who did not withhold a modicum of data from a supervisor might have poor boundaries or lack a certain degree of self-protective judgment” (p. 608). Similarly, Betcher and Zinberg (1988) conducted a series of interviews with supervisors at a community mental health center in order to explore supervisee privacy. They reported that supervisory tasks (e.g., exploring countertransference, recording therapy sessions, observing through one-way mirrors, reading process notes) resulted in heightened exposure and anxiety. Therefore, they suggested that learning may best be facilitated if supervisees felt safe that a degree of privacy would be maintained. Case illustrations (Betcher & Zinberg, 1988; Yourman, 2003) have provided additional perspectives and increased interest with regard to the complexities of supervisee nondisclosures, establishing a need for further exploration, as very few rigorous empirical studies have been conducted to date.

We Need to Know More about (Non)Disclosure in Relation to Supervisee Development

Despite suggested implications of (non)disclosure events on supervision and, thus, development, few studies (Hess et al., 2008; Gulla, 2008) have explored supervisee development in light of disclosure and nondisclosure events. Hess et al. found that nondisclosure events had

serious implications for personal and professional development, related to a decrease in confidence and competence, as well as feelings of embarrassment and insecurity about clinical skills. Notably, supervisees in good supervisory relationships typically reported that nondisclosure experiences stayed with them as they reflected on their decision-making. Nevertheless, participants were still in training, with Hess et al. focusing on predoctoral interns. Therefore, it is unclear the extent to which these experiences impacted their development in the long-term and whether these reported implications were a product of heightened vulnerability during a critical year of training.

In contrast, Gulla (2008) conducted a retrospective study from the supervisee perspective during a time of reduced anxiety after supervisees ($N = 11$) had successfully completed their doctoral internship (between 2 and 25 years ago). Given the demands of asking participants to reflect on identity formation and the meaning making process over the course of training, Gulla targeted participants who were at least 30 years old during internship, with at least 5 years of clinical experience, apart from their doctoral training program.

With regard to both nondisclosure and reluctant disclosure experiences, Gulla (2008) demonstrated that the “affectively charged experience of predoctoral internships continues to remain salient parts of participants’ professional life histories” (p. 171). Years after internship, participants continued to report conflict, confusion, and shame, further supporting Hess et al.’s (2008) earlier findings. The retrospective account provided participants with a unique opportunity to revisit the past and recall the original experiences, beliefs, and feelings (Gulla, 2008). Gulla established a need for continued exploration of the learning/vulnerability paradox as it relates to development and identity formation. Although Gulla focused on a relatively homogenous sample, it is unknown how the wide range of developmental levels impacted the

construction of events, as related to identity formation and the researcher's ability to elicit meaning making themes across participants.

Developmental Implications of (Non)Disclosure Experiences an Important Knowledge Gap

A longer-term view of the developmental perspective is warranted in order to better understand the meaning making process and how initial feelings (e.g., shame, insecurity) become integrated into the early career psychologist's identity formation, including the perceived effect on professional activities. Despite suggestions that negative supervision experiences remain unresolved (Hutt et al., 1983) and influence development and functioning (Worthen & McNeill, 1996), few studies have explored the long-term impact on supervisee development and identity formation. By facilitating the processing of past events, I may better understand how supervisees integrate the learning/vulnerability paradox into their identity formation (Gulla, 2008).

(Non)disclosure in supervision may be one component of clinical training that impacts how psychologists approach future professional practices (e.g., therapy, supervision, consultation).

The frequency of, reasons for, and content of nondisclosure in supervision is dependent upon the context of the event (Ladany et al., 1996; Yourman & Farber, 1996). Therefore, statistical findings alone are not sufficient to understand the meaning making experience. For example, Yourman and Farber found that 39% of supervisees endorsed nondisclosure of perceived clinical mistakes at a moderate to high frequency (i.e., "I have omitted describing details of my work that I have felt were clinical errors"). However, withholding a clinical mistake one time may significantly impact a supervisee's development in a way that is not captured through quantitative data, as quantitative research is limited in its exploration of context-dependent experiences.

Purpose: Explore the Impact of (Non)Disclosure on Supervisees' Developmental Process

The “long view” of development has remained a critical gap in supervision research. By focusing on the early career psychologist, who has completed predoctoral internship between 3 and 5 years ago, I explored developmental outcome and identity formation, as well as the clinician's perspective of the clinical implications involved in negotiating the learning/vulnerability paradox and the desire to learn versus need to survive (Gulla, 2008).

Conducting a retrospective study serves two purposes: (a) to decrease social desirability biases by interviewing participants who are no longer in a position of lesser power within an evaluative relationship and (b) to explore development from a longitudinal perspective in terms of how participants have carried these past experiences with them and integrated them into their understanding of themselves, their therapy, and their professional identity (i.e., meaning making process).

The research questions are:

1. How did these experiences of withholding or disclosing information fit into the supervisory process as a whole? In other words, what was the context of supervision like before and after the experience?
 - a. How did supervisors respond to early disclosure events?
 - b. How did these early events influence the supervisee's decision to disclose versus withhold in subsequent sessions?
 - c. What factored into the supervisee's decision to withhold or disclose information to the supervisor?
2. How do early career clinical psychologists come to understand (i.e., make sense of) their experiences of nondisclosure and disclosure?

- a. How do psychologists integrate these vulnerable experiences into their professional identity?
- b. How have these experiences contributed to their professional activities since completing internship?

Method

Qualitative Research Design

The purpose of this study was to fill a gap in research by exploring the experience of nondisclosure and disclosure events within the larger context of supervisee development over time. Qualitative methodologies are often employed to develop a more in-depth understanding of a complex process or phenomenon for which prior research is limited (Bottrill et al., 2010). This is especially useful when quantitative or mixed methodology studies have explored frequency, content, and reasons for a phenomenon but further exploration is warranted around the experience itself (Gray et al., 2001; Knox, Burkard, Edwards, Smith, & Schlosser, 2008). In order to understand how supervisees integrate vulnerable experiences into their identity formation (Gulla, 2008), I focused on eliciting their meaning of past disclosure and nondisclosure events in supervision. A qualitative methodology addressed this gap by eliciting what was important to them through a social constructionist framework (Eatough & Smith, 2008).

By providing former supervisees with the space to reflect and process past experiences around nondisclosure and disclosure events, I more fully understood how they have negotiated the learning/vulnerability paradox and integrated supervision experiences into their sense of identity. Meaning making, through a retrospective lens, may sacrifice accuracy (Gulla, 2008) but provides a deeper insight into how supervisees make sense of their world (Bruner, 1990). The

question of identity formation and how supervisees make sense of their personal world was most suitable for interpretative phenomenological analysis (IPA; Eatough & Smith, 2008; Smith, Flowers, & Larkin, 2009).

Qualitative Method: Interpretive Phenomenological Analysis

IPA is a qualitative approach “concerned with the detailed examination of individual lived experience and how individuals make sense of that experience” (Eatough & Smith, 2008, p. 179). It is particularly applicable to the study of under-researched or complex life transitions, paradoxical experiences, and identity formation (Eatough & Smith, 2008; Smith et al., 2009). For this reason, IPA was employed to explore how early career clinical psychologists make sense of their experiences around nondisclosure and disclosure supervision events over the course of professional development, as they transition from the role of supervisee. Additionally, IPA’s theoretical influences (e.g., phenomenology, hermeneutics) and research methodology (e.g., in-depth semi-structured interview, small sample size) provided a critical foundation for exploring participants’ retrospective accounts of meaningful supervision experiences.

First, as previously indicated, a retrospective account was critical to this investigation in order to decrease social desirability, particularly given inherent power differentials and evaluation concerns—two prominent barriers to disclosure, which can be replicated in a research study if participants are still in training. A retrospective account also allowed for a longer-term view in order to understand the integration of supervision events into a therapist’s identity formation.

However, retrospective studies are susceptible to criticism around the accuracy of participant recall. For example, how can researchers ensure that participants are accurately remembering and describing the context of events that happened several years ago? In

accordance with IPA's phenomenological underpinnings, it is precisely this subjective reality that this study aimed to understand. Memories are reconstructions, representing the experience of an event (Bruner, 1990). Understanding an experience means understanding the perception of reality, as experienced by the individual (Smith et al., 2009). This was a critical first step in exploring how a seemingly common event, such as nondisclosure, became a significant and affectively charged event that stayed with an individual.

Second, IPA's foundation in *hermeneutics*, the theory of interpretation (Smith et al., 2009), allows for an understanding of how an event has become integrated into an individual's identity formation. Not only is the chosen (i.e., recalled) event significant but also the interpretation of that event will depict how an individual has imposed meaning and made sense of that experience. Concurrently, I actively examined how I was making meaning of the participant's interpretive process, a process referred to as the *double hermeneutic* (Smith & Osborn, 2008).

Third, and related to this interpretive process, IPA employs empathic questioning through the use of a semi-structured interview (Smith, 2004; Smith et al., 2009). This provided flexibility in eliciting what was important to the participant, rather than imposing predetermined questions. Taking an empathic stance allowed me to promote disclosure and create a safe environment for the participant to explore vulnerabilities and process negative feelings (e.g., shame, embarrassment, guilt). Establishing this rapport also set the stage for more probing questions in order to elicit a deeper interpretation and reflective stance on the temporal process of connecting past events with present functioning (Smith et al., 2009).

Finally, by focusing on a small sample size, I was able to prioritize depth over breadth, as I was not concerned with the generalizability of findings, but rather an in-depth understanding of

participants' experiences. Promoting an increased depth of understanding allowed me to better understand the complexities of the learning/vulnerability paradox through engaging in a balance of convergent and divergent analysis in order to elicit themes within and between participants (Eatough & Smith, 2008).

Participants

Eligibility and recruitment. In order to address fears around judgment and evaluation, while exploring developmental outcome, this study recruited participants who had completed their predoctoral internship in clinical psychology between 3 and 5 years ago and were willing to reflect on their training experiences to consider the role of disclosure and nondisclosure within their supervisory relationships. Interviewing early career psychologists created not only distance from the experience but also homogeneity amongst the participants, developmentally. Creating distance from the experience allowed me to explore how these experiences have been integrated into their personal and professional identities.

In order to conduct a phenomenological analysis and privilege depth over breadth, Smith et al. (2009) recommend a smaller sample size. For the purposes of this study, six licensed clinical psychologists were recruited. A homogenous sample, as measured by the following criteria, was chosen in order to more fully understand the perspective of participants and to facilitate the process of convergence and divergence with the data (Eatough & Smith, 2008; Smith et al., 2009). Eligibility was based on four criteria: (a) completion of an APA accredited program in clinical psychology, (b) completion of doctoral internship between 3 and 5 years from study recruitment, (c) present licensure in the field of clinical psychology, and (d) engagement in active clinical practice in the field of psychology. Participants must also have been able to recall nondisclosure and disclosure events during their past supervision experiences

and have been willing to share their thoughts, feelings, and beliefs associated with these events.

Participants were recruited through electronic communication (e.g., e-mail to professionals, Listserv, social networking services) and personal contacts (see Recruitment Letter; Appendix A). They were recruited through my program affiliation with Antioch University New England (Keene, NH) and past training sites at the Faulk Center for Counseling (internship; Boca Raton, FL) and Chelmsford Public Schools (practicum; Chelmsford, MA), where I am also currently employed. Eligible participants were asked to refer anyone who may have been interested in study participation by providing my contact information or forwarding the recruitment letter. Potential participants were given information about the research study (e.g., study duration, expectations, nature of research questions) and the possible risks and benefits associated with participation. Although I did not anticipate there being direct risks to participation, some information discussed may have been sensitive. Nevertheless, participants may have benefited from having their voices heard and engaging in the process of reflection.

Participants were asked to contact me by telephone in order to confirm eligibility and schedule an interview. Initial screenings determined whether they had an identifiable experience with nondisclosure and disclosure events during their predoctoral supervision and if they were comfortable disclosing information about the events. Eligible participants were then emailed a packet containing (a) Study Description (see Appendix A); (b) Informed Consent (see Appendix B); (c) Demographic Questionnaire (see Appendix C); and (d) confirmation of interview time, date, location, and expected duration. If an in-person interview was not possible, phone interviews were arranged. All participants elected to conduct phone interviews. Participants were offered a \$25 gift card to Amazon.com as compensation for their time in completing the interview and reviewing the interview transcript and preliminary analysis.

