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EXAMINING FACE-TO-FACE AND ONLINE SUPERVISEE DISCLOSURE WITHIN THE  
SUPERVISORY ALLIANCE

A Dissertation

Presented to the Faculty of  
Antioch University Seattle

In partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

by

Letitia D'Aria Unger Johnson

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September 2022

EXAMINING FACE-TO-FACE AND ONLINE SUPERVISEE DISCLOSURE WITHIN THE  
SUPERVISORY ALLIANCE

This dissertation, by Letitia D’Aria Unger Johnson, has  
been approved by the committee members signed below  
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Antioch University Seattle  
in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY

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## **ABSTRACT**

### **EXAMINING FACE-TO-FACE AND ONLINE SUPERVISEE DISCLOSURE WITHIN THE SUPERVISORY ALLIANCE**

Letitia D’Aria Unger Johnson

Antioch University Seattle

Seattle, WA

The purpose of this research was to examine face-to-face and online supervisee disclosure within the supervisory alliance. Just as client care pivoted to online platforms, as a result of the COVID-19 pandemic, so did clinical supervision, which was uncharted territory for many, including those familiar with online counseling. The methodology used was consensual qualitative research (CSR). Eight participants were recruited as a sample of convenience, and semistructured interviews were conducted via Zoom. Results indicated domains such as important characteristics of the supervisory relationship, importance of communication, supervisor characteristics related to self-disclosure, positive aspects and negative aspects of online supervision, and positive and negative aspects of face-to-face supervision. In addition, relevant categories were identified. This study is relevant for counselors in training, counselor educators, and supervisors who are engaged in and considering online and face-to-face supervision. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

*Keywords:* clinical supervision, online supervision, telesupervision, COVID-19, counseling supervision, supervisory alliance, face-to-face supervision, in-person supervision

## **Dedication**

This dissertation is dedicated to all the counselors in training who are trying to make their way.

This dissertation is also dedicated to my ancestors who made their way to America and worked hard for me to have a better life. I am forever grateful.

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Since I arrived at Antioch, I felt at home with all the support from instructors, peers, and friends I made here . . . I found my tribe.

Dr. Ned Farley personally called me when I expressed interest in our program, and in that first phone call, I felt welcome at Antioch, and I have felt that way ever since.

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## CHAPTER I: INTRODUCTION

The World Health Organization declared the COVID-19 virus a pandemic in March of 2020 (World Health Organization, 2020). Our mental health system already faces many challenges in the best of times, but COVID-19 represents an ongoing cardiac stress test on the world's infrastructures and systems, magnifying functional and structural vulnerability, including that of the field of traumatic stress (Horesh & Brown, 2020). This ongoing cardiac stress test extends to clinical supervision as well. Although some mental health clinicians had been utilizing telemental health, it was typically more the exception than the rule (Kane & Gillis, 2018). The COVID-19 pandemic necessitated what felt like an almost instantaneous pivot from face-to-face services to those conducted via video conferencing and in some cases, telephone. Just as client care pivoted to online platforms, so did clinical supervision, which was uncharted territory for many, including those familiar with online counseling.

The COVID-19 pandemic also highlighted the need for more research in online clinical supervision, which is the focus of this research. Developing competent counselors requires intentional supervision of counseling trainees in accordance with the American Counseling Association Code of Ethics (ACA, 2014) and the Council for Accreditation of Counseling and Related Educational Programs Standards (CACREP, 2015). Just as there is a multitude of approaches used by counselors in client work, there is a multitude of approaches utilized by clinical supervisors. Regardless of the specific supervision approach used, many researchers noted that certain common factors bridge the various approaches (Morgan & Sprenkle, 2007). Supervisory alliance is elevated as one of the most important common factors of an effective supervision relationship (Morgan & Sprenkle, 2007). Moreover, many studies over the previous two decades have replicated the findings that supervisory relationship is related to trainee

disclosure and nondisclosure (Cook & Welfare, 2018; Cook et al., 2019, 2020; Ladany et al., 1996; Yourman, 2003).

While there is research on telesupervision, the new supervisory climate necessitated by the COVID-19 pandemic demands further examination of this newer delivery method. Current research supports the stance that telesupervision is similarly effective to face-to-face supervision (Amanvermez et al., 2020; Bender & Dykeman, 2016; Bender et al., 2018; Bernhard & Camins, 2021; Bussey, 2015; Carlisle, 2015; Chapman et al., 2011; Conn et al., 2009; Dickens, 2009; Frye et al., 2022; Lahey, 2008; Reese et al., 2009; Schmittel et al., 2021; Sørliie et al., 1999; Tarlow et al., 2020; Tomlin, 2021). In fact, much of this research highlighted the distinct advantages of telesupervision. For example, telesupervision removed space and travel restrictions (Inman et al., 2019). Further, online supervision allowed for greater access to qualified supervisors, which is especially helpful in professionally isolated or rural communities. Telesupervision is also helpful when seeking culturally competent supervision for a population or specialty that may not be available locally. Online supervision also resulted in greater collaboration in academic programs between universities and off-campus internship sites (Dudding & Justice, 2004). Just as with online counseling practice, online supervisors have a professional and ethical obligation to meet the needs of supervisees and protect clients (ACA, 2014). Some typical challenges for online supervision include issues of confidentiality, privacy and potential difficulty in building a strong working alliance (Inman et al., 2019).

### **Statement of the Problem**

Despite any drawbacks, the many advantages of online clinical supervision spurred by the COVID-19 pandemic suggests that telesupervision is here to stay. Aside from the logistical advantages of telesupervision, less is known about the quality of the online supervisory

relationship and how it develops and nurtures supervisee competence. Supervisory working alliance is perhaps the most studied construct in supervision literature to date, but supervisee nondisclosure has been only moderately explored in relation to the supervisory working alliance (Bohnenstiehl, 2019). To effectively supervise, supervisees must disclose information about clients, the supervision process, and themselves (Bohnenstiehl, 2019). Supervisee disclosure is especially important as it relates to better client outcomes, ethical practice, and supervisee professional development (Ladany et al., 1996). Therefore, it is important to explore the quality of the supervisory relationship as it adapts to the online medium, particularly with regard to supervisee disclosure.

### **Theoretical or Conceptual Framework**

The purpose of this study was to explore the experiences of counseling supervisees who have received both face-to-face and online clinical supervision. Given the dynamic nature of the supervision relationship and the unique perceptions of both the supervisee and supervisor in determining the experience of relational quality, a constructivist framework was utilized for this study. Although constructivist principles are complicated to define succinctly, Nelson and Neufeldt (1998) assert that in counselor education:

Constructivism is rooted in the notion that our beliefs and assumptions, many of which are theoretical and many of which are grounded in data, are products of the meanings that we make in our social contexts . . . .

Whether one is an educator or a student, participating in the constructivist endeavor involves being an active participant in socially considering, questioning, evaluating, and inventing information. (p. 7)

According to Anderson and Goolishian (1990), “The training system, like the therapy system, is one kind of meaning-generating or language system” (p. 157). Constructivism has long been established in andragogy of counselor education, but less accepted in the domain of supervision due to the ethical needs for certain standardized or manualized training for counseling supervisees, such as suicidality protocol (Burton, 2011; Nelson & Neufeldt, 1998).

With the rapid increase of telesupervision in response to the COVID-19 pandemic, constructivist principles, such as reflexivity and co-creation, are especially relevant to online supervision. Due to the novelty of telesupervision, constructivist supervisors might readily invite supervisees to collaboratively co-create how telesupervision could be effectively implemented and reflect on that knowledge collaboratively and dynamically as the pandemic evolves; therefore, a constructivist framework dovetailed well with this current research endeavor. The constructivist framework is relevant to multicultural and intercultural contexts as well because it supports liberation work.

### **Statement of Purpose**

The purpose of this research was to examine face-to-face and online supervisee disclosure within the supervisory alliance.

### **Research Question**

The research question of focus was: How is supervisee disclosure within the supervisory alliance experienced in face-to-face and online supervision?

### **Significance of the Study**

Because our field is tasked with developing and preparing professional counselors, clinical supervision is a cornerstone of counseling education and supervision (Bernard & Goodyear 2019; Borders et al., 2014). Developing competent counselors requires intentional

supervision of counseling trainees. For supervision to be effective, supervisee disclosure is vital as it impacts better client outcomes, ethical practice, and supervisee development (Bohnenstiehl, 2019; Ladany et al., 1996). Due to a gap in the current research that examines counseling supervisee disclosure in face-to-face and telesupervision, this study is timely and especially relevant to the field of counselor education and supervision. As online supervision becomes more commonplace, achieving a better understanding of how the supervision format and quality of the supervision relationship and, more specifically, supervisee self-disclosure, seems relevant to the future of the counseling profession.

### **Definition of Terms and Operationalized Constructs**

The following are relevant definitions of terms. Bernard and Goodyear (2019) defined *clinical supervision* as:

an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s). Moreover, it is for monitoring the quality of professional services offered to the clients and serving as a gatekeeper for the particular profession the supervisee seeks to enter. (Bernard & Goodyear, 1992, as cited in Bernard & Goodyear, 2019, p. 9)

A *supervisee* is a more junior colleague in the counseling profession or an allied field (i.e., social worker, psychologist, marriage and family therapist) who requires clinical oversight. A supervisee may be a recent graduate from a clinical mental health program or a current graduate student seeking licensure from one's state department of health (Bernard & Goodyear, 2019). Meanwhile, a *clinical supervisor* is a more senior clinical mental health professional who

focuses on a supervisee's professional development within an academic or professional work setting (Bernard & Goodyear, 2019). The American Counseling Association's Code of Ethics elaborates:

A primary obligation of supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. (ACA, 2014, section E.1.a)

*Telemental health* is broadly defined as the provision of mental health care through the use of telecommunication technologies (Jordan & Shearer, 2019, p. 323). The American Counseling Association's Code of Ethics (2014) notes that, "when providing technology-assisted services, counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client" (ACA, 2014, H.4.c.). Telemental health is also commonly referred to as online counseling or telehealth, whereas face-to-face supervision is clinical supervision whereby the supervisee and supervisor are co-located or in the same physical location (Inman et al., 2019). Moreover, online supervision involves technology assisted interactions between supervisors and supervisees (Chapman et al., 2011). In this project, it refers to clinical supervision conducted via synchronous HIPAA-compliant videoconferencing software such as Zoom (Brandoff & Lombardi, 2012). Online supervision, for the purposes of this study, is interchangeable with the term telesupervision.

The *supervisory working alliance* is the bond between the supervisor and supervisee, the collectively established goals that guide supervision, and the shared tasks that drive the goal

attainment of supervision (Bordin, 1983). This alliance influences the emotional bond that is made between the supervisor and supervisee (Bordin, 1983). A strong supervisory working alliance is critical to providing beneficial and useful supervision because it provides the foundation for supervision (Watkins, 2014).

*Nondisclosure* is supervisees withholding information from their clinical supervisors (Cook et al., 2019). Intentional nondisclosure is when a supervisee identifies a concern or perceives an issue and decides to withhold it from their supervisor anyway (Cook & Welfare, 2018). This type of nondisclosure is most problematic and is likely to be the most important information to their clinical and professional development (Ladany et al., 1996). These intentional nondisclosures tend to fall into two categories: supervision-related incidents and client-related incidents (Ladany et al., 1996).