Participants. Participants included six licensed clinical psychologists. All participants were female and identified as European American/White. Participants ranged in age from 32 to 50 years old. Two participants graduated with a Ph.D. in clinical psychology. Four participants graduated with a Psy.D. in clinical psychology. Theoretical orientation varied. Three participants endorsed a cognitive-behavioral orientation. One participant endorsed a psychodynamic orientation. One participant maintained an interpersonal approach, and one participant described herself as integrative (e.g., narrative, relational-cultural, family systems). All participants were currently practicing in the field of psychology, though the type of setting varied (i.e., clinical health psychology program, university setting, private practice, outpatient setting). Four participants had provided supervision since obtaining their doctorate degree.

Ethical Considerations and Informed Consent

I ensured anonymity for study participants (Smith et al., 2009). Due to the personal nature of the research questions, all identifying information was removed from documents (e.g., names of participants, supervisors, colleagues, training sites, training programs) and each interview was assigned a code number for transcription and analysis. In order to make an informed decision on whether or not to participate, potential participants were informed about the general purpose of the study, my interests in collecting data, and the process involved in interviewing participants, including the interview questions. Additionally, participants were informed that they may be contacted within 6 months of the initial interview to discuss results and/or to clarify questions about the research; however, participation is voluntary, and they may choose to withdraw participation at any time during data collection (i.e., one month after initial interview, Smith et al., 2009). They were also contacted following transcription in order to have the opportunity to verify analysis and withdraw statements, given the possible inclusion of

verbatim examples for data analysis (Smith et al., 2009). A Contact Information form (see Appendix D) allowed participants to choose a preferred method of contact.

Defining Disclosure and Nondisclosure Experiences

I defined a nondisclosure event as any experience in which the participant withheld or concealed pertinent/important/consequential information during supervision. For the purposes of this study, information withheld focused on that which participants felt has influenced their subsequent development in some way. Some examples included clinical mistakes, concerns, therapeutic interactions, client information, thoughts, feelings or reactions (Ladany et al., 1996; Yourman & Farber, 1996).

As previously indicated, disclosure was defined as the sharing of information “about the client, the therapeutic interaction, the supervisory interaction, and personal information” (Ladany et al., 1996, p. 10). In order to explore how participants have negotiated the learning/vulnerability paradox, I focused on two types of disclosure events with differing outcomes. First, participants were asked to recall a disclosure in which, despite a positive outcome, they felt reluctance or trepidation prior to sharing information with their supervisor (i.e., reluctant disclosure; Gulla, 2008). Second, participants were asked to recall a disclosure that went less well, in which the sharing of information with their supervisor resulted in their experiencing negative feelings (e.g., regret, shame, insecurity).

Interview Protocol

I arranged a one-on-one telephone interview with the first six eligible participants at an agreed upon time. An email followed, confirming interview details. Interviews took between 45 and 70 minutes. Upon introducing myself, I reviewed the expectations of the interview (e.g., audio-recorded, time commitment), reviewed Informed Consent, and answered any preliminary

questions. Participants were provided with a copy of interview questions (see Appendix E).

IPA's use of semi-structured interviews allowed for the flexibility of follow-up questions, prompts, and probes, as both the process and content were guided by participants and what was most relevant to them (Smith, 2004). The main stem questions and prompts were as follows:

1. Please take a moment to orient yourself to your past supervision experiences as a supervisee.

- Where would you like to begin in your experience as a supervisee?
- How would you describe your overall experience with supervision?

2. Recalling disclosure events:

- Tell me about your overall experience with disclosure (disclosing information) during supervision.
- Describe a disclosure that went well (perhaps, one for which you had felt some initial reluctance or trepidation prior to disclosure).
- Describe a disclosure that went less well.

3. Recalling nondisclosure events:

- Tell me about your overall experience with nondisclosure (withholding information) during supervision.
- Describe an example of nondisclosure/withholding information during supervision.

4. Reflecting on vulnerability then and now:

- Tell me about the role you think vulnerability plays in supervision and the decision to withhold or disclose information.
- How did you make sense of experiencing vulnerability throughout the course of training?
- How do you make sense of your past experiences with vulnerability now?

- How do you think the experience of vulnerability contributes, or has contributed, to your clinical work, professional development, and identity formation?

5. Final Reflection and Processing:

- Prior to study participation, had you thought about these experiences?
- In reflecting on these experiences from several years ago, what feelings have been evoked? What thoughts are coming to mind?
- Are there any additional thoughts or feelings you would like to share that we have not discussed?

Analyses

Data collected for analysis included semi-structured interviews designed to elicit stories from each study participant, with a focus on thoughts, feelings, and experiences, as well as their interpretation of past experiences. The audio-recorded interviews yielded verbatim interview transcripts, accompanied by my notes, with detailed impressions, observations, and reflections. Demographic information included participant age, race, ethnicity, training background, and current employment information.

According to Smith et al. (2009), data analysis in IPA is described as “an iterative and inductive cycle,” with a focus on “moving from the particular to the shared, and from the descriptive to the interpretative” (p. 79). They recommend six steps of data analysis: (a) reading and re-reading, (b) initial noting, (c) developing emergent themes, (d) searching for connections across emergent themes, (e) moving to the next case, and (f) looking for patterns across cases. Consistent with this step-by-step analysis, I began with reading the first interview transcript and listening to the associated audio recording in order to facilitate *active engagement* and immersion in the data. In order to maintain focus on the participant, I recorded initial thoughts and

impressions for later review (Smith et al., 2009).

Following the re-reading of the first transcript, I began the process of noting *exploratory comments*. In order to facilitate this process, each transcript was divided into three columns, with the original interview narrative in the middle column. To the right, I recorded initial comments. Smith et al. (2009) recommend recording *descriptive* comments (i.e., comments on content) in normal text, *linguistic* comments (i.e., comments on participant's use of language) in italic text, and *conceptual* comments (i.e., interpretative, probing comments) in underlined text. This interactive process facilitates the repeated steps necessary in understanding participants' experiences, eliciting their interpretation of the experiences, and abstracting how I am making sense of their interpretations.

To the left of the transcript, I made note of potential themes based on exploratory comments. I noted themes within the text, connected to the participant's meaning making process, as well as themes that were more interpretative and representative of how I was making sense of their meaning making process (Smith et al., 2009). This analysis generated a chronological list of potential themes—both broad and specific, which I then printed out and rearranged based on emerging connections. Smith et al. recommend 7 strategies to facilitate the process of generating connections between themes: (a) abstraction, (b) subsumption, (c) polarization, (d) contextualization, (e) numeration, (f) function, and (g) bringing together.

Adhering to this step-by-step analysis enabled me to maintain an idiographic approach and repeat this process with each participant's transcript (Smith et al., 2009). Reading prior transcripts risked influencing subsequent analysis. Therefore, after analyzing each transcript, I recorded my initial thoughts, feelings, and experiences generated from the text. To reground myself and limit undue bias from prior transcripts, I was mindful of and recorded excerpts that

elicited a recall of prior narrative accounts (e.g., documented personal reactions, paid attention to similar or contrasting examples that I recalled from prior transcripts). Also, earlier transcripts were reviewed if new themes were generated.

After each of the transcripts had been read, analyzed, and reread, I will identified commonalities and differences between participants (Smith, 2004). It should be noted that this process was a more intentional and comprehensive analysis when compared to the documentation of personal reactions evoked through the re-grounding process. Finally, I generated a chart depicting superordinate and emergent themes, as well as transcript excerpts to support my findings (see Appendix F). Based on my analysis, I produced a narrative account of my interpretative findings included in the Results section and the Discussion section.

Credibility and Transparency

To promote quality control, I consulted Elliott, Fischer, and Rennie's (1999) guidelines for publication of qualitative research and Yardley's (2008) guide for demonstrating validity in qualitative research. With regard to quality control, the main threat to validity is failing to consider alternative explanations (Robson, 2002). Therefore, for the purposes of this study, I focused on (a) engaging in the process of *reflexivity*, (b) providing member checks, and (c) utilizing an auditor. Additional validity measures were taken to provide a valid interview description through the verbatim transcription of audio recordings. With regard to data analysis, interpretation was guided by what is "occurring or emerging," rather than from "imposing a framework or meaning on what is happening" (Robson, 2002, p. 171). Related to interpretative validity, emergent themes were grounded in transcript examples and reviewed by an auditor (Elliott et al., 1999).

Reflexivity of biases. Qualitative research engages with the researcher's subjectivity

(Carter & Little, 2007). In conducting this study, I brought forth preliminary biases and suppositions, developed through training experiences. In order to focus on the participants' lived experiences and meaning making processes, I maintained awareness of my own subjectivity both before and during engagement with the research. In order to promote self-awareness, I will first provide a narrative account of my preliminary biases and assumptions. These were further taken into account, throughout data collection and interpretation, through the use of a journal, which documented personal thoughts and reflections, paying close attention to interviews that evoked personal memories or elicited strong feelings and beliefs (e.g., surprise, agreement, disagreement).

This study had evolved from my supervision experiences, in conjunction with anecdotal accounts from a cohort of trainees. Throughout critical training opportunities, I sensed a feeling of discomfort, a lack of safety, and a fear of personal and professional evaluation. Colleagues who were usually relaxed, professional, and confident suddenly appeared nervous and insecure. Of course, feelings of incompetence are a natural byproduct developing awareness and acceptance of having both strengths and weaknesses. The critical distinction, however, is not *if* trainees will make mistakes, but rather *when* trainees make mistakes, will they feel safe enough to learn from them?

I met with one of my supervisors and shared my desire to learn but my lack of safety to do so. My supervisor, new to the site and often a quiet observer, quickly dismissed my feelings and stated that, together, we would have to learn to adapt. I entered supervision feeling vulnerable, quickly felt exposed, and soon left after feeling defensive, protective, and disengaged. Colleagues shared similar experiences with their supervisors, whose seemingly judgmental stance perpetuated a self-protective approach to supervision. Consultation was

sought from supervisors who promoted a more collaborative, safe, trusting, and respectful alliance. I left my training experience with far more questions about supervision than answers.

First, I had no concept of the prevalence with which nondisclosure occurs. Also, as indicated in my personal experience, how many nondisclosures were perpetuated by negative disclosure experiences? Despite an awareness of the self-protective function of nondisclosure, I commenced a literature review with the assumption that nondisclosures ought to be decreased in order to promote professional development. This bias, however, did not account for the tension between the desire to learn and the need to survive. I soon adopted a stance that disclosure and nondisclosure are not inherently “good” or “bad,” but instead are key talking points to facilitate supervisee development. However, given a stigma around withholding in supervision, nondisclosure is rarely discussed. Given my history and personal experiences, I assume that supervisory experiences are integrated into therapists’ professional identities and inform how therapists approach their role as supervisor, psychologist, mentor, teacher, etc. Surely, these affectively charged experiences must stay with therapists throughout their development.

Member check. Participants were invited to provide feedback after reviewing their interview transcript and preliminary analysis of superordinate and emergent themes. They were asked to do so within two weeks of receiving their transcript and data analysis. This collaborative process allowed participants to verify the accuracy of how their experiences were represented in the context of my interpretation. They were able to make corrections, withdraw statements, and provide feedback. Themes could evolve based on participant feedback (Yardley, 2008). Data generated from this process was integrated into research findings, and the context in which themes emerged were clearly indicated (e.g., during Member Check).

Audit. In order to further check the credibility of themes and supporting transcript

excerpts, a colleague was asked to review the data analysis and provide feedback (Elliott et al., 1999). The peer reviewer possessed content knowledge of clinical supervision and qualitative research and was provided with the necessary research materials (e.g., research proposal, interview schedule, transcripts, data analysis; Smith et al., 2009). Additionally, given the influence of reading later transcripts through the lens of prior themes, the peer reviewer was asked to review transcripts in varying sequence from which they were originally read.

Consistent with Yardley's (2008) recommendation for enhancing validity in qualitative research, the objective of comparing coding was not to arrive at one "truth" (i.e., inter-rater reliability) but rather to increase transparency and ensure that themes could be traced back to the original text (Smith et al., 2009; Yardley, 2008). Comparing coding between researchers may reveal additional themes, clarify or condense existing themes, and ensure that data interpretation is not confined to one researcher's perspective (Yardley, 2008). This added further validation to member checks and the ongoing reflexivity of the principal investigator.

Results

Six early career psychologists were interviewed in order to explore the experience of nondisclosure and disclosure events within the context of supervisee development. A nondisclosure event was defined as any experience in which the supervisee withheld or concealed important or consequential information during supervision. In order to elicit narratives of vulnerability, a disclosure event included (a) any experience in which the supervisee recalled a feeling of reluctance prior to revealing information to a supervisor or (b) any experience that resulted in negative feelings as a result of revealing information. An interpretative phenomenological analysis (IPA) was conducted in order to capture superordinate and emergent themes within and between narrative accounts. A summary table, along with supporting

quotations, can be found in Appendix F.

In this section, a snapshot of each participant is first offered in order to provide context and background for the subsequent themes. Next, five superordinate and supporting emergent themes are explored: (a) supervisee qualities influenced the supervisory process and the decision to disclose, (b) supervision history set the stage for (non)disclosure experiences, (c) supervisor qualities informed (non)disclosure experiences, (d) the (non)disclosures served a range of functions, and (e) the (non)disclosure experiences have professional implications. Finally, the essence of what was learned from participant narratives and themes is discussed.

Individual Narratives

Below is a brief narrative of each participant's experience in order to provide a context for subsequent themes and an overview of their subjective experiences. Because participants' overall perspective/outlook is critical for understanding the proceeding results, superscripts^p (i.e., positive) or^m (i.e., mixed) will be used below to differentiate between participants with positive and mixed positive/negative supervision histories.

Participant 1^m navigated a balance between disclosure for professional development and nondisclosure for self-protection. Participant 1^m emerged from her training with an overall mixed history of supervision and a hypervigilance toward disclosure. She identified both positive (e.g., supportive, warm, nonjudgmental, self-disclosing) and negative (invalidating, not supportive, unsafe, uncomfortable) supervisory experiences. Although the frequency and depth of disclosure increased as her level of confidence increased, she was inherently uncomfortable with disclosure, regardless of the nature of the supervisory relationship. As such, supervisory content remained at an intellectual level (e.g., focusing on therapeutic recommendations). She withheld feelings about clinical cases or difficulties she was having. In order to protect herself

from judgment, negative evaluations, and internalized pressure to appear competent, Participant 1^m employed selective or shallow disclosures and nondisclosures.

Participant 2^m's hypervigilance during supervision was a product of self-disclosures and negative supervisor perception. Like Participant 1^m, Participant 2^m emerged from her training with both positive (e.g., experienced supervisors as gentle, encouraging, without anxiety, and safe) and negative supervisory experiences (e.g., felt judged, shamed, set up to fail). However, she was quite forthcoming with information and shared her feelings of being stressed and overwhelmed. This level of disclosure appeared to overwhelm her supervisors, who tended to view her as fragile. In order to protect herself from supervisor judgment, she subsequently engaged in selective disclosures and nondisclosures. Rather than disclose to further her development or her clients' progress in therapy, she often used disclosure to distract from rather than illuminate the key therapeutic issues. For example, she focused on interventions consistent with her supervisor's theory of psychotherapy, thereby decreasing vulnerability.

Participant 3^p's comfort with disclosure was a product of positive supervisory relationships and motivation to take advantage of learning opportunities. Participant 3^p pursued a second career in psychology, consecutively completing undergraduate work, a master's degree, and a doctoral degree. She was motivated to take advantage of learning opportunities. Her overall experience with supervision was positive (e.g., supervisors described as positive, down-to-earth, helpful, and reassuring), despite one negative supervisory relationship (e.g., supervisor described as passive-aggressive, unhelpful, unprofessional, talking down to students, explicitly threatening negative evaluation). As a result, she was comfortable with disclosure, even when feeling confused or insecure and despite her perfectionistic tendencies.

Participant 4^p's corrective supervision experiences outweighed early negative interactions and promoted the value of disclosure and vulnerability. Despite early negative experiences during her first practicum, Participant 4^p's overall experience with supervision was positive. Initially, she experienced a pattern of shame and humiliation with a supervisor, which resulted in chronic nondisclosure. There were also times when she felt overlooked. She stated that because other supervisors viewed her as competent, she was often left to her own devices. This paralleled a personal experience of feeling minimized in her own therapy when she disclosed a significant trauma experience. It became the impetus for consulting with colleagues and helping those who appear to be functioning well on the surface but who need help nonetheless. Subsequent supervisors provided her with a corrective emotional experience. She valued emotional support and the ability to process her experiences. Vulnerability was necessary for effective supervision and for growth to occur. As a supervisor, she incorporates issues of (non)disclosure into supervision by establishing expectations and making room for disagreement (e.g., through safety in relationship).

Participant 5^p valued disclosure and vulnerability as inherent to psychology training. Participant 5^p had an overall positive experience with supervision. She valued disclosure. Her typical approach to supervision was to be open about difficulties or questions and to welcome feedback. Nevertheless, she still experienced reluctant disclosures and nondisclosures in positive supervisory relationships. She described one cause of nondisclosure as the "general feeling like you can't show those weaknesses or vulnerability because it might have negative consequences later." Participant 5^p described times when she wished she did not know information about a client. For example, an adolescent client reported unsafe behavior (i.e., drug

use) that she was reluctant to share with her supervisor, fearing that she would be asked to break confidentiality and ultimately compromise the therapeutic alliance. Other times, she struggled to reveal information that was inconsistent with her self-perception (e.g., sexual countertransference). Nevertheless, she believed that vulnerability and disclosure were essential for effective supervision and the learning process. As a supervisor, she values a curious (as opposed to critical) stance in supervision by providing support and feedback throughout the evaluation process.

Participant 6^m's full disclosures resulted in negative supervision experiences and subsequent nondisclosures. Despite having had positive experiences (e.g., supervisors gave her time, attention, and support), Participant 6^m also experienced negative events where she felt like a burden to supervisors who had little time for her and did not trust her clinical judgment. Her full disclosure about how she and her colleagues felt (e.g., stressed, overwhelmed) left her feeling judged by supervisor. Thereafter, she was not completely open, even with positive supervisors. She felt that supervisors should create an environment where supervisees feel comfortable about making mistakes and asking for help. As a supervisor, she focuses on content and providing concrete advice, which she wished her supervisors would have done more often.

Cross-cutting Themes

As evident in the foregoing individual narratives, supervisees brought personal qualities to supervision, which influenced their supervisory histories and reactions to supervisory experiences. A critical threshold determined how participants construed subsequent supervision experiences. This threshold, or tipping point, was informed by cumulative experiences (e.g., frequency, intensity) that yielded an overall positive or mixed (positive and negative) sentiment of supervision and interpretation of (non)disclosure events. Supervisee characteristics also

interacted with supervisor qualities and the function of (non)disclosure within the supervision relationship. These (non)disclosure events were then explored in the context of future developmental implications.

Theme 1: Supervisee qualities influenced the supervisory process and the decision to disclose. Participants' personal attributes influenced their approach to supervision and vulnerability. Specifically, characteristics of openness versus guardedness interacted with supervisor qualities, thus informing the meaning participants made of the supervisory process and their decision to withhold and disclose information. In addition to level of openness, supervisee training level played a role in the decision to disclose, with regard to degree of self-confidence and supervisory expectations. For example, supervisees held an ideal of what they ought to know based on developmental level. If this ideal failed to align with their experience, they were more likely to withhold information, especially if they tended to guard against (rather than embrace) vulnerability.

Supervisees' openness vs. guardedness toward supervision, disclosure, and vulnerability informed their level of disclosure. Five of the six participants' level of guardedness in supervision and toward disclosure/vulnerability more generally informed how they approached supervision and interpreted (non)disclosure events. Embedded in this personal attribute was the desire, or lack thereof, to process experiences with their supervisors. Unlike their overall outlook on supervision, described below and influenced by cumulative supervisory experiences (i.e., critical threshold), openness versus guardedness influenced their presence in supervision.

Two participants described themselves as "open" and reported that disclosure was typical for them. Both of these participants had reported mostly positive supervision experiences. All

three participants who had mixed supervision experiences described themselves as guarded. For these participants, all disclosure opportunities or demands were perceived as a threat; they were anxious about disclosing, given perceived risks and what was at stake (e.g., supervisory relationship, evaluation).

The act of disclosing was particularly anxiety-provoking for Participant 1: “For me, because of the fact that I was comfortable enough to say that was a big deal, because I, in general, am someone who was more hesitant to disclose things because of worrying about how is this going to affect how they view me.” Conversely, Participant 3 viewed disclosure as a growth opportunity throughout her training: “I’m sure there were times that I was probably uncomfortable about something, but I never held back, only because I just knew how this was the time I had to learn, and I have to go full bore, whether I’m comfortable about something or not.” She cited examples of disclosure, which included feeling insecure or confused by a clinical issue.

Participant 6’s attitude toward disclosure changed as a result of early supervision experiences. She initially revealed too much in supervision, which may have overwhelmed her supervisor: “I was a complete open book...supervision is for me to talk about all of the problems I’m having and all of the stress I’m having. It should be an open, safe space to deal with that stuff.” Her tendency to “over-disclose” resulted in her feeling judged and negatively evaluated by her supervisors. Consequently, she became “less comfortable with disclosing difficulties,” stating, “...When I had good supervisors, I was still pretty open with them but not completely. But with the bad supervisors, I continued to keep my mouth shut.”

Supervisees’ training level informed the context of supervision and the decision to disclose. Developmental level influenced supervisees’ self-confidence and supervisory expectations, which in turn, informed their approach to supervision and their decision to

withhold or disclose information. Supervisees generally felt safer to disclose early in training.

For example, being new to training facilitated Participant 1's disclosure: "Because it was my first experience, I think it made it easier in some ways to disclose some of the questions I had...It was kind of expected of me to not know too many things."

Asking questions, admitting confusion, or revealing clinical mistakes became more difficult during postdoctoral training. Supervisees no longer worried about academic evaluations. Instead, they were concerned with how disclosures and vulnerability would impact their career. The decision to withhold or disclose became complicated by the sense that they were expected to be fully competent at the postdoctoral stage of development. For instance, despite Participant 5's general openness, she was more likely to withhold clinical challenges and questions during postdoc, due to her supervisor's role in deciding whether she qualified for full-time employment: "...feeling like you can't show those weaknesses or vulnerability because it might have negative consequences later...like I don't want him to see all of my weaknesses, especially if I'm going to apply for a job with [him]."

Theme 2: Supervision history sets stage for (non)disclosure experiences. All six participants spontaneously reported that their supervision history set the stage for how they approached and made sense of subsequent supervision relationships. Participants had either positive or mixed (positive and negative) supervisory histories. Participants with a positive history of supervision filtered negative (non)disclosure events in a way that helped them maintain an overall positive outlook on supervision. Participants with a history of mixed negative experiences reported nondisclosure events as more commonplace and at the forefront of their supervision narrative. Even though "mixed" participants recalled positive interactions, they tended to be more hypervigilant than their "positive" peers.

Participants with a positive supervisory history experience negative (non)disclosure events as exceptions to the rule. In reflecting on all of their supervisory encounters, three of the six participants' histories were positive. When these participants recalled negative experiences with (non)disclosure, they considered them exceptions to the rule. Their positive outlook on supervision seemed to insulate them from the potential damaging effects of negative (non)disclosure events.

For example, as a result of experiencing a supervisor as critical and judgmental, Participant 5^P felt that she could not disclose multicultural themes in supervision: "We wanted to be multiculturally competent...clinicians but we felt like she was not allowing us to do it because she was critical ...it wasn't a very helpful environment because we were actually scared to say what we thought. I was scared to actually have a discussion about a case conceptualization about this client of mine." Despite this and other negative supervisory experiences, she maintained a positive outlook on supervision: "There probably have been little things along the way that have been negative but overall I just had such great experiences, I have to say. Supervision is one thing that I really look forward to, that I've always looked forward to." Her positive history of supervision helped her isolate negative events so as to maintain her overall positive perspective.

Participants with a "mixed" supervision history described (non)disclosure events as central to their supervisory narrative. Three of the six participants experienced their history of supervision as mixed. Their more negative histories seemed to result in increased vigilance in supervision. They seemed to represent supervision as a series of shallow disclosures, regretted disclosures, and nondisclosures. They attributed negative- and non-disclosure events to a lack of safety in the relationship, lack of trust in supervisors' responses, and insecurities or internalized shame (e.g., concern about what a supervisor thinks of them following a disclosure).

Participant 2^m “had so many challenging experiences in training that by the time [she] got to postdoc, [she] was in a state of hyper vigilance in supervision.” Despite having positive experiences, she stated that, “With new supervisors you just kind of wall off and shut down, and, to an extent, it impacts some of your ability to form a stronger supervision alliance because of that history of...bad experiences.” She stated that, “...at least 50% of the time, the [supervisory] relationship didn’t go that well and part of the supervisory process for me was about learning how to work with that supervisor, and disclosure was a primary element of that.” Participant 2^m’s hypervigilance manifested as withdrawal (i.e., nondisclosure) and selective disclosures in order to protect herself from feeling judged or criticized.

Theme 3: Supervisor qualities informed (non)disclosure experiences. Supervisor qualities were integral to participants’ (non)disclosure experiences. Supervisor qualities included individual character traits, delivery of feedback, and response to disclosure. These supervisor qualities informed whether supervisees felt safe enough to disclose.