Developmental supervision models emphasize progressive stages of supervisee development from novice to expert, with each stage consisting of discrete characteristics and skills (Smith, 2009). The integrated development model as an approach to supervision has progressed for nearly 30 years, beginning with Stoltenberg's (1981) and Stoltenberg and McNeill's (2010) straightforward model that posited counselor growth through four stages of professional development as defined in the next paragraph (Smith, 2009). These stages are referenced when describing participants of this study, therapist interns, and new practitioners.

New therapists are typically entry level (Level 1) students who are high in motivation, yet high in anxiety and fearful of evaluation (Stoltenberg & McNeil, 2010, p. 45). Therapist interns are generally Level 2 supervisees with midlevel experience in an internship with fluctuating confidence and motivation, often linking their own mood to success with client's evaluation (Stoltenberg & McNeil, 2010, p. 83). New practitioners are supervisees (Level 3) that are

essentially secure, stable in motivation, have accurate empathy tempered by objectivity, and use therapeutic self during intervention evaluation (Stoltenberg & McNeil, 2010, p. 113). New practitioners have graduated from counseling programs within the last two years, actively practicing and are pre-licensure. Advanced therapists are considered master therapists (Level 3i) who are licensed and do not require supervision but might seek consultation from peers and/or mentors (Stoltenberg & McNeil, 2010, p. 114).

## CHAPTER II: REVIEW OF LITERATURE

### Introduction to the Literature Review

A preliminary literature review search was obtained through the Antioch University Library and ProQuest Psychology Database research database. Keywords and phrases used include; *supervision, telesupervision, online supervision, COVID-19, face-to-face supervision, supervisees, disclosure, intentional nondisclosure, counselor, and andragogy*. The research focused on literature written within the past ten years. Research related to supervision was prioritized, though this research was expanded to include counseling supervision, online supervision, in-person supervision, and Zoom supervision.

Given the technical evolution of the counseling profession, it is important to consider how to optimize clinical supervision practices for the online medium. Clinical supervision is an intervention provided by a more senior member of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession (Bernard & Goodyear, 2019). Quality clinical supervision is essential for monitoring the quality of counseling offered to clients and for serving as a gatekeeper (Bernard & Goodyear, 1992, as cited in Bernard & Goodyear, 2019, p. 9). At the beginning of the COVID-19 pandemic, counseling and outpatient mental health became almost exclusively an online endeavor, and along with it, clinical supervision also moved online. Multiple studies, both prior to and after the COVID-19 pandemic, demonstrated that the quality of online clinical supervision is on par with that of face-to-face supervision (Amanvermez et al., 2020; Bender & Dykeman, 2016; Bender et al., 2018; Bernhard & Camins, 2021; Bussey, 2015; Carlisle, 2015; Chapman et al., 2011; Conn et al., 2009; Dickens, 2009; Frye et al., 2022; Lahey, 2008; Reese et al., 2009; Schmitt et al., 2021; Sørli et al., 1999; Tarlow et al., 2020; Tomlin, 2021).

Because a strong supervisory alliance is a key factor of the supervisory and counseling process, it has been the subject of much research. Supervisee disclosure is essential for the supervision process so that supervisors can develop their supervisees' clinical skills, protect client welfare, and promote overall professional growth (Bernard & Goodyear, 2019). Without sharing relevant information, supervisors cannot adequately assess supervisee skills and develop their trainees' growth. Research indicates that intentional nondisclosure occurs quite frequently, as high as 97.2% of the time, according to an oft-quoted, seminal study by Ladany et al. (1996). Some of this intentional nondisclosure is normative and inconsequential; however, some of it is deleterious to the supervisee growth and the supervisory alliance.

Without sharing relevant information, supervisors cannot adequately assess supervisee skills and promote their trainees' professional development. Many factors contribute to supervisees' intentional nondisclosure, such as their anxiety about evaluation, proneness to shame, cultural positionality and attachment style. However, research overwhelmingly points to the supervisee perception of the supervisory alliance as the most salient factor in supervisee disclosure. Given the nascency of online supervision during the initial stages of the COVID-19 pandemic and its resulting prevalence, examining supervisee disclosure within the supervisory alliance in both online and face-to-face formats, such as in this study, is crucial.

### **Theoretical Orientation**

Due to the ever-changing nature of the supervision relationship and the unique perceptions of both the supervisee and the supervisor in determining the experience of relational quality, a constructivist framework was utilized for this study. From a constructivist perspective, clinical supervision is understood to involve reflective, subjective processes involving meaning-making that is co-constructed (Neimeyer, 1993). The research methodology used in this

study, consensual qualitative research (CQR), is a dynamic process of exploring supervision and counseling that allows for understanding both inner reflective activity and clarification of understanding developed through dialogue with one's supervisor.

### **Review of Research Literature and Synthesis of the Research Findings**

#### **Telesupervision**

A geographic shortage of clinical supervisors in Norway spurred one of the early empirical studies that compared face-to-face to online supervision (Sørli et al., 1999). Using an ABAB design, six supervisory dyads alternated between online and face-to-face supervision over five supervisory sessions. The dyads were asked to complete measures that assessed communication, alliance, and disturbance in clinical supervision. Both online and face-to-face sessions were videotaped and coded by independent raters. Supervisors reported no differences in communication and alliance and between the face-to-face and online supervision. The supervisees also reported no differences between the communication and alliance factors but did report differences in the disturbance factor between the two conditions. The supervisees noted more discomfort when disturbing issues arose in the online delivery method. The disturbance factor during online supervision cited by some of the supervisees centered on concerns about lack of proficiency in technology that was subsequently related to feelings of losing control and/or vulnerability. Interestingly, the independent ratings of the video recording did not reveal any differences regarding the mutuality of the contact between in-person and face-to-face supervisory conditions. Both supervisors and supervisees noted the potential positive and negative aspects of each medium. One supervisor recalled trying to compensate for the anticipated absence of nonverbal cues in the online condition by closely focusing on the supervisee's words. Many supervisees reported spending more time preparing for online

supervision than for face-to-face supervision sessions. Not surprisingly, perhaps, some trainees experienced more distance while receiving online supervision and were, therefore, less censored, while other supervisees reported saving more emotionally charged issues for face-to-face supervision sessions. Although the quality of supervision seemed to be preserved, the main limitation was that the supervision dyads had all established relationships face-to-face prior to meeting via video conferencing. Future studies could remove this confounding variable by studying dyads that have not previously met face-to-face. Future studies could also be designed to focus on the psychological distance element that varies between face-to-face and online supervision in the supervisory alliance (Sørliet et al., 1999).

Since the Sørliet et al. (1999) study, there was a lull in research on online clinical supervision. However, by 2000, more than 90% of colleges and universities offered some kind of distance education (Phipps & Merisotis, 2000). Furthermore, by 2008, the use of technology and distance learning had become an emergent trend in the counseling profession, and the need for students to master technologies that facilitate distance learning, counseling, and supervision was imminent (Lewis & Coursol, 2007; McCurdy, 2002).

Perhaps the proliferation of online education spurred many studies that examined online clinical supervision, especially in comparison to face-to-face supervision. As online learning was becoming more commonplace, one study sought to compare supervisory dyads who engaged in traditional, face-to-face learning versus distance education learners from master's-level counseling programs (Lahey, 2008). Using a quasi-experimental design with 46 supervisory dyads, in which approximately two-thirds participated in face-to-face supervision, while the remaining one-third participated in online supervision, participants were required to complete the Supervisory Working Alliance Inventory (SWAI).

Lahey (2008) demonstrated that supervisors in online programs rated the supervisory working alliance (SWA) higher than supervisors in traditional programs. However, this difference may be attributed to the higher likelihood of the online supervisors being university staff members compared to the face-to-face supervisors. Interestingly, there was no statistically significant difference in the rating of the SWA by supervisees in traditional versus distance programs. Results suggest that the supervisor-supervisee dyad in a traditional learning environment is equal in working alliance to the dyad in a distance learning environment. A limitation was that the distance learning students, despite being in distance programs, were still supervised face-to-face by supervisors in local areas. Thus, the study is an evaluation of distance learning but not necessarily of distance supervision (Lahey, 2008). The present study seeks to build by examining online and face-to-face supervision more directly.

Another study sought to determine if those supervised online were as satisfied as those supervised face-to-face (Reese et al., 2009). Using mixed methods, nine subjects were recruited from a counseling psychology program in which seven of the subjects were doctoral students and two were master's students. The subjects were enrolled in 12-week practicums across different settings such as community mental health and a university outpatient mental health clinic. Subjects met with supervisors every third week over the 12-week period, meeting a total of four times with their supervisor. The clinical supervision alternated between face-to-face and online with the first supervision session conducted in-person to facilitate development of the supervisory alliance while the second was conducted online. Subjects were asked to complete three measures after the second, third, and fourth supervision sessions during the 12-week period. The Supervisory Satisfaction Questionnaire (SSQ), Supervisory Working Alliance Inventory – Trainee (SWAI-T), and Counselling Self-Estimate Inventory (COSE) were utilized.

Quantitative findings indicated that satisfaction with supervision and supervisory relationship did not significantly differ between online and in-person supervision formats. Counselor self-efficacy improved with more clinical supervision, regardless of supervision format. Further, more advanced supervisees (those with at least two practicums completed) rated their supervision experience a little higher than beginning supervisees who had no practicum experience. At the end of the 12-week supervision period, semistructured interviews were conducted with the nine supervisees and the clinical supervisor. The interview data indicated that online supervision was viable and useful, provided the technology was reliable. Interviewees indicated that online supervision was more structured and rigid with emphasis on staying task oriented and clear communication. Similar to an earlier study by Gammon et al. (1998), participants in the study by Reese et al. (2009) found that some limitations of online supervision were also paradoxically benefits in that online sessions were more efficient than face-to-face supervision because they were more down-to-business with less emphasis on small talk. Supervisees did note frustrations with technology including glitches that resulted in a need to repeat themselves or losing subtle nonverbal cues. Supervisees noted feeling less intimacy with their supervisor via online supervision, but this was not captured by a measure of the supervisory relationship, nor was it clarified how less intimacy affected their supervisory experience. One key limitation of this study was its small sample size of nine supervisees and only one supervisor. Another limitation was technology use. Back in 2009, when Reese and colleagues' study was originally conducted, the video conferencing technology available was already considered obsolete. Despite these limitations, future studies could examine the supervision modality as it relates to client outcomes (Reese et al., 2009).

As clinical supervision was adapting to the online format in the late 1990s and 2000s, one study examined school counselors receiving group supervision via a hybrid of face-to-face and online group supervision (Conn et al., 2009). This quantitative study utilized 76 master's students enrolled in a CACREP-accredited school counseling program obtained via convenience sampling. These students were enrolled in a semester-long internship that included 15 group supervision meetings. For students in the hybrid model sections, there were five face-to-face meetings and ten meetings mediated by technology, with the first meeting occurring face-to-face. The technology-mediated sections consisted of a combination of live webchat and synchronous video teleconferencing. At the end of internship, each participant completed the SWAT-T, SSQ, and the Web-Based Distance Group Satisfaction Survey. One-way ANOVA test results indicated that use of the hybrid model of supervision was positively related to attitudes toward use of technology in counselor education and in future professional practice. Results also indicated that participants in the hybrid model of supervision group did not significantly differ from the face-to-face group in perceptions of supervisory rapport, supervisory client focus, and satisfaction with supervision. Further, one of the important findings is that school counseling interns who experienced technology-mediated supervision were more satisfied with the experience than were the interns who only met with supervisors face-to-face. A limitation was that most of the study participants were White women and from one university in the Midwestern United States. Future studies should seek a more diverse sample to determine if online supervision would be as satisfying to supervisees without the benefit of the first or any face-to-face meeting (Conn et al., 2009).