Supervisor character traits and ability to maintain a safe environment influenced supervisee (non)disclosure. Safety was influenced by supervisor personality characteristics (e.g., anxious, down-to-earth) and by how the supervisor talked about clients and mental health (e.g., pathologizing versus strength-based). For example, when supervisees perceived their supervisors as anxious, they were more likely to withhold information, fearing that their supervisors would misinterpret their disclosures or judge them negatively. Additionally, when supervisors were not present (i.e., available) during supervision, supervisees lacked a sense of safety and were, therefore, less disclosing.

Supervisors who were supportive, present, encouraging, and non-judgmental yielded positive disclosure experiences. One of Participant 2’s supervisors had an “approach [that] was

totally strength-oriented...There was no anxiety on her part...And then later [she] had another supervisor who...there was just so much warmth. In both of those relationships, [she] was able to disclose some really tough stuff.” Conversely, she also had an anxious supervisor. She stated, “There’s no way that I felt safe. You know, she had anxiety. Was she going to over-interpret it?” When a supervisor was not present in the relationship (e.g., supervisor showed her wedding pictures and watched extraneous videos during the supervision hour), Participant 2 “did not disclose what [she] was really thinking or trying to do with [her] clients.” The relationship was not safe enough to process her feelings.

Supervisors’ delivery of feedback and response to disclosure influenced disclosure.

Four of the six participants adjusted the rate, level, and type of disclosure based on their supervisors’ delivery of feedback and response to disclosure. Feedback was necessary for providing supervisees with a sense of direction and increasing their self-confidence; it was best received when presented in a way that was validating, supportive, and clear. When it was experienced as shaming or invalidating, participants engaged in self-protection and limited disclosure. Likewise, if participants observed other trainees being shamed, they were less likely to disclose with that supervisor.

When Participant 1’s supervisor invalidated another intern’s feelings by laughing at her and demeaning her for not being “tough enough,” she felt she could not trust him “to tell how [she] was actually feeling about whatever was going on with [her] clients and how [she] was feeling so [she] didn’t disclose anything to him. [She] kept it on a very shallow level.” Likewise, Participant 2 stated, “One of my peers at that point who had worked in mental health before, and I was pretty new to it, had said like ‘Don’t tell her everything.’ Like, some things you tell her, some things you don’t.”

Theme 4: (Non)Disclosures served a range of functions. As participants detailed their supervision experiences, the complexity in the range and functions of disclosure was revealed. Several participants recalled surviving supervision not through what they withheld, but through what they disclosed. Some disclosures functioned to preserve the supervisory relationship. Other disclosures remained shallow in order to protect the supervisee. For several other participants, reluctant disclosures were central to their development.

Some disclosures served a self-protective function. All six participants spontaneously described some disclosures as self-protective, by preserving the supervisory relationship, avoiding conflict, distracting the supervisor from gaps in training, and giving an aura of competence and confidence in order to facilitate a positive evaluation. Discrete disclosures gave participants “the appearance of having it all together.” Other disclosures distracted supervisors by appeasing their egos and focusing on preferred areas of interest or expertise (e.g., disclosed CBT strategies and withheld psychodynamic countertransference experiences). Not only were these kinds of disclosures used to promote a positive evaluation but they also helped supervisees to avoid negative feelings (e.g., shame, humiliation, judgment). For example, rather than disclosing countertransference, supervisees would seek advice and disclose on an intellectual level to reinforce their supervisors’ power in the relationship.

Participant 1 had a “great relationship” with a supervisor, “Because [she] was good at knowing...how to play the game...knowing what to say or not to say in the situation to not make any waves.” Participant 2 shared a similar perspective. She often questioned “What types of things are OK to talk about, what types of things raise too much anxiety on the part of the supervisor, or might raise judgment, might lead to shaming...” For Participant 2, “It went way beyond what was okay or not okay to disclose into what’s the spiel that [she has] to give her to

keep her from emotionally abusing [her]...And so [she] would create charts and notes and questions and ways to try to distract her from attacking [her], and try to put her in this position as expert and kind of like assuage her ego.” She described her supervision as “total acting.”

Reluctant disclosures promoted a positive supervisory experience. Reluctant disclosures were defined by the supervisee’s conscious hesitation to share something with their supervisors given a dubious risk-reward ratio, as perceived by the supervisee. All three participants with a positive supervision history reported that reluctant (and ultimately complete) disclosures in the face of uncertain outcomes ultimately promoted professional development and positive supervisory relationships. Their positive histories and safe-enough supervisory relationships helped them in disclosing difficult content, such as not wanting to accept a difficult clinical case or going against a recommended therapeutic intervention.

Participant 5 was reluctant to disclose to her supervisor about sexual countertransference toward her client, due to feelings of shame and “because [she] thought [she] would never be the person to have sexual countertransference toward somebody.” She felt uncomfortable, unprofessional, and guilty. Nevertheless, she disclosed for ethical reasons, which resulted in a more positive “supervisory alliance, because I was sort of realizing that she was sort of getting it all along.” She experienced increased self-acceptance and self-awareness, allowing her to be more available to learning and better able to conceptualize the case. Not only did this positively contribute to feedback on her graduate school comprehensive examination but also it had positive implications for her client’s ability to grow in therapy, as she allowed him to set boundaries, instead of setting boundaries for him: “I was very aware that I wasn’t progressing in the therapy the way he needed me to and there was something stopping me.” Prior to her reluctant disclosure, she set rigid boundaries in therapy in order to defend against

countertransference feelings. Once she relaxed her boundaries, her client was able to independently set his own. He could then generalize this practice outside of therapy, a marker of therapeutic progress.

Theme 5: (Non)Disclosure experiences have professional implications. As early career psychologists came to understand (i.e., make sense of) their experiences of nondisclosure and disclosure and integrated these vulnerable experiences into their professional identity and activities (e.g., therapy, supervision, consultation), they sought corrective emotional experiences through their present role as supervisors. Past disclosures that were relevant to identity formation played a recurrent role throughout their careers. Therefore, missed or negative disclosure opportunities that were relevant to their professional development continued to influence how early-career psychologists approached their clients, their colleagues, and their own development.

Participants sought to correct past negative experiences through their present approach to supervision. Past experiences with (non)disclosure had implications for how participants have conducted, or would conduct, themselves in a supervisory role. Participants spontaneously reported that negative supervisory experiences have motivated them “to do the opposite” of what their supervisors had done. If their negative experience was a product of a critical supervisor, they took a curious stance in supervision. If their negative experience was a product of a supervisor’s rigidity for a discrepant theoretical orientation, they prioritized learning about the supervisee’s theoretical orientation. If a supervisor made them feel diminished, they ensured their supervisee would feel heard by accepting and supporting weaknesses while celebrating success.

Participant 5’s approach to supervision was directly related to her thwarted wishes to explore transference and countertransference dynamics with her supervisors. She stated, “I

wanted supervision to not be a place that was critical and instead to be a place that was curious...about the process and what we could do differently...I didn't want the person to feel overly evaluated, but at the same time, you are evaluating them and so there may be areas that they aren't feeling as free to disclose but ultimately I just tried to make the feedback positive so that they felt comfortable and were OK with their vulnerability." Likewise, Participant 2 highlighted critical actions that she would take as a supervisor, such as establishing a supervisory structure. She stated that, "instead of having a punishing attitude around gaps in knowledge or judgment calls that didn't go so well," she would view supervision as a teaching opportunity, in order to validate supervisees, build their confidence, and help them to feel safe to disclose. This was related to a desire to correct negative experiences as a supervisee.

(Non)disclosure experiences influence how early-career psychologists approach their clients, their colleagues, and their own development. All six participants' past experiences with (non)disclosure influenced how they approached therapy, consultation, and the process of self-reflection. Two participants experienced missed opportunities in supervision that were particularly relevant to their identity (e.g., navigating socio-economic class perceptions, feeling diminished and minimized given other people's perceptions). Recalled disclosures have continued to show up in the life of early-career psychologists, especially for participants whose disclosure events were relevant to their identity formation. Despite negative experiences with (non)disclosure, and consistent with their "doing the opposite" in supervision as noted above, participants reported positive implications for their clinical work in terms of increased empathy for client vulnerabilities, increased self-awareness, and increased confidence. As participant 6 noted, "The other piece is just importance of making clients feel really safe that they can say anything and I'm not going to judge them. You know, I might call them out on something, but

it's not judgment."

Participants' (non)disclosure experiences contributed to their professional development. Participant 1 described how identity-relevant disclosures (e.g., attitude toward power dynamics in relationships, "feel[ing] in limbo between [socio-economic] classes") have had positive implications for her clinical work through building self-awareness and multicultural competency: "Being somebody who thinks about those things and struggles with those things actually is helping me in my career because I think clients respond to that." Likewise, for Participant 4, meaningful identity nondisclosures about feeling diminished have translated into social justice work in terms of educating colleagues "to not minimize or dismiss [clients who present as privileged] and that sometimes you might have to work a little bit harder with people who present in that way to get at their suffering."

What gets disclosed or concealed remained a critical part of supervisee development. Some participants felt that there was more "risk" to their disclosures than "reward." Therefore, they had more at stake than those participants who viewed disclosure as inherently rewarding. Safety was a determining factor in either amplifying or minimizing supervisees' guardedness and anxiety, ultimately informing the frequency, depth, and level of disclosure throughout supervision. They disclosed both to learn and to protect themselves (e.g., promote a positive evaluation, avoid negative outcomes, avoid conflict with supervisors). Nevertheless, some participants conveyed the sentiment, "How much more could I have learned, I always wonder if the relationship had felt safer" (P2).

Essence of (Non)Disclosure and Vulnerability from the Perspective of Participants

In essence, supervisees carry their personal and professional histories into supervision, where they interact with supervisor characteristics and experiences to form a mental model of

sorts. This mental model, in turn, seems to inform each supervisee's critical threshold and, thus, their approach toward disclosure and nondisclosure with their supervisors. Embedded within this mental model is the interaction between supervisee qualities and acceptance of vulnerability with supervisor characteristics and safety within the relationship. This interaction of safety and vulnerability then informs the function of nondisclosure and disclosure within supervisory relationships (Appendix G). Therefore, not only is the mental model derived from complex dynamics within past experiences but also it serves to dictate the meaning of subsequent supervisory experiences.

For example, a participant with a low sense of safety within the relationship (e.g., observing other trainees being shamed) is less likely to disclose, especially if the participant has a low tolerance for vulnerability (i.e., guarded). This low/low (LL) combination increases the chances for nondisclosure, perhaps for self-protection, and a mixed view of supervision, overall. As a comparison, a participant with a low sense of safety within a relationship (e.g., views the supervisor as anxious) but a high tolerance for vulnerability and its role in supervision may be more likely to maintain a positive view of supervision, despite isolated negative experiences. Once a critical threshold was met, supervision history became its own construct through which supervisees filtered experiences, beliefs, and feelings.

Participants enter the supervisory relationship with an ideal of supervision as a safe place to explore challenges with a supervisor who is supportive, warm, and nonjudgmental. They envision having a supervisor who provides feedback in a way that would increase their competence and confidence in doing difficult clinical work and asking for help when stuck. Participants' lived experiences often deviate from this ideal, as they negotiate the risks inherent in supervision relationships. Not all supervisors are accepting and nonjudgmental. Not all

relationships support difficult disclosures. As a result, some supervisees experience shame and, therefore, withdraw from the relationship and the clinical work. Some supervisees experience personal barriers to fully engaging in the relationship (e.g., supervisory expectations, fears, insecurities). Within some relationships, supervision evokes the need for self-protection and compromises the supervisees' level of authenticity, as they calculate a risk-reward equation and negotiate the learning/vulnerability paradox related to (non)disclosure.

Discussion

This study examined the retrospective accounts of six early career psychologists' experiences with nondisclosure and disclosure in supervision. In this section, I will first explore superordinate and emergent themes in the context of the extant literature. Next, implications for clinical work will be considered, in addition to study limitations and future research. Lastly, I will reflect upon the findings of this study in light of my own experiences as a supervisee.

As previously stated, a cornerstone of supervision is mutuality in the context of asymmetry, the ability for supervisees and supervisors to form collaborative relationships despite the inherent power differential (Frawley-O'Dea & Sarnat, 2001). This collaboration allows for supervisees and supervisors to work through critical tasks with the goal of promoting clinical competency and self-exploration—and in some cases, serving as a gatekeeper to the professional world (Bordin, 1983; Mangione et al., 2011). These tasks are optimally performed in the context of a safe and trusting relationship, in which supervisors rely on supervisee disclosure (Bordin, 1983; Gray et al., 2001; Johnston & Milne, 2012; Mehr et al., 2010).