Another early study along the same lines of Conn et al. (2009) sought to determine the differences in perceptions of online and face-to-face clinical supervision among supervisees

(Dickens, 2009). This mixed method study surveyed 190 master's-level counseling students regarding supervisory working alliances and satisfaction with supervision. Participants completed an electronic survey that asked for demographic information and questions from the Working Alliance Inventory – Trainee (WAI-T), SWAI-T, and SSQ. Participants were also asked to participate in a 25-minute follow-up interview to provide qualitative data. A MANOVA found no significant differences in perceptions of the supervisory working alliance or supervision satisfaction between distance learning students and face-to-face students. Further, there was no significant difference between perceptions of the supervisory working alliance and supervision satisfaction between practicum-level and internship-level students. Students who experienced a strong supervisory working alliance experienced higher levels of supervisory satisfaction, and vice versa. Qualitative interviews indicated that, despite the difference in learning format, online supervisees received very similar instruction and supervision as opposed to face-to-face supervisees. Students were most satisfied with supervisors who were personal, knowledgeable, self-disclosed, and respectful of individual differences and perspectives. Overall, online supervision and face-to-face supervision are shown to be comparable. A study limitation involves subject selection. Because the study's subjects were selected from a convenience sample, this may pose a threat to internal validity. Further, subjects self-selected the condition in which they participated, and it is very likely that those with a proclivity toward technology or lived further away from the university had a vested interest in rating their supervisory alliance and satisfaction with supervision higher. A direction for future research was to examine how to build a strong working alliance in online supervision, especially because the supervisory working alliance is positively related to supervision satisfaction, which is related to this current study (Dickens, 2009).

As online clinical supervision proliferated in the counseling profession a decade ago, Chapman et al. (2011) examined online, asynchronous supervision as it related to supervisee competence, confidence, and satisfaction. The study participants were five female supervisees in a CACREP-accredited masters counseling program who chose online supervision as opposed to the face-to-face supervision format. The supervisor was the first author of this study, also a doctoral student, at this same university. Counseling supervisees in practicum met with their supervisor face-to-face for their first meeting and then subsequently engaged in online, asynchronous clinical supervision. The Counselor Self-Efficacy Scale, the Computer Competency and Comfort Scale, the Distance Education Course Satisfaction Inventory, and the Interview Rating Scale were administered. Using an intensive single subject quantitative design during a 14-week semester which was replicated five times, results indicated that supervisees experienced an increased sense of confidence, competence, and satisfaction with supervision secondary to their cybersupervision experiences. Cybersupervision differed from telesupervision in that there was an asynchronous component in addition to a synchronous one. Results also indicated that the supervisees and their supervisor communicated successfully via both the synchronous, face-to-face and asynchronous modalities. This study is often cited because it was among the earliest that specifically focused on counseling supervisees, but it is not without its limitations. Firstly, the primary researcher was also the supervisor of the participants. Next, the participants were all cisgender women, and finally, because this study contained a small sample size, its findings may be transferable but not generalizable. Future research studies that replicate these findings would lend credibility to these findings (Chapman et al., 2011).

Similarly, a doctoral dissertation examined the prevalence of distance supervision, the relationship between demographic characteristics of supervisees and supervisors, and delivery

methods of distance supervision (Carlisle, 2015). The quantitative study used a correlation design, which allowed for the examination of multiple variables. The study included 673 participants, 40% of which were supervisors and 60% supervisees. Participants responded to a 13-item questionnaire to determine the technology used in their university, a five-item questionnaire to determine the technology used in the specific semester the study was conducted, the Working Alliance Inventory Short Form, and a demographic questionnaire. Approximately 24% of participants in face-to-face programs indicated that distance supervision existed in their programs, compared to 50% in hybrid programs, and 80% in online programs. A wide range of programs were used including 28 software programs to communicate in real time, 30 to share client sessions, and 21 to share paperwork. Participants were more likely to seek distance supervision when they lived far from universities or when they had children 18 and under. As with other studies on the topic, no significant correlation between distance supervision and the strength of the SWA was found. However, working alliance increased in strength when multiple supervision delivery methods were available for internship students. A limitation was that some study participants purposely enrolled in online counseling programs, which may confound findings. Future research could focus on the relationship of practicum and internship students to the various supervision delivery methods (Carlisle, 2015).

Another study attempted to do just that—to compare supervisee perceptions of the quality and satisfaction with clinical supervision of those receiving face-to-face clinical supervision with those receiving online clinical supervision (Bussey, 2015). It also examined how supervisory style and supervisory working alliance affected the perception of quality and satisfaction with the supervisory relationship in these differing modes. This quantitative study utilized master's students in CACREP-accredited clinical mental health counseling programs. Participants were

recruited by emailing several online CACREP-accredited counseling programs and various professional counseling listservs or email lists. Two-thirds of the participants received face-to-face supervision and one-third received online supervision. Study participants were required to first complete the Supervisory Styles Inventory (SSI), followed by the SWAI-T, and then the SSQ. Quantitative analyses revealed that supervisees who perceived supervisors to have the combined traits of attractiveness, interpersonal sensitivity, and task-orientation tended to report more satisfaction. Similarly, 84 supervisees who perceived their supervisors possessed the combined traits of good rapport and an element of client focus tended to have more satisfaction with the supervisory experience. Moreover, online supervisees rated the variables of the SSI and SWAI higher than face-to-face counterparts, suggesting that online supervisees possessed the ability to develop a strong working alliance with supervisors. These supervisors also demonstrated attractive, interpersonally sensitive, and task-oriented skills in supervision. Interestingly, online supervisees indicated a higher level of satisfaction with supervision than face-to-face counterparts. Among the face-to-face supervisees, the supervisory styles of interpersonal sensitivity and attractiveness along with the SWAI's rapport predicted satisfaction with supervision. For the online supervisees, however, the supervisory style of interpersonal sensitivity was the only significant predictor of satisfaction. One limitation is that the number of online supervisee study participants was roughly half that of the face-to-face supervisees. Based on this study, future studies could potentially replicate this design using a larger number of study participants and preferably using a more diverse sample in terms of gender, ethnicity, race, and geography (Bussey, 2015).

Building upon Bussey's findings (2015), a subsequent quantitative study focused on supervisee perception of participating in online compared to face-to-face supervision (Bender &

Dykeman, 2016). This quantitative study utilized a posttest only with nonequivalent control group design and consisted of 29 supervisee participants from a CACREP-accredited master's counseling program. Participants were administered the Group Supervision Impact Scale – Supervisor Impact and a demographic survey. Results indicated no significant difference in perceived effectiveness between online and face-to-face supervision. This does not necessarily mean that no differences exist, but rather any differences were minimal (Bender & Dykeman, 2016). These results are consistent with other research that indicates online supervision is a valuable and viable form of clinical supervision (Chapman et al., 2011) and that supervision outcomes from online supervision do not vary greatly from face-to-face supervision (Conn et al., 2009). Further, this study underscores other research that suggests online supervision fosters the growth of supervisees' professional identity as counselors (Perry, 2012). A limitation was that supervisees were not randomly assigned to the experimental and control conditions, and it is possible that supervisees who chose the online supervision option were more proficient and therefore, more favorably inclined toward telesupervision. Further research designs on telesupervision efficacy should include randomization of subjects. Such studies should aim to tease out systemic and personal variables that affect supervisory dynamics and subsequent perceptions of supervision modalities. Understanding these elements may further enable counselor educators to determine how to best use technology (Bender & Dykeman, 2016).

This same research team continued to focus on online supervision and centered on the perspective of doctoral students in CACREP-accredited counselor education and supervision programs (Bender et al., 2018). The purpose was to understand the doctoral supervisees' lived experiences of receiving online supervision with the hope it may inform the practice of online supervision in doctoral counselor education and supervision programs. Interpretative

phenomenological analysis was utilized with purposive sampling. There were five participants who met the recruitment requirements. The first theme reported by doctoral students in their counselor programs was skepticism and anxiety in the face of preconceived notions and the initial challenges of online clinical supervision. The next two themes were learning and growth in their relationship with their clinical supervisor and unique context-dependent meaning making. Participants' skepticism centered on whether online supervision would match their learning styles and frustration with technology. Bonding over technology troubles helped build supervisory alliance. All participants expressed that the online supervision medium highlights the importance of the supervisory alliance. One limitation was the smaller sample size of five participants all from the same counselor education doctoral program. Another limitation was the racial and gender homogeneity of the sample. Of the five participants, four identified as White, Euro-American and one as Pacific Islander. Regarding gender, four identified as female and one as male. Future research could benefit from exploring online supervision with a more demographically and geographically heterogeneous sample, among different counselor educator programs both in master's and doctoral programs. Further quantitative research could examine if receiving online supervision and/or the quality of supervision impacts supervisor attitudes, skills, and abilities (Bender et al., 2018).

Prior to the COVID-19 pandemic, one Turkish study sought to examine psychology counselors' experiences and attitudes about supervision and peer supervision provided in online environments (Amanvermez et al., 2020). This qualitative study utilized six psychological counselors, three women and three men, who completed bachelor's degrees in counseling psychology and were master's students in the same program. Prior to this study, these students had already received supervision as a requirement of their master's degree courses, although it

not clear how much of the supervision was online and face-to-face. The methodology employed was inductive thematic analysis, thereby allowing the themes to emerge from the data, which is appropriate when there is no existing theory or framework as there is currently none for online clinical supervision. Interview data was collected using semistructured interview questions that were emailed to each study participant. In addition to the emailed interview question, the participants participated in a two-hour focus group. Participants found online group supervision helpful due to sharing the universality of the struggles, but the number of other counselors in the group supervision sessions impacted efficiency and was reported as a definite drawback by nearly all participants. Most study participants cited practicality (such as the convenience of online supervision) as a strength of the online environment and the benefit of the supervisor's role as a teacher and a counselor. The main drawback was technical problems, including either the screen freezing or people who began talking at the same time. A limitation was the homogeneity of the sample in terms of ethnicity, age, and training program. This same study could be replicated with a larger sample that is more heterogeneous to increase its generalizability. A future study could also consider the supervisor's perspective on online supervision. This is one of the first international studies to corroborate the findings of similar studies in the United States regarding online supervision. Overall, this study's findings are encouraging for the future of research about online clinical supervision (Amanvermez et al., 2020).

In the wake of COVID-19, one research team sought to compare the relative effectiveness of in-person supervision telesupervision by measuring supervisory outcomes (Tarlow et al., 2020). Therefore, Tarlow and colleagues (2020) conducted a single-case multiple baseline experimental design of three doctoral candidates in an American Psychological

Association (APA)-accredited clinical psychology program. Both supervision outcomes, supervision satisfaction and supervisory working alliance, were assessed using the Supervisor Satisfaction Questionnaire and the SWAI-T on a weekly basis over 12–16 weeks. All three supervisees had the same clinical supervisor and began the study utilizing in-person supervision, then one-by-one switched to telesupervision. Follow-up interviews were conducted with each supervisee and analyzed using thematic analysis. According to the results, supervisees had high levels of satisfaction and alliance with their supervisor in both in-person and telesupervision modalities. Qualitative interviews indicated that supervisees perceived the two supervision modalities similarly. Supervisee preference of modality (in-person versus telesupervision) was also a variable important to consider when providing telesupervision as a facet of training. There was limited but encouraging evidence supporting the use of telesupervision. A limitation of this study was the small sample size of three participants. Further, the demographic composition of the sample was not disclosed by the researchers. Perhaps most importantly, the primary researcher was also the participants' supervisor, which despite some protections put in place, posed a threat to this study's internal validity. Future telesupervision studies should increase sample size, recruit participants that are not associated with the research team and potentially evaluate additional supervision outcomes, such as supervisee competencies and client outcomes. Determining if/how effective supervisory relationships are via telesupervision, sometimes without any initial in-person contacts, should also be a priority for future telesupervision research (Tarlow et al., 2020) and is one focus of this current study.

In another qualitative study along the same vein, two doctoral-level clinical psychology student trainees documented experiences receiving online clinical supervision while in practicum at a telemental health clinic (Bernhard & Camins, 2021). Using qualitative interviews, results

found that telesupervision was no less meaningful than traditional, in-person methods and may be more similar to in-person supervision than dissimilar for these two trainees. Both supervisees highlighted positive factors to telesupervision, citing intentionality in rapport building and enrichment of the supervisory alliance. The alliance was thought to be strengthened in the online medium because supervisors sought to overcome the challenges of online supervision by spending more effort to build rapport, plan ahead, set agendas, increase supervision structure, and closely attend to nonverbal cues during video meetings. It is therefore not surprising that these researchers concluded that, aside from logistical advantages to in-person supervision, telesupervision differed very little from in-person supervision and fostered growth. Because this study began prior to the COVID-19 pandemic, the study participants may have been more favorably inclined toward online than face-to-face supervision, and this is, therefore, a possible limitation of this study. Future research could attempt to interview more than two participants and discern differences in working alliance between supervisees whose supervision was exclusively conducted online compared to supervisees whose supervision began as face-to-face and then switched to online (Bernhard & Camins, 2021). Because this study centered on psychology intern supervisees, it is helpful to seek out other studies that focus on supervisors.

Given the plethora of studies examining supervisees, another useful perspective is to examine intentionality in online telesupervision from the supervisor's perspective. One such qualitative study did just that and examined the experiences of faculty clinical online supervisors from an accredited Master of Family Therapy program, and provided recommendations for online supervision (Schmitt et al., 2021). This study was grounded in phenomenology and recruited 18 faculty members to serve as online supervisors. These participants completed focus groups or individual interviews that were semistructured beginning with broader questions about

the experiences with clinical supervision and online supervision and then narrowed down to the unique experiences using telesupervision to promote relationships with and between supervisees. Several core themes emerged from these interviews. Results indicated that the quality and accessibility of technology mattered in the success of online supervision. In addition, technology challenges were common obstacles to engagement in supervision. Another finding was that intentionality and care promoted supervisee development in the online supervision medium. Study participants did not believe rapport building was more difficult virtually, but that intentionality and authenticity was vital to building a connection to support supervisees in opening up in a group setting and with self about the therapist issues. Recommendations for online clinical supervisors were to carefully select the platform used for online clinical supervision and to expect and compassionately respond to technical issues. In addition, it is important to explicitly address clinical competencies, ethics and diversity, equity and inclusion. Plus, supervisors can initiate communication with local supervisors and maintain frequent contact, take additional time to develop relationships with and between supervisees, and maintain a systemic perspective of their supervisees and their contexts. One of the limitations was that all the supervisor participants were faculty in an online program and were accustomed to instructing in an online medium already. Future suggestions to expand on this study would be to replicate this study with student supervisees or local supervisors, both of which may be more difficult to recruit as study participants (Schmittel et al., 2021).

Just as with almost every aspect of our lives, the COVID-19 coronavirus pandemic affected training opportunities for those in mental health graduate programs. One study centered on APA-accredited psychology training directors and students who focused on the child/adolescent population (Frye et al., 2022). Training directors identified by the APA's

Society of Pediatric Psychology were emailed requesting their participation. The participating training directors were then asked to email doctoral interns soliciting participation as well. Ultimately, 59 training directors participated and 58 psychology internship and postdoctoral fellows participated. Participants completed a 20-item forced-choice questionnaire that asked about telemental health training for the supervisors and trainees as well as utilization of telemental health and online supervision. Over 90% of the study participants reported utilizing telemental health as a result of the coronavirus pandemic. Supervisees reported a mostly similar supervision experience using online supervision compared to their face-to-face supervision. Interestingly, supervisees perceived a higher amount of supervision than their supervisors did via the online medium compared to the hybrid of face-to-face and online supervision. One limitation was the population because the participants were from a pediatric specialty instead of an adult or general training program. Future research could focus on the quality of the supervisory alliance forged during online supervision and the impact of the lack of face-to-face supervision (Frye et al., 2022) upon counselors-in-training.

A recent study did just that and sought to assess the lived experiences of counselors in training during the rapid shift to telehealth services during the COVID-19 pandemic (Tomlin, 2021). This topic was timely because the pandemic increased stress, anxiety, and depressive symptoms in the general population. This made access to counseling more vital than ever before and required counselors to develop strategies for communicating and providing services at a distance. This qualitative study utilized seven participants as part of interpretative thematic analysis. Thematic findings indicated parallel experiences, personal and professional disconnect, concerns for clients, preparedness and support, and experience of grief and loss. In general, the participants concluded that they struggled with navigating the experience of the pandemic

parallel to patient experience and that the lines between the personal and professional became blurry, leading to burnout and causing other professional concerns. In addition, they experienced myriad concerns for clients in the therapeutic setting, including client safety and confidentiality around the use of technology. Moreover, they experienced a high level of imposter syndrome and were not adequately prepared or supported to transition to telehealth, and they experienced grief and loss with clients and colleagues. Many participants felt distressed because their own supervisors, who were unfamiliar with the online platform themselves and its regulations, were ill-equipped to train, let alone support their supervisees.

While this study was illuminating, one limitation was that this qualitative study necessitated a small number of participants who were counselors in training, which may not be generalizable to licensed counselors. Further, all seven participants identified as white women, and therefore, the homogeneity of this sample means these results may not be generalizable. In addition, this study occurred at the beginning of the COVID-19 pandemic, when there was significantly more uncertainty about the virus than when this current study was conducted, thus, it is possible Tomlin's (2021) results were unique to this period of our history. Despite its limitations and slightly different focus than the current study, it may provide insight for clinical supervisors who train counselors in training regarding professional boundaries, clinical skills and supervisee self-disclosure when using online platforms (Tomlin, 2021), which is a focus of the current study.

### **Supervisory Alliance**

Supervisee disclosure during clinical supervision is essential to achieve its purpose of promoting the growth of counselors and ultimately client outcomes (Bernard & Goodyear, 2019). Supervisee disclosure is the supervisee's openness and transparency to communicate what is

happening in the counseling room or any other matters relevant to the supervisee's growth. Supervisee nondisclosure, on the other hand, may take one of two forms. Unintentional nondisclosure typically occurs when a counseling supervisee omits information they deem nonessential to clinical supervision, such as personal matters that have no bearing on treatment (Farber, 2006). Intentional nondisclosure is a supervisee deciding to withhold information that could be deemed significant to the supervision process such as clinical mistakes.

In the seminal, oft-quoted study of supervisee disclosure, Ladany et al. (1996) were among the first to examine the nature and extent of supervisee disclosure. A sample of 108 supervisees recruited via convenience sampling were required to complete the Supervisee Nondisclosure Survey, the SSI, the SSQ, and a demographic questionnaire. Descriptive statistics reveal that 97.2% of supervisees intentionally withheld information during supervision. Typically, these intentional nondisclosures concerned negative reactions to supervisors, clinical mistakes, evaluation concerns, or personal issues not directly related to supervision. Although the frequency of nondisclosures was not related to supervisor style, the content was. Content nondisclosures were correlated with supervisors whose styles were unattractive, interpersonally insensitive, and less task-oriented. Results also indicated that supervisees who were less satisfied with clinical supervision had disclosed less frequently, not surprisingly, around difficulties with supervisors. A limitation was that correlational results cannot establish causation. Many future directions for research were raised after this study. For example, half of the supervisee nondisclosures were indeed disclosed to peers and studying the efficacy of these peer discussions may provide valuable insights into how supervisee needs may be better met by their actual supervisors. Another idea for future investigation was to determine if there is any relationship

between supervisory alliance and intentional nondisclosure (Ladany et al., 1996), the subject of this current study.

Another study examining supervisee disclosure (Pisani, 2005), but with the social work supervisees, produced results consistent with similar studies that examined the disclosure of counseling supervisees (Ladany et al., 1996; Mehr et al., 2010). This mixed-method study recruited 71 first-year social work supervisees and required them to complete a demographic questionnaire and the Supervisee Disclosure Survey. The self-disclosure survey has one open-ended question at the end which asks participants to briefly describe something they do not feel comfortable sharing with their supervisor. Statistical analyses revealed that the social work supervisees surveyed were least likely to self-disclose feelings about the supervisory relationship (especially supervisor-supervisee attraction) and most likely to disclose general observations about clients and negative reactions to clients. Of the 71 completed surveys, only 58 participants completed the open-ended question, which were analyzed using grounded theory methodology. These coding analyses broke down the responses into six main categories. The supervisory quality and setting category had the highest frequency of nondisclosure. Fifty-six percent of respondents reported nondisclosure because of feelings of dissatisfaction with their supervision quality. Some supervisees wrote that their supervisors either were either burned out or disclosed their own personal issues, and supervisees did not feel supervisors provided the required time for supervision, or when supervision did occur, the supervision was not adequate. A limitation of this study was the lack of demographic data of these supervisors, who were also likely members of the dominant culture. Future studies can compare social work programs to counseling programs in terms of supervision expectations and program culture. That this study of social work supervisees mostly concurs with both earlier and later studies of allied professions, such as

counselors (Ladany et al., 1996; Mehr et al., 2010; Mehr & Daltry, 2022), suggests the phenomenon of supervisee intentional nondisclosure should be explored in more depth as this current research endeavor intends to do.

Another study sought to examine reasons for and content of supervisee nondisclosure and the roles of supervisee anxiety and perception of the supervisory working alliance on disclosure (or nondisclosure) and willingness to disclose (Mehr et al., 2010). A sample of 204 practicum, internship, and prelicensure counselors was recruited via email with counseling and clinical psychology internship directors provided to the primary researcher. With their most recent supervision session in mind, the study participants were required to complete a demographic questionnaire, the Trainee Disclosure Scale, the Working Alliance Inventory/Supervision – Short, the Trainee Anxiety Scale, and a modified form of the Supervisee Nondisclosure Survey. After removing the influence of confounding demographic variables, statistical analyses revealed that the variance in supervisee nondisclosure and willingness to disclose accounted for by supervisee perception of the working alliance and supervisee anxiety was significant. In other words, supervisee perception of the working alliance was significantly related to the frequency of nondisclosures and overall willingness to disclose during supervision. In addition, supervisee anxiety was significantly related to frequency of nondisclosures and overall willingness to disclose. A limitation was that because supervisees were asked to recall their most recent session, which was toward the end of a semester when supervisees would be graded, the full extent of a supervisee's disclosure or nondisclosure may not have been appropriately captured. Future research could investigate these same variables of this study longitudinally to see how variables may change as a supervisory relationship matures. It would also be beneficial to examine

supervisor variables such as supervisor self-disclosure and role conflict to assess the relationship between those and supervisee disclosure (Mehr et al., 2010).