As illustrated by Downs (2006), interpersonal dynamics within the supervisory relationship reveal a complex interplay of factors that extend beyond the supervisor and supervisee. In my current study, supervisee experiences—and the meaning made—of

withholding or disclosing information were embedded within a larger context, described below, and depicted in Appendix G. Key findings suggested that, first, supervisee and supervisor characteristics interact to inform the supervisory working alliance, a central factor in (non)disclosure (Bernard & Goodyear, 2009; Johnston & Milne, 2012; Ladany et al., 1996; Mehr, Ladany, & Caskie, 2015; Ofek, 2013; Yourman, 2003). Second, in order to understand what supervisees brought to the relationship, I reference an overall *sentiment override*, borrowed from the marriage and family therapy literature (Hawkins, Carrère, & Gottman, 2002; Weiss, 1980). Sentiment override refers to the idea that “relationship satisfaction colors perceptions, such that people who are satisfied with their relationship perceive interactions to be more positive, and people who are dissatisfied are more critical and negative in their evaluations” (Solomon & Priem, 2016, p. 699). Applying the concept of sentiment override to this study yielded two groups of participants (i.e., those with overall positive and overall mixed supervisory experiences), which factored into the process and outcomes of the supervisory relationship. Sentiment override informs how a supervisee develops an internal working model of supervision, yielding a third key finding: the interaction of perceived safety and feelings of vulnerability, as well as a supervisee’s presenting history, influences the function of (non)disclosure as supervisees negotiate the learning/vulnerability paradox. Finally, as I explored how early career psychologists have come to make sense of (non)disclosure, results indicated that past experiences continued to influence professional development for years to come.

Supervisee and Supervisor Characteristics Interact to Inform the Supervisory Working Alliance

Consistent with prior research, the supervisory working alliance was central to each participant’s narrative of (non)disclosure (Bilodeau et al., 2010, 2012; Farber, 2006; Gray et al.,

2001; Johnston & Milne, 2012; Knox et al., 2008; Ladany, Ellis, & Friedlander, 1999; Ladany et al., 2001; Mehr et al., 2010; Mehr et al., 2015). When Bordin (1983) defined the working alliance, he introduced the concept of *bonds*, “the feelings of liking, caring, and trusting that the participants share” (p. 36). In this study, liking and trusting in the supervisor was influenced by not only the present relationship (e.g., how the supervisor was in the room with the supervisee) but also by observation and how the supervisor acted toward others. In all situations, how supervisees felt about their current supervisor was influenced by their presenting qualities (e.g., guarded, open) and past experiences (i.e., working alliances) with former supervisors. As highlighted by Downs (2006), “Any single relationship exists in a larger framework of relationships, which include not only the client and her relational world, but also the interface between and among client, therapist, supervisor, colleagues, agencies, professions, and larger cultural and political systems” (p. 3).

Supervisee factors. For all participants, characteristics such as openness versus guardedness interacted with motivation for disclosure (e.g., to get feedback, to learn) and nondisclosure (e.g., to avoid negative feelings, such as shame and embarrassment; to avoid a negative evaluation). Some participants described themselves as open to feedback and viewed vulnerability as necessary for learning. For others, being open “was a big deal;” therefore, much was at stake when they shared. Any perceived negative response by a supervisor was associated with shutting down and withdrawing from the process. For some participants, hypervigilance developed from negative experiences—and perhaps from having shared too much in supervision.

Bilodeau et al. (2012) conducted a study to explore the relationship between shame-proneness and the supervisory working alliance. They described shame as “an internal, panic-like reaction encompassing feelings of helplessness, anxiety, and the wish to hide or

disappear” (p. 37), all of which can be evoked in a relationship in which a member feels vulnerable and powerless. Regardless of when or how shame became embedded within individuals’ identity formation, Bilodeau et al. argued that shame served as a barrier to forming subsequent meaningful relationships.

Gunn and Pistole (2012) introduced an attachment model (Bowlby, 1988) to understand trainees’ sense of safety and response to vulnerability within the alliance, given anxiety and evaluation-related fears (Farber, 2006). Although attachment was not the focus of the current study, it appears to be a factor in supervisees’ *internal working model*—or *cognitive affective schema*—a map in which supervisees make sense of learning and communication within a relationship of differential power (Gunn & Pistole, 2012). As summarized in Chorinsky (2004), “A good working alliance, clear roles, trust, support, and acceptance are important factors in this relationship. It is essential for trainees to feel the freedom to make mistakes without being judged by their supervisors” (p. 25). Heightened anxiety can both increase supervisee nondisclosure and set the stage for learning, depending on the influence of supervisor factors (Alonso & Rutan, 1988; Bernard & Goodyear, 2009; Gray et al., 2001; Knox, 2015; Mehr et al., 2015).

Supervisor factors. Supervisor character traits, approach to feedback, and response to disclosure were central in participants’ experience with supervision in general and for (non)disclosure events in particular. Supervisee and supervisor factors interacted to inform the strength of the working alliance, as supervisees navigated the learning/vulnerability paradox when presented with a risk-reward scenario of disclosure. Mangione et al. (2011) explored the supervisory relationship within the context of “power, reflexivity, collaboration, and authenticity” (p. 145), highlighting, again, the role of mutuality. Supervisor qualities, such as being open, available, present, and nonjudgmental, informed the quality of the supervisory

alliance, making room for the supervisee to feel safe in disclosing.

When exploring positive supervisor qualities that promote disclosure, Johnston and Milne (2012) cited a supervisor's ability to be "approachable, honest, warm, empathic, and supervisee-centered" (p. 13). Liddle (1986) conceptualized nondisclosure as a form of *resistance*, a coping mechanism that can be useful at times but can also interfere with learning. She recommended supervisor self-disclosure as a strategy to reduce resistance and supervisee anxiety, consistent with Mangione et al.'s (2011) dimensions of collaboration and authenticity to promote mutuality within the supervisory alliance. Knox (2015) also promoted supervisor disclosure as an effective tool for sharing knowledge, modeling skills, providing feedback, and normalizing experiences to reduce shame. However, the use of supervisor self-disclosure was not a necessary condition for supervisee disclosure and a positive supervisory relationship. A general approach of responsiveness was optimally effective for repairing relationship ruptures, meeting the supervisee's needs, reducing supervisee shame, and promoting a safe environment to facilitate disclosure (Friedlander, 2015).

Early Career Psychologists Experience a Sentiment Override when Reflecting on Past Supervision Experiences

Two distinct groups of participants emerged from data analysis: early career psychologists who reported mostly positive^p supervision histories and early career psychologists who reported mixed positive/negative^m supervision histories. In order to understand how participants' histories came to be and subsequently insulated them from negative experiences or primed them to be in a state of hypervigilance, I explore the phenomenon of *sentiment override*.

Sentiment override, first coined by Weiss (1980), "suggests that partners' global feelings of affection or disaffection for one another, as indexed by relationship satisfaction, influence the

way they interpret and describe each other's communications and behavior" (Waldinger & Schulz, 2006, p. 3). Positive (PSO) and negative sentiment override (NSO) were expanded upon by Gottman (1999) to include "everyday, mundane, nonconflict interactions," in which spouses interpret negative statements as neutral (PSO) and neutral statements as negative (NSO) depending on the stability and affective quality of the relationship (p. 107). PSO aids in relationship maintenance and repair, with spouses forgiving even negative affective statements, since they do not consider them a "personal attack" (Gottman, 1999, p. 107). PSO allowed supervisees to dismiss negative experiences as exceptions to the rule in their overall rosy perspective of supervision. Likewise, NSO primed supervisees to be hypervigilant and guarded, ever ready to fend off feelings of anxiety and shame.

In their study of nondisclosure events, Hess et al. (2008) also identified two categories of interns: those who were satisfied in their supervisory relationship and described it as positive and those who were not satisfied in their supervisory relationship and described it as problematic. In their study of retrospective accounts of nondisclosure in supervision, Sweeney and Creaner (2014) explored satisfaction within the supervisory relationship and also identified "positive" and "problematic" categories of supervisees. The quality of the supervisory relationship ultimately influenced frequency of, reasons for, and content of nondisclosure (e.g., clinical issues).

Across studies, the supervisory alliance, overall, and relational bond, in particular, play a critical role in the process and content of (non)disclosure (Ladany et al., 1999; Ladany, Friedlander, & Nelson, 2005). In conjunction with sentiment override research, current findings suggest that the effect of supervisory working alliances is cumulative. That is, supervisees may be primed to withhold information and interpret a supervisor as threatening based on their history

of previous supervisory relationships.

Supervisee Sentiment Override is Bidirectional with Safety and Vulnerability in

Determining the Function of (Non)Disclosure

As previously noted, sentiment override impacted early career psychologists' response to supervision (Solomon & Priem, 2016, p. 699). For some participants, a lack of safety in relationship, combined with increased vulnerability, contributed to negative (non)disclosure experiences and increased supervisee hypervigilance in their next relationship. For other participants, negative experiences were exceptions to a general rule that supervisors were warm, accepting, and responsive. Findings suggested that the relationship between vulnerability and perceived safety was bidirectional with sentiment override. Therefore, for early career psychologist who experienced sentiment override, their internal model of supervision served as a map for safety and vulnerability in navigating future relationships.

Sentiment override and the supervisory working alliance (including individual characteristics) offer a context for why supervisees are guarded, how they have come to be that way, and how guardedness may dictate future relationships (i.e., will a corrective supervisory experience provide a good enough repair or is the critical threshold such that the supervisee will remain vigilant and guarded). Spektor (2015) addressed the “chicken or the egg phenomenon” with disclosure and a strong working alliance (p. 66). Similarly, this study demonstrated an interaction (bidirectionality) in that a positive history of supervision experiences supported comfort with vulnerability and comfort with vulnerability likely contributed to a positive supervision history.

This supervision map was both a product of past experiences and a lens through which supervisees make meaning of subsequent experiences—thus impacting the critical threshold or

tipping point for whether participants viewed supervision histories as mostly positive or mixed/negative and how they would make meaning of (non)disclosure events. The supervision map ultimately influenced the function of (non)disclosure. Often, supervisees engage in (non)disclosure to protect themselves from negative feelings (e.g., shame), alleviate anxiety, appear competent, and distract the supervisor from judgment (Mehr et al., 2010).

The evaluative nature of supervision primes the supervisee to experience shame and relational ruptures (Friedlander, 2015; Spektor, 2015). Spektor reported that supervisees are faced with a dilemma: “On one hand, the supervisee wants to please and connect with the supervisor, thus disclose, but on the other hand the trainee might fear criticism or negative evaluation” (p. 26). As reported by Rousmaniere and Ellis (2013), (non)disclosure may take the form of *compliance*, rather than collaboration, especially when supervisees negotiate the learning/vulnerability paradox and interpret any risks of disclosure as outweighing potential benefits.

(Non)Disclosure Experiences Continued to Have Professional Implications After Critical Training Years

Supervision has life-long implications for professional development. All six participants discussed how supervision had become integral to their professional identity. Participants who had mostly positive experiences with (non)disclosure events expressed gratitude for their supervisors, attributing their professional growth to them. Mixed supervision experiences also had an enduring impact on participants; they demonstrated self-awareness by connecting past (non)disclosure events with their personal attributes, beliefs, and worldview. This ongoing process of self-reflection contributed to their becoming authentic in their professional roles (e.g., Mangione et al., 2011). All participants spoke of the long-term impact of supervision to either

incorporate the positive role models in their approach toward supervision or “do the opposite” of their negatively perceived supervisors, by adopting a collaborative and empathic stance toward their supervisees (e.g., Mangione et al., 2011). Participants’ supervision experiences remained salient in their professional development.

Clinical Implications

As summarized by Farber (2006):

There are supervisees who consistently omit significant clinical material and those on the other end of this spectrum who flood the supervisor with a plethora of details, feelings, insecurities, and questions. There are those who distort, exaggerate, or even fabricate experiences in the service of making themselves look better. And there are those supervisees—virtually all, according to Ladany et al. (1996)—who at least occasionally conceal their thoughts or reactions to the supervisor in the here and now of supervision. But whenever a trainee withholds or distorts material or feelings, there is the danger of a less than optimal learning experience for the trainee and, in a worse case scenario, compromised treatment of patients (Yourman & Farber, 1996). (p. 183)

Results from this study suggested that nondisclosure is both a measure of and a contributing factor to the quality of the supervisory relationship. A realistic goal would be to reduce the frequency and severity of nondisclosure experiences that negatively impact personal/professional development and clinical outcomes in therapy. Supervisors ought to make (non)disclosure a part of the conversation, thereby normalizing a topic typically shrouded in fear, shame, and anxiety.

It is also important to discuss past supervisory relationships. Supervisees who have had negative supervision experiences may be primed to be hypervigilant and guarded. Promoting

transparency and communication is likely to strengthen the relationship and normalize feelings/experiences in order to reduce shame and invite learning. Common barriers to effective supervision include fear of evaluation, shame, and the desire to appear competent. At the beginning of supervision, supervisors might share their expectations, process the supervisee's expectations, and address what happens when there is a feeling, thought, or experience that the supervisee is hesitant to disclose. Supervisor self-disclosure, when done thoughtfully and appropriately, would likely advance this conversation.

Nondisclosure and past supervision experiences ought to be included in conversation throughout supervision. New supervisors are often unaware of supervisees' past experiences, yet so much of their past is likely to show up in their present functioning and approach to the relationship (e.g., on guard, primed for self-protection). What is discussed in the beginning of a new relationship will likely have to be revisited as the—hopefully positive—supervisory alliance works to provide corrective experiences. If supervisors and supervisees collaborate to make their implicit theories of supervision explicit, it may reduce anxiety (concerns about evaluation, clinical mistakes, professional inadequacy, supervisor perception), allow for learning, and provide a positive model for how supervisees may develop as therapists, consultants, and supervisors.

This collaborative and reflexive process has the potential to address power dynamics embedded in the hierarchical supervisory relationship (e.g., Hawes, 1998; Mangione et al., 2011; Murphy & Wright, 2005). (Non)disclosure is intimately connected with power and vulnerability (De Stefano et al., 2017). It serves as a tool for supervisees to maintain power, protect against shame and judgment, and facilitate a positive evaluation, all of which are related to how supervisors function in a position of power (e.g., collaborative and accepting vs. judgmental and

shaming). By inviting the discussion of (non)disclosure into the supervisory relationship, supervisors can also make space for a discussion of “power in the service of the supervisee, and vigilantly avoid abuses of power” (Porter et al., 1998, p. 162).

Study Limitations and Implications for Future Research

The small sample size of six participants limits generalizability of study results. Further, only three participants had positive supervision histories and three had mixed/negative supervision histories. The themes that emerged in this study warrant further investigation with more participants. Recruiting for these two distinct groups can yield further understanding of how psychologists’ supervision histories impact training and professional development.

Although homogenous samples promote depth of study, further investigation is warranted in the context of other developmental levels (both in years removed from training and in chronological age of study participants). This is especially important given proposed barriers of disclosure (e.g., perceived supervisor expectations). Additionally, only females responded to study recruitment. It is unknown what impact a more heterogenous sample would have had on study results. Finally, all participants were given the option of meeting in person or over the phone. Due to convenience and practicality (e.g., time, location), all participants opted for telephone interviews. If this study were to be replicated, interviews should take place in person in order to account for nonverbal forms of communication. These interviews may have provided participants with their first opportunity to process their experiences with (non)disclosure in supervision; it is important to capture all of the microforms of communication that may result from telling a story for the first time (e.g., eye contact, tearfulness, guardedness, silence).

Personal Reflection

As previously noted, my interest in studying (non)disclosure in supervision stemmed

from a series of supervisory interactions in which I felt silenced. These events occurred within a setting in which students who took risks were left feeling shamed, eliciting a self-protective rather than learning stance. Indeed, even supervisors who took risks and challenged the culture of the institution were shamed. One-on-one, the supervisory relationship had potential for reflexivity, authenticity, and collaboration (Mangione et al., 2011) but when placed within a larger context (e.g., setting, culture, hierarchy), this potential was stifled. Students were left to consult amongst themselves and remain selective with what they chose to disclose.

Nondisclosure was critical for survival. As a result, I left with the assumption that my training fell short and, in an ideal setting, full disclosure was optimal. In retrospect, that negative supervision experience was overshadowed by prior and subsequent positive experiences (i.e., positive sentiment override). Through my research, I realized that while full disclosure is neither necessary nor practical, there are times when nondisclosure gets in the way of learning and development.

As a result, my research took on a parallel process to the supervisory content I was exploring and my personal theme was one of transparency: At the very least, let's talk about what we're not talking about and normalize that which can be stigmatizing. Let's acknowledge that there are times when professional expectations (perceived or otherwise) may not line up with reality (Gross, 2005). If supervisors and supervisees feel safe to make nondisclosure a part of their conversation, they may inevitably promote disclosure, self-awareness, and insight in order to better their own development, promote client outcome, and model a positive supervision experience for supervisees as they grow to become colleagues.

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Appendix A: Recruitment Letter/Study Description

Seeking Early Career Psychologists Willing to Speak About Disclosure in Supervision

Dear Potential Participant,

My name is Vanessa Leary, and I am a doctoral candidate in the Clinical Psychology program at Antioch University New England. For my dissertation project, I am conducting a qualitative study of therapists' retrospective accounts of their nondisclosure and disclosure experiences in supervision.

Inclusion Criteria

- 3-5 years post-internship
- graduated from an APA (American Psychological Association) accredited Clinical Psychology doctoral program
- presently licensed and practicing in the field of psychology
- able and willing to recall and describe nondisclosure and disclosure events as a supervisee, and to share their thoughts, feelings, and beliefs associated with these events

If you meet the eligibility criteria and are interested in participating

Please contact me via phone at (XXX) XXX-XXXX or e-mail at XXXXXX@XXXXXX.edu. I will then arrange an in-person interview at a mutually agreed upon time and location. For participants who are unable to meet in person, a phone interview may be arranged. Eligible participants will then be emailed a packet containing a Study Description, Informed Consent Form, and Demographic Questionnaire.

Interviews are expected to take between 60 and 90 minutes. Participants will be offered a \$25 gift card to Amazon.com as compensation for their time in completing the interview and reviewing the interview transcript.

The research described above has been reviewed by the Institutional Review Board at Antioch University New England. My dissertation advisor is James Fauth, Ph.D., Department of Clinical Psychology. He can be reached via phone at (603) 283-2193 or e-mail at jfauth@antioch.edu.

Thank you for taking the time to read about my study interests and for considering participating in my dissertation project. Please let me know if you have any additional questions and feel free to forward this letter or provide my contact information if you know of anyone else who may be interested in participating in this study.

Respectfully,

Vanessa Leary, MS
Antioch University New England

Appendix B: Informed Consent Form

Informed Consent

Project Title: **Disclosure and Nondisclosure in Clinical Supervision:
Negotiation of the Learning/Vulnerability Paradox**

Principal Investigator: Vanessa Leary, MS
Doctoral Candidate
Department of Clinical Psychology
Antioch University New England Graduate School
40 Avon Street, Keene, NH 03134

Phone: (XXX) XXX-XXXX
E-mail: XXXXX@XXXXXXXXX.edu

You are invited to participate in a research study exploring your experience with nondisclosure and disclosure events in supervision. Please read the following consent form and let the researcher know if you have any questions. If you choose to participate, your signature on this form shows that you have read and understand the conditions of this study, and you have been informed of the risks and benefits of study participation.

1. **This study involves research.** This study is a qualitative exploration into past supervision experiences, professional development, and identity formation. The purpose of this study is to explore meaning making processes of nondisclosure and disclosure events in supervision.
2. **Expected interview procedure.** If you choose to participate, a one-on-one interview will take place at an agreed upon time and location (e.g., in a public setting where your privacy is maintained). Interviews are anticipated to take between 60 and 90 minutes. You may take a break at any time. All interviews will be audiotaped for later transcription and analysis.
3. **The risks associated with participation are minimal.** Given the nature of this topic, you may experience mild emotional distress or difficulty in sharing details or revisiting past experiences.
4. **The personal benefits of participation are also minimal.** You may find that sharing your story provides you with insight into your past experiences, present functioning, and future aspirations. Listening to your stories will also contribute to the researcher's learning and could serve as a valuable contribution to research literature.
5. **You will be compensated for study participation.** Following study completion, you will be offered a \$25 gift certificate to Amazon.com as compensation for your time in completing the interview and reviewing the interview transcript and preliminary analysis.

6. Participation is entirely voluntary. You may refuse to answer any questions, for any reason. You may choose not to participate or to terminate your participation at any time during data collection, for any reason, without penalty.

7. Your privacy will be protected. Due to the personal nature of the research questions, your information will be protected as follows:

- All signed consent forms will be stored in a lockbox or password protected file, separate from other research materials (e.g., interview transcripts).
- You will be assigned a number code that will be used on all research materials, instead of your name. A Microsoft Excel spreadsheet, containing your name and corresponding number code, will be stored in a password-protected file.
- Your interview will be audio-recorded. The recording will be kept in a lockbox and will be deleted once the interview is transcribed.
- Interviews will be transcribed, and all identifiable information will be changed or removed (e.g., names of people referred to during interview, names of work/home/school/training locations).
- Only the principal investigator, my advisor, and research assistants will have access to interview transcripts.

8. Usage of data collected and analyzed. All interviews will be transcribed and analyzed in order to elicit themes related to past supervision experiences, identity formation, and personal/professional development. Themes will be extracted from the text based on similarities and differences both within your interview and between other interviews. These themes will be reported and discussed in the final dissertation project. While your interview transcript will not be included in the dissertation, de-identified verbatim excerpts may be included, with your permission, in order to support data analysis (please see below).

9. You have the right to allow, decline, and review the use of your data. You will be contacted within 6 months of the initial interview. The Contact Information form provided asks that you indicate a preferred method of contact for interview follow-up. Based on your indicated preference, your de-identified interview transcript will be delivered to you through email or US Mail in order to conduct a “member check.” This allows you the opportunity to review and comment on themes elicited from your interview. You will be invited to provide feedback or clarification on any information collected within 2 weeks of receiving your transcript. Additionally, if I wish to include any of your de-identified interview excerpts in the dissertation, I will provide you with the passage(s) and ask for your written permission. You have the right to consent or decline this request.

10. Contact information. If you have any questions about the study, you may contact the principal investigator, Vanessa Leary, at (XXX) XXX-XXXX or via e-mail at XXXXX@XXXXXXX.edu. You may also contact my advisor, James Fauth, Ph.D.,

Department of Clinical Psychology, Antioch University New England, 40 Avon Street, Keene, NH 03134. Phone: (603) 283-2193; E-mail address: jfauth@antioch.edu.

The research described above has been reviewed by the Institutional Review Board at Antioch University New England. If you have any questions or concerns about your rights as a research participant, you may contact Don Woodhouse, Chair of the Antioch University New England Institutional Review Board, (603) 283-2101, or Dr. Melinda Treadwell, ANE Vice President for Academic Affairs, (603) 283-2444.

Consent Statement:

I have read and understand the information provided. All of my questions have been answered, and I have been given a copy of this form.

I agree to participate in the qualitative study, Disclosure and Nondisclosure in Clinical Supervision: Negotiation of the Learning/Vulnerability Paradox, and understand that my participation is entirely voluntary.

Signature

Date

Printed Name

Principal Investigator Signature

Date

Vanessa Leary, MS

Appendix C: Demographic Information Form

Demographic Information

Age: _____

Sex: _____

Please choose with which racial or ethnic group do you identify (please check one):

_____ African American/Black

_____ American/Alaska Native

_____ Asian American/ Pacific Islander

_____ Biracial/ Multiracial (please specify): _____

_____ European American/ White

_____ Latino/ Latina

_____ Other (please specify): _____

Name of Psychology Doctoral Program: _____

Type of Program (please check one): _____ Ph.D. _____ Psy.D.

Year Degree Obtained: _____ Year of Doctoral Internship Completion: _____

Theoretical Orientation (please check one):

_____ Behavioral/ Cognitive-behavioral

_____ Existential/ humanistic

_____ Family Systems/ Systems

_____ Integrative (please specify): _____

_____ Interpersonal

_____ Psychodynamic/ Psychoanalytic

_____ Other (please specify): _____

Are you currently practicing in the field of psychology? ☐ Yes ☐ No

If Yes, Type of Setting (please select all that apply):

☐ Mental Health Center (Outpatient)

☐ Psychiatric Hospital (Inpatient)

☐ University/ College Setting

☐ Private Practice

☐ School

☐ Other (please specify): _____

Have you supervised trainees since obtaining your doctorate degree? ☐ Yes ☐ No

Are you currently supervising trainees in the field of psychology? ☐ Yes ☐ No

Thank you for taking the time to complete this survey. Your responses will remain anonymous in the reporting of demographic information.