A research team led by Knox did just that, exploring the construct of psychology supervisor self-disclosure (SRSD), and found that supervisor disclosure is critical to create a supportive supervisory relationship (Knox et al., 2008, 2011). In one of the only early qualitative studies on supervisor self-disclosure, Knox et al. (2008) examined supervisors' perspectives using SRSD. The supervisors used their self-disclosure to enhance supervisee development and normalize their experiences. Clinical supervisors minimized using self-disclosure when it derailed supervision or was developmentally inappropriate for supervisees. Results suggested that supervisors positively perceived their self-disclosure as a way to teach or normalize.

Knox and colleagues' 2011 follow-up study focused on supervisee perception of supervisor self-disclosure, revealing that some supervisees perceived supervisor self-disclosure positively and that it enhanced supervisory alliance and skill development. However, some supervisees indicated inappropriate supervisor self-disclosure such as a supervisor discussing their own mental health concerns. Such SRSD resulted in a perceived loss of supervisor credibility and expertise. A limitation of these studies was the homogeneity of the supervisors (i.e., mostly White cisgender women), and future research could examine how supervisees perceive supervisor self-disclosure in online versus face-to-face supervision.

Another study examined nondisclosure in doctoral level advisees using discovery-oriented qualitative analyses to assess the content and reasons for these nondisclosures (Inman et al., 2011). Using 109 doctoral level advisees recruited using convenience and snowball sampling, analyses revealed the content of nondisclosures was related to the working alliance. Specifically, the content of most nondisclosures typically involved self-efficacy. Reasons for nondisclosures

were significantly related to advisee satisfaction. Most reasons for nondisclosures involved fear of damaging advising relationships. Findings also revealed that rapport between advisee and advisor was related to the advisee's fears of being perceived as unprofessional. A limitation was the qualitative nature of this study, so future research could quantify experiences in supervision (Inman et al., 2011).

Supervisees feeling safe during clinical supervision was the focus of a study by Guttman (2020), who examined the risks and benefits of self-disclosure by documenting two supervisory experiences during her psychology doctoral program. Using two case illustrations, Guttman described how self-disclosure related to countertransference, parallel process, and safety with her clinical supervisors. Using her two supervisory experiences as examples, the author proposed that supervisee disclosure impacted supervisory alliance and client outcome. Another important finding was that supervisor disclosure facilitated supervisee understanding of countertransference. Ultimately, this researcher posited that supervisor and supervisee disclosure may strengthen supervisory alliance and felt security in supervision.

Despite the findings about supervisee disclosure, this research has some glaring limitations. The primary and significant limitation of the Guttman (2020) study was its lack of methodological rigor. For example, the researcher quoted excerpts of dialogue with her supervisors. It was unclear if the excerpts from the two cases had different supervisors, how many supervisory encounters she had, and how particular excerpts were chosen. Most importantly, it is not possible to assess if any idiosyncratic personality characteristics affected the findings with no methodological safeguards in place. There were also no member checks or bracketing and the researcher served as her own subject, rendering her research with concerns about bias.

Despite the lack of any discernable methodology, Guttman (2020) provided some helpful guidance for clinical supervision practices. For example, well-conceived, intentional supervisor disclosures may engender a feeling of safety for supervisees which the author believes could lead to honest feedback. Further, Guttman (2020) advocated for role induction during clinical supervision, a practice that delineates role responsibility and expectations that has led to increased disclosure, especially when tailored to supervisee developmental level, based on both past research (Ellis et al., 2015) and her personal experience. Part of the role induction included leveling the power differential between supervisors and supervisees so that supervisees felt more secure to disagree with the supervisor. Since this current study also examines supervisee disclosure within the supervisory alliance but with a focus on comparing online with face-to-face clinical supervision, Guttman's (2020) study provided further insight into the dynamics of supervisee disclosure. The many limitations of Guttman's (2020) qualitative study welcomed other research that quantified supervision experiences.

A recent study by Li et al. (2021) did just that. Previous literature documented the mediating role of the working alliance between supervisory styles and supervisee satisfaction (An et al., 2020; Son & Ellis, 2013). Li et al. (2021) sought to further test supervisory working alliance between supervisory styles and satisfaction using different measures. This quantitative study utilized 111 study participants recruited via counseling-related listservs. Participants were required to be currently enrolled in clinical training or have received supervised clinical training in the past. Each participant was required to complete a demographic survey and three supervisory measures that referenced the supervisory experience. The three supervisory measures were the SSI, the SWAI, and the SSQ. Results of the mediation analysis demonstrated a statistically significant relationship between supervisory styles and supervisee satisfaction.

Specifically, when supervisees perceived a mixture of supervisory styles, they were more likely to perceive a strengthened working alliance, which may have contributed to a higher level of satisfaction with supervision. These findings speak to the importance of maintaining a flexible, balanced approach to supervision. A limitation was that participants had no time limit for how far in the past clinical supervision occurred, which may have impacted the memory of those experiences. A longitudinal design would allow for stability of variables over time. Moreover, the findings pave the way for future research on multilevel models to tease out the interrelationships among different mechanisms to improve clinical supervision practice (Li et al., 2021).

### **Shame in Clinical Supervision**

Learning how to conduct therapy is likely to engender anxiety, self-doubt, and even shame among counselors in training. Often supervisees withhold information during clinical supervision, and shame is considered a contributing factor to the phenomenon of supervisee nondisclosure. One of the first studies on supervisee shame, a qualitative case-study format was used to explore supervisee shame and any resulting nondisclosure (Yourman, 2003). Study participants included four supervisory dyads, where three of the supervisees were psychology interns and one was a licensed psychologist, all of whom were supervised by licensed psychologists.

Results indicated the material most often withheld by trainees pertains to problems within the supervisory relationship (Yourman, 2003). It appeared that trainee shame and nondisclosure had the greatest impact upon the quality of the clinical supervision itself, as opposed to client treatment (Yourman, 2003). Each of the four dyads were examined in terms of what possibly

triggered supervisee shame, the consequences of disrupted communications, and ways in which the situation might have been improved.

While this oft-cited Yourman (2003) study is considered a seminal work regarding shame in the supervisory relationship, it is not without limitations. Firstly, other than stating this project presented case studies, there was no mention of standardization of questions asked across all supervisees. There was also no mention of the sampling method used to obtain study participants. Further, other than gender, there was no mention of race, ethnicity, and other demographic characteristics of the participants, other than mentioning the age for two of the supervisees. Overall, the study lacked methodological rigor. As a result of the small sample size, the results may not be generalizable but could be transferable to supervision practice.

Despite its limitations, the Yourman (2003) study was often cited due to the novelty of the topic at that time and is still cited because it spawned many subsequent research projects which examined the relationship between shame and supervisee disclosure. Since this study was conducted in 2003, many researchers built on this research to examine factors that foster supervisee disclosure. This current study will also examine supervisee disclosure within the supervisory alliance comparing online with face-to-face clinical supervision.

Following the Yourman (2003) study, another significant study examined the influence of trainee shame-proneness on the supervisory process (Bilodeau et al., 2012). A longitudinal design was employed to measure alliance ratings and perceived session impact of 43 counselor trainees undergoing a five-session supervision process. Analysis of covariance revealed a significant relationship between supervisee shame-proneness and supervisory working alliance. Independent samples *t*-tests revealed high shame-prone supervisees rated significantly lower impact. Implications for the practice of supervision are discussed. These results suggested trainee

shame-proneness alters how supervision is perceived and experienced and highlights the importance of a strong supervisory alliance in mediating the negative effects of trainee shame-proneness in supervision. Supervisors may benefit from focusing on developing the emotional bond aspect of the supervisory alliance (Bilodeau et al., 2012), a topic central to the current study.

Subsequently, the purpose of another, similar qualitative study was to examine supervisee nondisclosure in individual supervision (Sweeney & Creaner, 2014). In this study, conducted in Ireland, six supervisees were asked to recall instances of nondisclosure retrospectively, two years after receiving individual supervision. The participants included four clinical psychologists and two counselors who graduated from programs accredited by the Psychological Society of Ireland two years prior. Participants were recruited via email, and the six participants ranged in ages from 28 to 55 and included three men and three women, all of whom are current members. Using consensual qualitative research (CQR), the researchers uncovered four categories and subcategories relating to nondisclosure. The first category related to the nature of the difficulty in disclosing and had two subcategories: positive or problematic relationship with supervisors. Half of the participants had positive, and the other half had problematic relationships. The second category concerned reasons for nondisclosure, which had three subcategories: supervisor contribution to nondisclosure, supervisee contribution to nondisclosure, and dynamics within the relationship such as power differential and evaluative and organizational pressures. The third category, the supervisory relationship, had two subcategories, hindering and helpful, of which safety and mutual learning contribute to the helpful subcategory. Overall, results indicated that the quality of the supervisory relationship was a significant element in nondisclosure. A collegial approach that felt safe and allowed for interpersonal processing were factors that helped facilitate

supervisee disclosure. Research indicated that supervisors who addressed anxiety, shame, and imposter syndrome and who welcomed mistakes as part of the learning process, may create a safer environment that facilitates supervisee disclosure. One of the key limitations was the retrospective nature of this study that required participants to recount interactions that occurred two years earlier may not be as clear or subject to narrative smoothing. Despite this limitation, future studies could build upon this research by replicating this study with current clinical supervisees or from the perspective of the supervisor. Finally, further research could examine which supervisor competencies maximize supervisee disclosure and if there is any difference for supervisee disclosure in online versus face-to-face supervision (Sweeney & Creaner, 2014).

Building upon previous research on shame during clinical supervision, Moran's (2017) study also sought to understand the experience of supervisee shame in the context of the supervisory relationship using qualitative, narrative analysis. The six study participants, four licensed clinical and two counseling psychologists in the United Kingdom, completed semistructured interviews. Content analysis yielded three main themes. The first was that shame crystallizes as an emotion in the supervisory relationship in dialogue with the supervisor; initially, many participants did not feel shame about specific actions, but they experienced shame when criticized by their supervisors. Moran (2017) referred to this as "unwanted identities" (p. 88), i.e., in criticism, the participants discovered a characteristic they did not wish to have. Secondly, the power differential in the supervisory relationship heightened the experience of shame for the participants. A final theme to emerge was that shame was used to conceal, hide vulnerabilities, and appear strong as a way to save face and protect the supervisees' burgeoning professional identities. Overall, the inherent vulnerability of the supervisee in the supervisory relationship due to its evaluative nature both heightened and provided the opportunity for shame

in the relationship. During the interviews, participants described a rupture in the supervisory relationship due to their shame experiences which resulted in their adopting a more professional, formal approach. Despite the professional veneer, supervisees noted their facial physiological signs of shame were change in voice tone, changes in skin tone, and averting of eyes. Moran (2017) suggested that supervisors proactively recognize and utilize techniques to repair the relationship such as, firstly, providing emotional time and distance to the supervisee but then initiating a discussion to openly address this aspect of supervision and normalize if possible.

One major limitation of this study is its use of post-licensure psychologists rather than trainees because recall error may have muddied the results. On the other hand, the retrospective nature of the interviews allowed for greater reflection and a more integrated understanding of the role shame plays in the supervisory relationship and beyond. Moreover, though the participants ranged in age and background, they were all White European and predominantly women. The homogeneity of the sample may prevent these findings from being generalizable to other populations, especially because shame is a culturally constructed phenomenon.

Based on upon Moran's (2017) study, future researchers could replicate this study but hold interviews shortly after supervision sessions, rather than years later. Another valuable direction for the Moran (2017) study would be to notice if during interviews about intentional nondisclosure participants reference shame, its effects on the supervisory alliance, their shame-handling behavior, any physiological signs they exhibit when experiencing shame, and any supervisory practices that could be adopted for online and/or face-to-face supervision. The current study attempts to interview supervisees who are either currently in supervision or have recently completed supervision and, therefore, will build significantly upon prior research.

## Rationale

The increased prevalence of online supervision due to the pandemic heightened the need to examine the working alliance and supervisee disclosure during face-to-face versus online supervision. Publication trends reveal that between 1990 and 1999, there were two published articles on telesupervision; between 2000 and 2016, there were 15 published articles; and between 2010 and 2016, there were 18 published articles across journals that serve the allied helping professions, namely counseling, social work, family therapy, and psychiatry (Inman et al., 2019).

Many previous empirical studies have examined intentional nondisclosure in clinical supervision (Cook & Welfare, 2018; Ladany et al., 1996; Mehr & Daltry, 2022), and others have examined the differences between face-to-face and online supervision (Bender & Dykeman, 2016; Bernhard & Camins, 2021; Jordan & Shearer, 2019; Phillips et al., 2021; Schmittel et al., 2021; Sørliie et al., 1999; Tarlow et al., 2020). Few studies focus on supervisees' experience of the supervisory relationship, especially how it relates to self-disclosure in both face-to-face and online supervision. Sørliie et al. (1999) briefly touched on this issue by recognizing that supervisees experience "felt distance" during online supervision. It was postulated that this resulting feeling of safety resulted in supervisees increasing disclosure (Sørliie et al., 1999). Subsequent studies did not examine supervisee experience of self-disclosure in both online and face-to-face supervision. Nor did they examine how supervisors could intentionally foster strong alliances with supervisees. Prior to the COVID-19 pandemic, online supervision was less common, reserved for rural settings or emergent situations, but it has now become an acceptable, perhaps even preferred way of conducting supervision that will likely persist when the pandemic

subsidies and inspired this research question. This research study, therefore, fills that gap in the research literature and provides some best practices moving forward.

## **CHAPTER III: METHOD**

### **Research Questions**

A qualitative methodology borne out of the phenomenological approach, specifically, consensual qualitative research (CQR) was utilized to examine the research question: How is supervisee disclosure within the supervisory alliance experienced in face-to-face and online supervision?

### **Study Design**

CQR is a qualitative method of research, informed by phenomenology, designed to study “inner experiences, attitudes and beliefs all of which that are not readily observable” (Hill & Knox, 2021). CQR, therefore, is widely utilized in studying topics in education and behavioral and social sciences, especially those centering on social justice, urban leadership development, and effects of teachers on students (Hill & Knox, 2021). Because this study will center on supervisees’ experiences of their clinical supervisors, this approach seems especially well suited for the goals of this research endeavor. Hill et al. (1997) originally introduced CQR over two decades ago, but as recently as 2021, Hill and Knox noted that CQR is especially helpful during times such as a pandemic because researchers can interview people to discover in-depth information that cannot easily be found using traditional experimental and quantitative methods (Hill & Knox, 2021).

Hill and colleagues’ (Hill et al., 1997; Hill & Knox, 2021) CQR methodology includes four key features: (a) open-ended questions in semistructured interviews; (b) researchers who strive for consensus throughout the data analysis process; (c) at least one auditor to evaluate all data analysis stages; and (d) the use of domains, core ideas, and cross-analyses as data analysis steps. One key component of CQR is identifying the frequency of domains and resulting

categories across participants (Hays & Wood, 2011). Frequency labels include the following: general (all or all but one case), typical (more than half of the cases up to the cutoff for general), variant (at least two cases up to the cutoff of typical), and rare (used for sample sizes greater than 15; two or three cases; Hill & Knox, 2021).

Strategies to ensure trustworthiness in CQR include member checking through triangulation of research data and researchers, partially through use of multiple researchers and an auditor (Hays & Wood, 2011, p. 289). This methodology is attractive because of the clearly articulated procedures that encourage researchers to stay close to the data and aim to describe rather than interpret the data (Hill & Knox, 2021, p. 84).

Because CQR is primarily a constructivist methodology, with some elements of post-positivism, it dovetailed well with the research focus of this study, in which the research questions were viewed through a constructivist lens.

### **Study Context**

The primary focus of the research was whether the delivery method of supervision (i.e., telesupervision versus face-to-face supervision) shaped supervisees' experiences of the supervisory working alliance and disclosure. The study assessed counseling supervisees, specifically focusing on the therapist interns and the new practitioner population. While initial outreach was conducted via email, the informed consent and demographic questionnaire were collected via SurveyMonkey.

Data collection included demographic questions on SurveyMonkey, where participants indicated their availability to meet via Zoom and a preferred pseudonym. Then Zoom meetings were scheduled for interviews using individuals' identified pseudonyms. The interviews were audio recorded and transcribed for data analysis.

## Participants

Participants were eight supervisees, six of which were cisgender women and two of which were cisgender men, ranging in age from 29 to 59 years old. Two were master's students in mental health counseling, two were doctoral students in counselor education and supervision programs and four were pre-licensed professional counselors.

Participants were required to fulfill the following criteria:

- have experienced both face-to-face and online clinical supervision,
- be enrolled in or graduated from a CACREP-accredited program, and
- currently a counseling intern (currently enrolled in internship) or Licensed Mental Health Counseling Associate (in-training) or equivalent post-master's program.

This study focused on therapist *interns* (engaged in the fieldwork portion of their counselor training program) and *new practitioners* (within the first two years of their postgraduate experiences) as opposed to newly licensed practitioners or advanced practitioners. New counselors typically experience high performance anxiety and likely do not possess enough supervisory experience and were, therefore, not ideal participants for this study compared to therapist interns and new practitioners who possess some experience with supervisory relationships (Stoltenberg & McNeill, 2010). Advanced therapists have had significant supervisory experiences, but their memories may not have been recent. For this reason, advanced therapists were not as ideal study participants as counseling interns and new practitioners whose supervisory relationships experiences are perhaps more current because this study requires recall of those relationship experiences.

Participants were recruited using email distribution lists such as CES-NET and COUNSGRAD. In addition, the primary researcher emailed the program directors of CACREP-

accredited Counseling center's programs and colleagues. In addition to this convenience sampling, snowball sampling was also employed to enlarge the pool of participants. Every effort was made to recruit participants that represent diversity in terms of gender identity, race, ethnicity, sexual orientation, ability, and socioeconomic status.

### **Data Sources or Measures**

#### **Demographic Form**

Study participants were asked a series of demographic questions as well as questions to verify their eligibility for the study such as CACREP accreditation and stage in career. Finally, participants were asked for contact information to schedule Zoom interviews. The questions are outlined as follows.

1. How do you identify your gender?
2. How do you identify your racial background?
3. What is your age?
4. What is the highest level of education that you have completed?
5. Are you currently a pre-licensed counselor in your state to practice?
6. Are you enrolled in or graduated from a counseling program that has been accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP)?
7. How long ago did you graduate from your CACREP-accredited program?
8. Are you receiving or have you received individual clinical supervision? Individual supervision takes place with one supervisor and one supervisee.

9. Are you receiving or have you received face-to-face clinical supervision? Face-to-face supervision is clinical supervision whereby the supervisee and supervisor are in the same physical location.
10. How long ago did you receive face-to-face clinical supervision?
11. For what duration did you receive face-to-face clinical supervision?
12. Are you receiving or have you received online clinical supervision? Online supervision is clinical supervision conducted via synchronous HIPAA-compliant videoconferencing software such as Zoom.
13. How long ago did you receive online clinical supervision?
14. For what duration did you receive online clinical supervision?

### **Interview Protocol**

Data were collected with open-ended, semistructured interview questions conducted individually via a FERPA-compliant version Zoom. In CQR, the interview consists of three parts: the opening, the main topic of interest and the sections (Hill & Knox, 2021). After the main semistructured interview questions are developed, a best practice in CQR is to pilot the interview with “at least two people who fulfill the participation criteria but are not part of the actual sample” (Hill & Knox, 2021, p. 23). These pilot interviews allow the researcher to solicit any troublesome parts of the protocol and revise to develop the highest-quality protocol possible (Hill & Knox, 2021, p. 23).

The main semistructured interview questions are outlined as follows:

Semistructured interview questions:

1. How would you describe your experience participating in face-to-face supervision?

2. What parts of the supervision experience felt supportive to your disclosure, and what parts did not feel supportive?
3. How would you describe your experience participating in online supervision?
4. What parts of the supervision experience felt supportive to your disclosure, and what parts did not feel supportive?
5. How would you compare the experiences of your supervision both face-to-face and online supervision, specifically in regard to your working alliance and disclosure?
6. If you had something uncomfortable or embarrassing that happened during a session, would you be more or less likely to disclose that to your supervisor when you were face-to-face with your supervisor or over video with your supervisor?
7. Describe any differences between receiving supervision face-to-face or via video.
8. If you found you were able to disclose with your supervisor, what about your relationship allowed that to happen?
9. What did your supervisor do to encourage you not to share any embarrassing or uncomfortable moments of your sessions?
10. What did your supervisor do to encourage sharing?

### **Data Collection**

#### **Recruiting Supervisees**

Participants were recruited through a variety of means as described previously (e.g., convenience and snowball sampling). Interviewers followed a protocol to maintain confidentiality and ensure ethical research standards were upheld. For example, interested participants were directed to SurveyMonkey to review the informed consent, responded to demographic questions, and provided availability for Zoom interviews. Demographic questions

were designed to ensure participants meet the participant criteria. The primary researcher contacted the interested participants and arranged for the interviews.

To decrease the spread of COVID-19 and to protect the anonymity of study participants, the interviews took place via Zoom's teleconferencing platform. The Zoom interviews required approximately 30–45 minutes. Then participants engaged in semistructured interviews with open-ended questions using the protocol outlined previously. The core interview questions were outlined to ensure all participants were asked the same questions consistently.

The primary researcher utilized predetermined guidelines when first encountering participants to build rapport in the opening phase of the interview. After rapport was established, the core interview began with the core questions delineated previously to ensure all participants were asked the same questions consistently. The primary interviewer was provided possible follow-up probes in the protocol (e.g., "please say more about that") and had autonomy to spontaneously generate probes based on what the participant shared to elicit deeper information. These questions and follow-up probes were reviewed and approved by Antioch University's Institutional Review Board (IRB) prior to beginning research. The interviews were audio recorded and stored on an external hard drive with a password for the protection of those participating in the study.

### **Transcripts**

All interviews were transcribed using Zoom's transcription service. The transcripts were then reviewed for accuracy and formatted with line numbers to aid in data analysis. Identifying information was removed, and each participant was given a code number that protected confidentiality during transcription.

## Data Analysis

Data was evaluated by a research team, which consisted of the primary researcher, two analysts, and one auditor (Hill & Knox, 2021, p. 16). The members of the research team were evaluated for their knowledge and experience using CQR. The members were trained in CQR as needed.

Set research teams offered the advantage of allowing the primary team member to be immersed in analyzing all the data for all the cases (Hill & Knox, 2021) while taking into consideration trustworthiness. The team engaged in a bracketing process to share any potential biases. By recording biases and expectations before data collection and during analysis, “researchers can increase their self-awareness about the topic and their reactions” (Hill & Knox, 2021, p. 25).