Appendix D: Contact Information Form

Contact Information

Name: _____

Preferred Method of Contact: _____Telephone

_____Email

Telephone Number: _____

May I leave a message, stating my name and affiliation with Antioch University New England? (circle one): Yes / No

Email Address: _____

Preferred Method to Receive and Review Interview Transcript/ Data Analysis: _____Email

_____US Mail

Mailing Address (if checked above):

Appendix E: Schedule of Semi-Structured Interview Questions

Interview Schedule

Thank you for agreeing to participate in my research study, aimed at exploring your past supervision experiences with nondisclosure and disclosure events. Please note that there are no right or wrong answers. I am interested in your experiences over the course of your professional development. The following questions serve as a guide for (a) orienting you to your past supervision experiences and eliciting nondisclosure and disclosure events, (b) exploring how you made sense of those experiences at the time and throughout your training, and (c) processing how your past experiences have impacted your professional development and identity formation. You are encouraged to expand upon any aspects of your past and present experiences that are most relevant to you. I may offer additional prompts and clarifying or follow-up questions.

As a reminder, this interview will be audio recorded and transcribed for data analysis.

Defining (Non) Disclosure:

A nondisclosure event is defined as any experience in which you, as a supervisee, withheld or concealed pertinent/important/ consequential information during supervision, which you feel may have influenced your development in some way. Some examples may include, but are certainly not limited to, clinical mistakes, concerns, therapeutic interactions, client or session information, as well as personal thoughts, feelings or reactions.

A disclosure event may include (a) any experience in which you, as a supervisee, recall a feeling of reluctance prior to revealing information to your supervisor or (b) any experience that resulted in negative feelings (e.g., regret, shame, insecurity, embarrassment) as a result of revealing information during supervision.

Interview Prompts and Questions:

Please take a moment to orient yourself to your past supervision experiences as a supervisee.

- Where would you like to begin in your experience as a supervisee?
- How would you describe your overall experience with supervision?

Recalling disclosure events:

- Tell me about your overall experience with disclosure (disclosing information) during supervision.
- Describe a disclosure that went well (perhaps, one for which you had felt some initial reluctance or trepidation prior to disclosure).
- Describe a disclosure that went less well.

Recalling nondisclosure events:

- Tell me about your overall experience with nondisclosure (withholding information) during supervision.
- Describe an example of nondisclosure/withholding information during supervision.

Reflecting on vulnerability then and now:

- Tell me about the role you think vulnerability plays in supervision and the decision to withhold or disclose information.
- How did you make sense of experiencing vulnerability throughout the course of training?
- How do you make sense of your past experiences with vulnerability now?
- How do you think the experience of vulnerability contributes or has contributed to your clinical work, professional development, and identity formation?

Final Reflection and Processing:

- Prior to study participation, had you thought about these experiences?
- In reflecting on these experiences from several years ago, what feelings have been evoked? What thoughts are coming to mind?
- Are there any additional thoughts or feelings you would like to share that we have not discussed?

Appendix F: Superordinate and Emergent Themes Chart

Superordinate Themes	Emergent Themes	Examples from Transcripts
Supervisee Qualities Influenced the Supervisory Process and the Decision to Disclose (N=5)	Supervisees' openness vs. guardedness toward supervision, disclosure, and vulnerability informed their level of disclosure (N=5)	<p>“For me, because of the fact that I was comfortable enough to say that was a big deal, because I, in general, am someone who was more hesitant to disclose things because of worrying about how is this going to affect how they view me as a student, so the fact that I even did disclose that is sort of like a big step for me...” (P1)</p> <p>“...what I think supervision is intended and designed to be, which is a safe space to really explore some of your countertransference reactions, to process challenges, to assess issues of ethics and safety...” (P2)</p> <p>“I’m sure there were times that I was probably uncomfortable about something, but I never held back, only because I just knew how this was the time I had to learn, and I have to go full bore, whether I’m comfortable about something or not.” (P3)</p> <p>“...my typical way to approach supervision is really just being up front about what I’m struggling with or what I need support with. I don’t hide anything...I just put it out there and look for support around it and look for guidance and I think that, that’s why I’ve done well because I’ve been open to that feedback.” (P5)</p> <p>“...I don’t overly feel vulnerable doing those things because I just think of supervision as being that’s what it’s supposed to be, but I do think for some people that might be very vulnerable.” (P5)</p> <p>“I was a complete open book...supervision is for me to talk about all of the problems I’m having and all of the stress I’m having. It should be an open, safe space to deal with that stuff and that was the opposite of what I experienced.” (P6)</p> <p>“It made me less comfortable with disclosing difficulties I was having. I think I still did it and</p>

		when I had good supervisors I was still pretty open with them but not completely. But with the bad supervisors, I continued to keep my mouth shut.” (P6)
	Supervisees’ training level informed the context of supervision and the decision to disclose (N=4)	<p>“Because it was my first experience I think it made it easier in some ways to disclose some of the questions I had because I was new. It was kind of expected of me to not know too many things.” (P1)</p> <p>“...the more I went along, the more I learned about intentional nondisclosure, because early on I would totally err on the side of just sharing everything.” (P2)</p> <p>“I was a little nervous because I thought... I’m in my postdoctoral fellowship, and I should know everything, right? You know, you should know everything at this point, so I was a little reluctant but I did obviously bring it up...” (P3)</p> <p>“...it wouldn’t be like it was a certain incident where I just chose not to say anything. It’s just that, in general, feeling like you can’t show those weaknesses or vulnerability because it might have negative consequences later.” (P5)</p> <p>“...like I don’t want him to see all of my weaknesses, especially if I’m going to apply for a job with this person.” (P5)</p>
Supervision History Sets the Stage for (Non)Disclosure Experiences (N=6)	Participants with a positive supervisory history experience negative (non)disclosure events as exceptions to the rule (N=3)	<p>“I guess as far as any of the experiences, the one that comes up is the most recent, which was postdoc but for most of them I had really good experiences. There was one practicum that was not my favorite.” (P3)</p> <p>“I think I had such, you know, all of my supervisory experiences were really positive at (Site Names) but my first supervisory experience was really not. That’s just the main thing that comes up. I mean all kinds of...It’s interesting how all kinds of negative stuff comes up about that first experience.” (P4)</p> <p>“There probably have been little things along the way that have been negative but overall I just had such great experiences, I have to say. Supervision</p>

		is one thing that I really look forward to, that I've always looked forward to and it's just always been a positive thing for me." (P5)
	Participants with a "mixed" supervision experience described (non)disclosure events as central to their supervisory narrative (N=3)	<p>"...that supervisor wasn't great at all either...I thank God that I had other experiences that were not like that...during my internship I had so many supervisors and all except one was super supportive...But it definitely does put in contrast to the supervisors who don't do that and don't give you a safe space..." (P1)</p> <p>"...at least 50% of the time, the relationship didn't go that well and part of the supervisory process for me was about learning how to work with that supervisor, and disclosure was a primary element of that." (P2)</p> <p>"It's really unfortunate that there is such frequency, from what I can tell, of bad experiences and that hopefully APA can start thinking about what are some of the structures that need to be put in place in order to ensure or guarantee a more positive experience..." (P2)</p> <p>"...I had so many challenging experiences in training that by the time I got to postdoc, I was in a state of hyper vigilance in supervision." (P2)</p> <p>"...with new supervisors that you just kind of wall off and shut down and, to an extent, it impacts some of the ability to form a stronger supervision alliance because of that history of...bad experiences." (P2)</p> <p>"I've had some positive experiences and some negative experiences." (P6)</p> <p>"And I think I learned to keep my mouth shut, which is not necessarily a good thing in my mind." (P6)</p>
Supervisor Qualities Informed (Non)Disclosure Experiences (N=6)	Supervisor character traits and ability to maintain a safe environment influenced supervisee	"...it's that the support and just how, it's almost more like the person's personality and how they, rather than what they actually do, in supervision, if that makes sense. So that for me is how I felt, would feel like I could disclose versus not disclose." (P1)

	(non)disclosure (N=6)	<p>“...that’s when I really felt like with him I could be real because he was. When he was talking about his own experiences, he was very open and honest with me about his own struggles and he was just that type of person who had no ego at all.” (P1)</p> <p>“...he was a little bit behind the times in terms of some of the- as far as how you talk about patients, like the language you use in terms of culturally relevant, whereas my prior supervisor was really on top of that stuff so it felt in some ways like I was back in the 50s or 60s, like heyday of psychology with the way that he would talk about the patients there sometimes and so that made me very reluctant to disclose or talk about anything.” (P1)</p> <p>“...I felt that was so demeaning to use that as an analogy when talking about the patients, and it just showed how different we were and how we viewed mental health, and the clients in general.” (P1)</p> <p>“Her approach was totally strength-oriented...There was no anxiety on her part...And then later I had another supervisor who, sitting with her, there was just so much warmth. In both of those relationships, I was able to disclose some really tough stuff.” (P2)</p> <p>“...there’s no way that I felt safe. You know, she had anxiety. Was she going to over-interpret it?” (P2)</p> <p>“...I still felt safer with him because he had these underlying core values that he wanted to instill confidence in our work. He valued the relationship and being able to address conflict...” (P2)</p> <p>“And I was very open to learning some of her theoretical orientation but there wasn’t a lot of that conversation happening. Sometimes, it was like looking at wedding pictures or YouTube videos, not a professional training experience. So, having such different views and then feeling put down around my views of treatment, just did not disclose</p>
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		<p>what I was really thinking or trying to do with my clients.” (P2)</p> <p>“We had completely different values around treatment. I was very strength-based, narrative therapy oriented and she was very pathologizing...it was just so off-putting to me to hear clients talked about in that way.” (P2)</p> <p>“I think because the supervisors were really positive people and really down to Earth, they made any kind of disclosure as far as insecurities or just the whole newness of it, pretty easy.” (P3)</p> <p>“When I would meet for supervision with my supervisor, she would basically sit and do her mail and write checks and completely wasn’t present, so I feel like I got very little out of that supervision in that she never really paid attention...” (P4)</p> <p>“I do think it’s just the openness. I’ve had supervisors who don’t react. They’re not reactive people, like they have a lot of experience and they’ve been where I’ve been at one point in their career and they’re not overly reactive.” (P5)</p> <p>“I felt as though...it was a burden to be supervising me. And that he didn’t really have the time for it, didn’t want to be doing it. I didn’t find his supervision particularly helpful.” (P6)</p> <p>“Basically I feel like if my supervisors create a comfortable holding environment then I’m going to open up and it’s OK to be vulnerable...” (P6)</p>
	Supervisors’ delivery of feedback and response to disclosure influenced disclosure (N=5)	<p>“He basically laughed at her and said, you’re just not tough enough- you know, said something really demeaning...but I just remember feeling like he was not someone I could trust to tell how I was actually feeling about whatever was going on with my clients and how I was feeling so I didn’t disclose anything to him. I kept it on a very shallow level.” (P1)</p> <p>“Even though my first supervisor was great and supportive, she didn’t give me a whole lot of feedback about things I could have been doing</p>

		<p>better or different. She would make little suggestions but, in hindsight, comparing it to other supervisors I had along the way, there wasn't a whole lot going on in supervision. I think she could have furthered my development more by doing more to facilitate that." (P1)</p> <p>"I sort of brought that up with this woman and I just said, and she just seemed to have no idea what I was talking [about]. She was very invalidating about it. Didn't seem to get it at all, like what I was saying, and I just remember regretting that I had brought that up and thinking oh does she think that I'm just saying oh I'm like a snob now and you know sort of like, I felt like she interpreted like I was thinking that I was better than other people, but that was the opposite of what I was trying to say." (P1)</p> <p>"...it was more that I was disappointed because I felt like it was something that was important for me to process at that time and that she just completely disregarded that so we just went back to keeping it at a shallow level of just talking about stupid things about the clients like very shallow treatment level type of things, not really about my experience with what was going on." (P1)</p> <p>"And she could be sort of blunt in her feedback sometimes and it wasn't the greatest relationship. And I think one of my peers at that point who had worked in mental health before, and I was pretty new to it, had said like 'don't tell her everything.' Like, some things you tell her, some things you don't. She could already kind of figure it out in those other experiences that that was sort of the subtext of supervision." (P2)</p> <p>"...she would have 5-7 revisions on an intake, back and forth, with a lot of shaming..." (P2)</p> <p>"...instead of saying 'let's explore why he did that and talk about different strategies,' it was almost like there was a right or wrong way to do it and I was like set up for failure every time." (P2)</p>
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		<p>“She really wasn’t a good supervisor. She was very passive aggressive, talked down to the students...some of her comments, like I just mentioned, she would do in front of some of the other students. And that’s what was shocking.” (P3)</p> <p>“If they thought you did something wrong or you were going in the wrong direction, they certainly would tell you, no problem. But they did it always in a way that was reassuring that you weren’t, you know, it was part of a learning process.” (P3)</p> <p>“...that experience very much paralleled my experience in going to therapy myself in that feeling kind of minimized or diminished by the first few therapists I ever saw, like who, when I would disclose to them, what I still see as very significant things where they just kind of were like ‘Oh yea, that happened.’” (P4)</p> <p>“Then when I would come to him and say, ‘You know I’m stressed out. There’s a lot going on. There’s a lot of paperwork to do,’ I felt like he held it against me...I don’t think I was actually any more stressed out than any of the other interns there. I just was expressing it.” (P6)</p>
(Non)Disclosure Served a Range of Functions (N=6)	Some disclosures served a self-protective function (N=6)	<p>“Because I was good at knowing kind of like what/how to play the game like as far as this. It’s interesting to me as far as the disclosure because I think I’m good at, you know, knowing what to say or not to say in the situation to not make any waves...” (P1)</p> <p>“Because I did that, he really liked me. He thought that I was a great intern...and I just always found that really funny because I didn’t even do anything in supervision with him. You know, I think he just thought that I was good because I had the appearance of having it all together but it was just because I wasn’t honest with him.” (P1)</p> <p>“I never really let on that I clashed with her so she ended up really liking me and even though I had issues with her. I did not feel comfortable at all with her, telling her how I felt because she just</p>