Once the interviews were completed, they were transcribed using the Zoom transcription feature but were also further inspected for accuracy by a separate transcription service. Once the interviews were transcribed accurately, analysis began. CQR requires research team members to reach consensus about both data classification and interpretation as they proceed through the three steps of data analysis: domain coding, core ideas, and cross analysis (Hill & Knox, 2021). First, the interview data were parsed into domains using half of the transcripts. Then the remaining team members worked together to *domain* the remaining transcripts. After that, the team rotated review of the transcript domaining, so all team members got exposure to the transcripts and acted as internal auditors. Any disagreements were discussed until there was a consensus.

Once the research team arrived at consensus for the domains, the team created a consensus version (CV) that included all the raw data placed into domains (Hill & Knox, 2021,

p. 42). The CV was then sent to an auditor who reviewed the domains and provided approval. The team then paraphrased the interview narrative into core ideas or categories. These core ideas or categories were summaries that captured the “essence of the interviewee’s statements in fewer and often clearer words” (Hill & Knox, 2021, p. 45). The CV of each case with the domains and core ideas was sent for review back to the auditor. In addition, the domains and categories were delineated as general, typical, or variant. “Like any good consultant,” auditors asked questions, affirmed the team’s findings, and/or disagreed and challenged the primary team; in doing so, auditors served as a “useful system of checks and balances” (Hill & Knox, 2021, p. 49). Multiple perspectives, a key part of the CQR methodology, “hopefully yields different views that help researchers arrive at a good construction of the data” (Hill & Knox, 2021, p. 51).

### **Assumptions and Limitations**

An assumption was that more information would be gleaned to understand the working alliance and disclosure in face-to-face and online supervision. A foreseen limitation of this study was a small number of participants, and although its findings may be transferable, caution should be taken because the findings may not be generalizable. Despite the limitations, this study may help garner more information on this important topic.

### **Ethical Considerations**

It is essential for counselors to plan, design, and conduct research that is consistent with the American Counseling Association Code of Ethics (ACA, 2014, G.1.a). In addition, participants received the necessary information to make an informed decision (G.2.a) about their participation. Study participants were informed that they may complete the interview with the Zoom camera off and leave the interview or study at any time. Participants’ confidentiality and anonymity were preserved through removal of any potential identifying information such as

names and geographic locations in the final manuscript (G.1.b). These, along with additional ethical and Institutional Review Board considerations were monitored throughout the research process.

## CHAPTER IV: RESULTS

### Demographic Information

A sample of pre-licensure counseling supervisees ( $n = 8$ ) was recruited for this study. All participants met the study criteria of having both in-person and online clinical supervision. One potential participant was unable to participate because they did not experience in-person supervision and another potential participant who filled out the demographic survey did not respond to the email sent with interviewing times. Interviews lasted between 30 and 50 minutes. Of the eight participants, six identified as cisgender female and two identified as cisgender male. Five participants identified as White, two identified as multiracial, and one identified as Asian. Participants ranged in age from 29 to 59 years old ( $M = 43.9$ ). Seven of the participants identified as living in the West, and one identified as living in the Midwest. All of the participants were licensed associates to practice in their respective states except for one participant, who was currently in the practicum phase of their program. Of the eight participants, two were currently enrolled in CACREP-accredited master's counseling programs, two were graduated from CACREP-accredited doctoral programs, two were current students in CACREP-accredited doctoral Counselor Education and Supervision programs, and two were graduates from CACREP-accredited master's counseling programs. To protect the identity of the participants, who are currently receiving clinical supervision, they were not referred to as "Participant A," "Participant B," "Participant C," etc., but rather referred to more generally as "one participant" or "another participant."

### Interviewers and Auditors

Before beginning the coding process, each analyst recorded their biases in a bracketing form which also included their demographic information and experience with the research topic.

After completing the forms, the research team met via Zoom to discuss and bracket their biases in more depth and assess the dynamics and collaboration of the working team. During that meeting, the team's efficacy was confirmed, and therefore, subsequent meetings were scheduled to review findings. The research team included a total of four volunteers in the counselor education and supervision field, each of whom had curiosity about the focus of this study, clinical supervision. The primary researcher identified as a White, cisgender female who has experience as a clinical supervisor, a practicum supervisor, and adjunct faculty in a CACREP-accredited counselors master's program and has been in clinical practice for 12 years. The primary researcher is immersed in the literature around online clinical supervision and the supervisory alliance and had familiarity with consensual qualitative research (CQR) methodology and served as an auditor on a prior study. The remaining three members also identified as White, cisgender females who had varied levels of experience with CQR methodology; one was an experienced qualitative and quantitative researcher with over 20 refereed publications and presentations and core faculty at a CACREP-accredited counselor education and supervision PhD program. The remaining research team member serves as a clinician, clinical supervisor, and adjunct faculty at a CACREP-accredited master's program. This team member previously led a research team using CQR methodology.

The final team member served as an auditor. To build trustworthiness of the data and avoid "group-think" auditors are critical to the CQR process (Hill & Knox, 2021). Our auditor who identified as a White cisgender female who currently serves as a clinician, clinical supervisor, and adjunct faculty at a CACREP-accredited master's program. This team member also led a qualitative research team in the field of counseling.

### **Factual Reporting of the Project Results**

The data analysts followed CQR guidelines for developing domains and labeling category frequencies; findings that emerged in all but one case were labeled as “general,” those that emerged in over half the cases were labeled as “typical,” and those that emerged in two and up to one-half the cases were labeled as “variant” (Hill & Knox, 2021, p. 59). For each domain, general, typical, and variant categories are reported in Table 4.1 with an overview of the category structure of each domain.

After conducting individual reviews and cross-analyses, seven domains emerged: (1) important characteristics of the supervisory relationship, (2) importance of open communication, (3) supervisor characteristics related to self-disclosure, (4) positive aspects of online supervision, (5) negative aspects of online work, (6), positive aspects of face-to-face work and (7), negative aspects of face-to-face work.

**Table 4.1***CQR Domains and Categories*

<b>Domain and category structure</b>	<b>Designation</b>
Important characteristics of the supervisory relationship	
Support/Supported/Supportive	General
Rapport	Typical
Humor	Variant
Importance of open communication	
Open/Open up	General
Trust	General
Ease/Unease	Variant
Supervisor characteristics related to self-disclosure	
Comfortable/Uncomfortable	General
Safe/Safety/Secure/Not safe	Typical
Difficult to separate/tease apart	Typical
Punitive/Shaming	Variant
Curious/Curiosity	Variant
Explore/Exploration/Exploratory	Variant
Supervisor self-disclosure	Variant
Multicultural awareness	Variant
Positive aspects of online supervision	
More convenient	Typical
In someone's home/human side	Typical
Less formal/Don't have to put on front	Variant
Allows for a buffer	Variant
Greater access	Variant
No masks/ventilation issues	Variant
Negative aspects of online supervision	
Easier to be distracted/disengaged/ scattered/check-out	Typical
Supervisor connection/human energy missing	Typical
Can't make eye contact	Typical
Online was forced/artificial/not organic	Variant
Technology issues	Variant
Positive aspects of face-to-face supervision	
Connection/Energy/Engagement	General
Better working alliance	Typical
More relational/process/less transactional disclosures	Typical
Building community	Variant
Negative aspects of face-to-face supervision	
COVID-19 protocol/Masks/Ventilation	Variant
Physical environment matters	Variant

The first domain identified was Importance of the Supervisory Relationship. The categories related to the importance of the supervisory relationship were support, rapport, and humor. Support, as a category, received a *general* designation due to being mentioned by all participants in all but one case. Participants usually mentioned the importance of the category of support, feeling supported and experiencing the supportiveness of their supervisor. When asked what the supervisor did to encourage disclosure, one participant mentioned that her supervisor's style was "just very open and supportive." This same participant mentioned that when making mistakes that were "appropriate to my developmental level," she never made me feel like they were stupid mistakes or "why would you do that?" Another participant, when asked the same question, characterized their prior supervisor as, "amazing . . . she was very supportive as a supervisor." Another participant when asked what character traits made their supervisory alliance stronger, stated, "That you feel supported." Another participant when describing their positive relationship with a clinical supervisor used the term, "very supportive."

Rapport, the second category, received a designation of *typical* since over half of study participants named that as important to the supervisory relationship. For example, one participant said it is "important to have that rapport" for maximal disclosure with clinical supervisees. Another participant also stated that their ability to disclose "has to do with the ability to build rapport." Another participant emphatically stated that "the sharing comes freely when you build rapport."

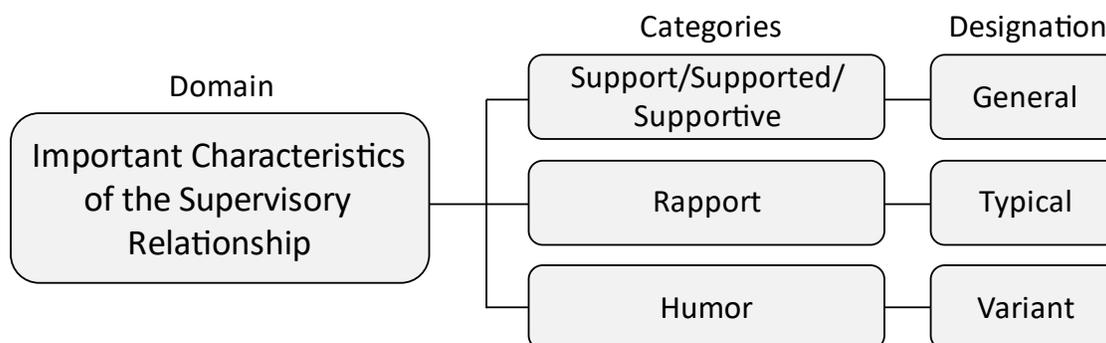
Humor, the third category, received a designation of *variant* because it was discussed by two and up to one-half of the participants. While discussing their positive relationship with their supervisor, one participant, for instance, stated that, "I love the fact that she was always willing to use some humor." Another participant, when asked about their supervisory relationship stated

that they liked that their supervisor “brought an element of humor” and that their supervisor had “a good sense of humor.”

Figure 4.1 illustrates the first domain along with its categories and designations.

**Figure 4.1**

*Important Characteristics of the Supervisory Relationship*



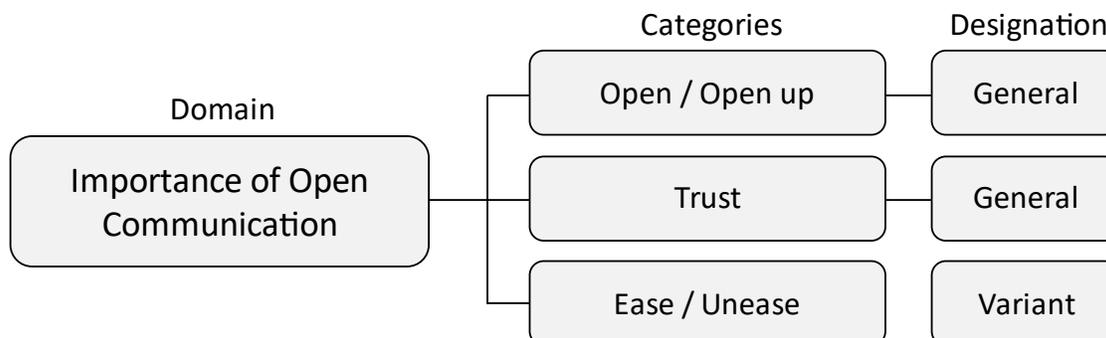
The second domain identified was the Importance of Open Communication. The categories related to open communication were: open/open up, ease/unease, and trust. The first category, open/open up, received a designation of *general* because all participants cited it. All participants stated that being able to open up to one’s clinical supervisor was important to disclosure in the supervisory alliance. One participant stated that they formed a “good relationship” with their clinical supervisor because they were able to “be really open about my growth, my limitations.” Another supervisee participant stated that they are “very much appreciative of supervisors” with whom they could “have an open like kind of discussion.” Another participant recounted that a supervisor who could have conversations about their differing identities as “those kinds of conversations made me feel more open.”