		<p>seemed to have kind of this whole difference of what supervision was, that it was more like testing me on things and not supportive at all.” (P1)</p> <p>“I would keep it on an intellectual level, not an emotional level, like ‘this guy is having this problem, what can I do?’ but I’d never talk about my feelings about the case or about the things that were difficult. It was more just like ‘oh, you know, do you have a recommendation for a treatment strategy’ or something like that. It never felt like there was any type of depth at all to it.” (P1)</p> <p>“What types of things are OK to talk about, what types of things raise too much anxiety on the part of the supervisor, or might raise judgment, might lead to shaming so unfortunately around half the time, my supervisors were another sort of challenge, as opposed to really a resource.” (P2)</p> <p>“It went way beyond what was okay or not okay to disclose into what’s the spiel that I have to give her to keep her from emotionally abusing me...And so I would create charts and notes and questions and ways to try to distract her from attacking me, and try to put her in this position as expert and kind of like assuage her ego. It really became a focus, strategizing the time that we had together in a way that kept her from attacking me and kept her in an authority role that was comfortable for her.” (P2)</p> <p>“So there wasn’t even any real disclosure going on. There was total acting.” (P2)</p> <p>“So even though this was a nondisclosure/disclosure type of situation, it wasn’t due to clinical stuff, as much as it was to private stuff. I think that’s another strange thing when you do disclosure/nondisclosure, what about private stuff? Where does that go? And so, how much should you give up about what’s going on after hours? And how that could affect what’s going on during the day?” (P3)</p> <p>“...During supervision I would focus more on the</p>
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		<p>CBT-like interventions that I used and wouldn't focus so much on things like countertransference things that came up for me because she didn't really believe in that, if you could believe it. And so it made for a very unsteady feeling as an intern..." (P4)</p> <p>"She was so odd that when I made headway or really connect with certain residents, I wouldn't tell her." (P4)</p> <p>"...She really elicited a sense of white guilt or white shame or something from us and it was very hard to talk about racial, like you want to be a multiculturally competent professional, but it was very hard to talk about it in front of this woman because she had a way of making you feel shameful..." (P5)</p> <p>"A couple times I did consciously not say something, and there have been a few times where I know I've consciously not said something or I like know I made a big screw up." (P6)</p>
	Reluctant disclosures promoted a positive supervisory experience (N=3)	<p>"So she would have been more reassuring had I opened up initially, and she would have helped me go either way. If I really thought I couldn't do it, she would have certainly helped me with that. Either way, she would have been fine, and I just was like, you know, I powered through, and it turned out perfectly fine." (P3)</p> <p>"We were talking about a patient, and she really strongly made a strong recommendation that I implement some mindfulness techniques. At the time, when we were having supervision, it just didn't feel right. I felt like eh this doesn't feel like the right time for this person or really what they're looking for. Yet I was really torn. So the next session I kind of didn't do what she wanted me to do and I just kind of followed my gut and followed what was going on at the moment, moment by moment in the session, and I really struggled with whether or not and/or how to tell her afterwards that, 'Look, I just overrode your advice and I can't really explain why other than it felt like it would be too directive and too soon. We didn't have</p>

		<p>enough rapport yet. It just wasn't the right timing.'" (P4)</p> <p>"I struggled with telling her that but then I did tell her kind of exactly what I just told you and it allowed her to probe a little bit more with me after making a recommendation, like 'Does this feel right? I can see you wincing.' Not wincing, but you know, 'What do you think and any hesitation?'"...And I think that was in the beginning of the year of our supervisory relationship and I think it really set the tone for a very productive and healthy year." (P4)</p> <p>"...when I finally realized that there was something going on there, it was very difficult to disclose because I sort of thought I would never be the person to have sexual countertransference toward somebody so that was a, for me, that was sort of a difficult thing." (P5)</p> <p>"So I ended up, I did actually disclose but it took me a few days to disclose because I was sort of having to wrap my head around it. And I just felt so uncomfortable and so unprofessional, disclosing that piece of information, even though I knew that, that's part of the work and that can happen. It was just sort of like, I felt somewhat guilty about it or shameful I guess I should say." (P5)</p> <p>"...it was actually a really good experience once I brought it up but it was just to get the words out was quite daunting." (P5)</p> <p>"I think it made me feel more like her and I had this unconscious therapeutic alliance in a way, like our supervisory alliance, because I was sort of realizing that she was sort of getting it all along, even before I was getting it but we just both got there at the same time. So it was good. It was actually a good experience in terms of our relationship." (P5)</p> <p>"I was very aware that I wasn't progressing in the therapy the way he needed me to and there was something stopping me...it's the ethical thing to</p>
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		do to disclose this information to my supervisor and as much as I felt shameful, I think I felt more shame not disclosing once I had realized it was an issue.” (P5)
(Non)Disclosure Experiences Have Professional Implications (N=6)	Participants sought to correct past negative experiences through their present approach to supervision (N=6)	<p>“I had a supervisor that was not very supportive and so I always think back about him and how when I do supervise students how I will do the opposite of what he did.” (P1)</p> <p>“...those experiences inspired me to do supervision and be a healing and empowering and supportive person in the training in a field that is very difficult.” (P2)</p> <p>“...one of the things that also those negative experiences have inspired me to do is, as much as possible, be really clear at the beginning about setting up a structure and a plan about what to do in case of crises and emergencies and then to just, instead of having a punishing attitude around gaps in knowledge or judgment calls that didn’t go so well, this is a teaching opportunity. It’s kind of how it works. You learn from what you don’t know and from learning about what you don’t know in those difficult times. So seeing that more is the important part of the work and doing whatever is possible to help the trainee feel safe to talk about these things with you and to just really affirm them and build up their confidence.” (P2)</p> <p>“After that experience, I remember saying to myself, ‘If I am ever a supervisor, this will never ever happen.’” (P3)</p> <p>“In terms of me now as a supervisor, I’m really tuned in to interns that appear to be doing really well or functioning a certain way, I really tune into them and give them extra attention, you know, because I think they, it seems like at least in our supervisory groups here, it’s always the weaker interns that get this extra attention, and it seems to revolve around concern or they’re not competent or something but then it’s really the competent ones I think that really need, that’s kind of where I go.” (P4)</p>

		<p>“...I definitely talk with my supervisee about how important it is for her to be honest, as honest as she can, and talking about how hard it can be to be honest when you’re new at this and we don’t know each other but being very honest about what you know and what you don’t know and if you disagree with where I’m coming from or...we have a whole outline, written thing, that we give to supervisees about this, about things that you might now want to tell your supervisor but that you should.” (P4)</p> <p>“...I wanted supervision to not be a place that was critical and instead to be a place that was curious. So if we were able to just be curious about the process and what we could do differently, maybe not better, but just differently, or what things we could be more aware of together, that was the way I approached it because I didn’t want the person to feel overly evaluated, but at the same time, you are evaluating them and so you know that there may be areas that they aren’t as free, feeling as free to disclose but ultimately I just tried to make the feedback positive so that they felt comfortable and were OK with their vulnerability.” (P5)</p> <p>“...it’s the nitty gritty and nuts and bolts pieces I always felt like some supervisors weren’t good at giving because they wanted to let us figure it out for ourselves and kind of work with the process more than the content. And so I’ll often talk to the supervisees about content stuff and just say, ‘Look, when I’m in this situation, this is what I tend to do.’” (P6)</p>
	(Non)disclosure experiences influence how early-career psychologists approach their clients, their colleagues, and their own development (N=6)	<p>“...being somebody who thinks about those things and struggles with those things actually is helping me in my career because I think clients respond to that. They respond to somebody who does think about the differences and kind of feels in limbo between classes and I think it helps me relate to a lot of different types of clients and so I’m noticing now that I’m doing this type of work that it’s like actually helping me professionally and I think people are more willing to come back to see me or to, even if they were reluctant, to go to therapy.” (P1)</p>

		<p>“I had just graduated so I had just gotten my doctorate, and I, at the same time, had moved to the town where I live, which is a pretty affluent town, and so I was struggling with that because I was working in a very underprivileged setting, and I was really struggling with this, ‘oh now I’m this doctor who lives in this town that’s very affluent and what that means’ versus the work I’m doing with these very poor people and who have just had so much trauma and so many issues. And I was really struggling with that. I was struggling with my identity because I grew up very working class and so I still struggle with that, that my persona now as this doctor and because of the area I live in. I sort of struggle with that change, because I still view myself as sort of like a working-class person even though I’m not anymore.” (P1)</p> <p>“I just remember feeling upset because I thought she was now thinking that I was thinking I was this elitist person, and that was the opposite of how I live and view myself, and that is why I struggle now with being a doctor and where I live and feeling kind of different from other people here.” (P1)</p> <p>“How much more could I have learned, I always wonder if the relationship had felt safer.” (P2)</p> <p>“...it makes it scary to have such negative experiences in supervision around disclosure or nondisclosure. It makes you vigilant around not wanting to go down that road and can get you thinking a little black and white about supervision yourself.” (P2)</p> <p>“I think it gave me the confidence to go on and be a private practice practitioner. I feel confident in what I’m doing, how I’m interacting, how I’ve designed my own practice, you know, all of those things. And I know that through the years, all those supervisors have certainly contributed to this final product.” (P3)</p> <p>“One thing I’ve brought up with our staff here is</p>
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		<p>that sometimes when...men or women, come in and they present as privileged, whatever that might look like, I've noticed kind of a pattern of the way that they're presented in our case conference... I definitely feel like I'm kind of alert to that and have brought that up as a growing edge for a lot of us here as clinicians to not minimize or dismiss and that sometimes you might have to work a little bit harder with people who present in that way to get at their suffering." (P4)</p> <p>"I actually just recently started with a new client who's in his early thirties and before I even saw him I was nervous, so I noticed my anxiety about that, and then once I saw him, it was like, 'OK, no this is fine and everything will be fine' but it's sort of one of those things that, because it's never happened since but I know it happened, I want to always be sort of mindful of it and conscious of any of my reactions. And so before I even saw him, I talked to my current supervisor about it." (P5)</p> <p>"I'm cautious with the words I choose in a professional setting just to make sure I don't offend somebody but I guess I just think so much of my training was around multiculturalism so even though I'm cautious I don't really have insecurities around it. Like I know that was more something about that particular supervisor than it was about any of us. And it was pretty clear at the time so it doesn't really impact me in a negative way moving forward other than I might be a little more cautious. I notice somebody's verbals or nonverbals are defensive then I'm going to be a little more cautious and that sort of thing." (P5)</p> <p>"...if I'm going in with a good supervisor and I'm feeling vulnerable about something or uncomfortable or discombobulated then it becomes pretty quickly clear to me that there's probably some parallel process going on. The other piece is just importance of making clients feel really safe that they can say anything and I'm not going to judge them. You know, I might call them out on something, but it's not judgment." (P6)</p>
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Appendix G: Internal Working Model of Supervision

Internal Working Model of Supervision

Overall Sentiment



Mental Model

*Internal Working Model**Cognitive Affective Schema (Gunn & Pistole, 2012)*

Supervisory Working Alliance

	<u>Tolerance for Vulnerability</u> Guarded vs. Open Development	
<u>Perceived Safety</u> Supervisor Qualities Interaction with Others	L, L	L, H
	H, L	H, H

L=Low

H=High