The second category, trust, received the designation of *general* with all but one participant citing the importance of trust to the domain of open communication. In discussing

disclosure, one participant stated that “it goes back to having that open communication” and that having “trust” in their supervisor to handle difficult situations in “a mature way.” When asked about open communication with their supervisor, one participant stated, “it still comes down to the trust built between us regardless of the format that we’re doing it in.” Similarly, another participant stated that when it comes to openly disclosing to their supervisor, “for me it’s trust, especially in terms of relationship, trust.” One participant who stated, “I didn’t feel that I could trust her” explained how the lack of trust affected their ability to openly communicate with their supervisor.

The third category, ease/unease, received the designation of *typical*. Many participants cited the element of ease or unease as being critical to communication. One participant who had a strong supervisory alliance was able to openly communicate with their supervisor early into their relationship and stated that it did not matter that they were new to the counseling profession since “I was able to be more at ease.” Another participant, when asked what facilitated disclosure to their supervisor, went as far to describe their “nervous system feeling at ease.” Still another participant described communicating as “super-duper easy” in their supervisory relationship. Other participants, however, noted that communication was difficult when their “nervous system was not feeling supported and there is a sense of unease.”

Figure 4.2 illustrates the second domain along with its categories and designations.

**Figure 4.2***Importance of Open Communication*

The third domain identified was Supervisor Characteristics Related to Self-Disclosure. The categories related to supervisee self-disclosure were: safety/security, comfortable/uncomfortable, shame/punitive, curiosity, exploration, supervisor self-disclosure, multicultural awareness, and difficulty separating. The first category, comfortable/uncomfortable, received a designation of *general* because all study participants cited this as a key characteristic of a supervisor who welcomes or does not welcome supervisee disclosure. One participant explained, “So if you, if you show me that you genuinely care about this work, I know that I’m gonna feel comfortable sharing with you my experiences, right?” When another participant asked about comfortability in disclosing, they starkly recounted:

it’s dependent on the person, not the medium. Absolutely . . . like the supervisor that told me “He’s your f-ing client.” I wouldn’t disclose anything to her ever again. Not online, not in person, not in the rain, not on a train.

The second category, safety/safe/not safe received a designation of *typical* because over half of the participants cited a feeling of safety/security or lack thereof as critical to their disclosure. For example, one supervisee noted that what made disclosure possible was that their, “supervisor definitely made it feel a lot more secure in the workplace.” Similarly, when asked about what facilitated disclosure to her supervisor, another participant stated their supervisor,

“just feels safe . . . if anyone needed anything, I know she would be right there.” Yet another supervisee stated, “you just feel safe” when it came to disclosing to her supervisor. By contrast, one supervisee reported, “I am not going to be disclosing anything to anybody . . . because it’s not safe.”

Shame/punitive was a third category related to supervisee disclosure that received the designation of *variant* because less than half but at least two participants cited this as a supervisor characteristic that does not lead to supervisee disclosure. For example, one participant stated, “I was always on guard that. I was gonna get in trouble or feel ashamed.” Later, they elaborated and said they could not disclose with “some supervisors . . . I felt shamed by them.” Another supervisee described a situation whereby their supervisor “told me to be more open and vulnerable. And when I wasn’t, I was met with a punitive response.” They elaborated further about the cycle of nondisclosure recounting their supervisor was “very punitive” when this supervisor “perceived I was not personally disclosing my personal state . . . it just reinforced me, backing off and shutting down.”

Curiosity was a fourth category related to supervisee disclosure that also received the designation of *variant*. One participant, for example, when asked what felt supportive to self-disclosure in the supervisory relationship said, “Having somebody be more curious than kind of deciding.” Similarly, when another participant reflected upon supervisor characteristics that facilitated their self-disclosure, they appreciated a supervisor who “asks questions to draw out the experience with curiosity,” which provided some insight to how the dynamic of curiosity feeds into supervisee self-disclosure.

Exploration/exploratory, a fifth category, while similar to curiosity, was mentioned separately from and used in a slightly different context by study participants, which thereby

necessitated a separate category and received the designation of *variant*. One study participant stated, “I like people who give me the truth . . .” but for them, “it’s especially important that there’s been some curiosity and exploration before.” Another participant noted that their supervisor provided, “a soft-landing space, but it was also in a very kind of exploratory way.”

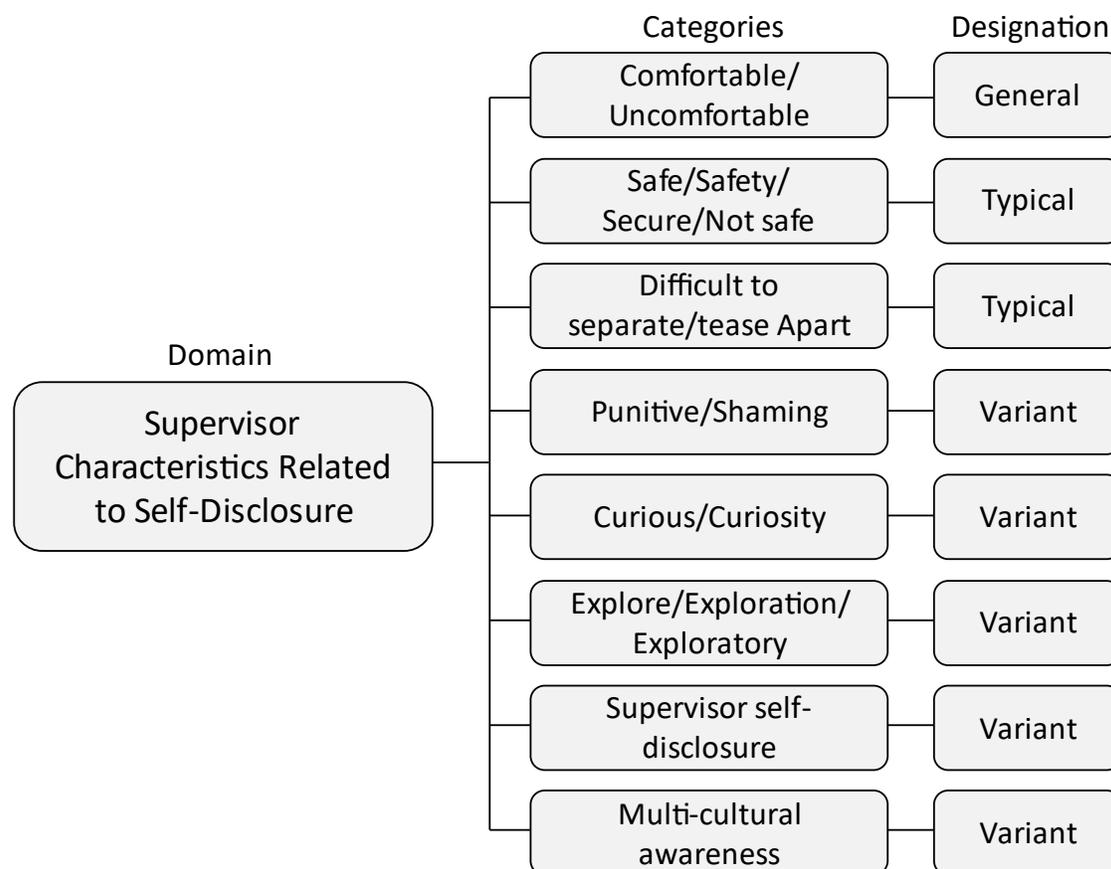
Supervisor self-disclosure, a sixth category, received a designation of *variant* because fewer than half of study participants mentioned this as a factor in self-disclosure. One participant eloquently described their experience of how supervisor disclosure encouraged their self-disclosure:

You know they would self-disclose how they you know. How did they like when they were not, you know, they were figuring things out as trainees? What worked, what didn’t work for them and what was helpful? Like even just being able to disclose like, ‘Hey? When you know I was in a similar situation . . .?’ And it’s not right so that they’re . . . they don’t show up as superheroes. But instead, they’re like, okay, we . . . you know I am also not perfect. We can work on this and figure things out. That helped disclosure.

Multicultural awareness, a seventh category, received a designation of *variant* because it was only mentioned by three study participants as an important characteristic of supervisors to facilitate supervisee disclosure. However, of the three participants who discussed this category, two identified with the nondominant culture. For example, one participant with a marginalized identity stated that their supervisor who shared a dominant identity believes “there’s a piece of [supervisor’s identity omitted for anonymity] not fully getting it.” Another participant recounted experiences with supervisors of dominant identities and similar to the other participant, they stated, “I didn’t feel like they would really get it” and “that’s when I felt more uncomfortable to share with my supervisor.” These participants suggest a relationship between multi-cultural awareness and disclosure.

An eighth category, difficult to separate, originated when several participants stated that their supervisors' characteristics were more important than supervisory format (online versus face-to-face) to their disclosure. This category was designated as *typical*, since over half of the study participants discussed this during interviews. For example, when asked about self-disclosure, one participant recounted that, "I'm gonna go back and say that it's not whether it's delivered online or delivered in person. It has to do with the ability to build rapport and trust with that person." Similarly, another participant stated, "it has to do with who's on the other end, it really depends on that person." Yet another participant reported that when it came to self-disclosure, "I think definitely more with the person, I do" than with the medium.

Figure 4.3 illustrates the first domain along with its categories and designations.

**Figure 4.3***Supervisor Characteristics Related to Self-Disclosure*

Despite the primacy of supervisor characteristics regarding self-disclosure, participants did note both positive and negative aspects of online and face-to-face clinical supervision during the interviews. The fourth domain, therefore, was Positive Aspects of Online Supervision and its categories were more convenient, in someone's house/see a human side, less formal/don't have to put up a front, gives a buffer, and greater access.

The more convenient category received a *typical* designation because over half of participants discussed the convenience of online supervision, especially around commuting. One participant mentioned that online supervision "is so convenient . . . it's helped . . . work life balance because I don't have a commute." Similarly, another participant stated, "it's more

convenient to do supervision online because it takes away the commute.” Yet another participant explained, “I didn’t have to commute for supervision . . . It’s not worth the almost extra hour to get in person supervision.”

The in someone’s house/see a human side category received the designation of *typical* because over half of this study’s participants discussed this during interviews. For example, one participant explained, “When you’re in somebody’s home right? It’s like, ‘Oh, that’s a little piece of them I didn’t know about.’” Another participant positively felt their online supervisor, “made it feel very human that she was working from home.” They went on to explain that their supervisor met her pet and, “So that allowed for us to have that connection and help with that rapport that you don’t get when you’re in a professional environment, right?”

Each of the remaining categories received a *variant* designation because more than two but just under half of participants mentioned these cases. When discussing the less formal/don’t have to put a front category, for example, one participant who appreciated the less formal nature of online supervision, in relation to face-to-face supervision by stating, “I had a, you know, a front that I was putting forth. I wasn’t authentically myself and I don’t feel that way online.” In discussing their online supervisor another participant stated, “You get to know them maybe a little bit more personally, and in a less like quote, unquote, formal environment.”

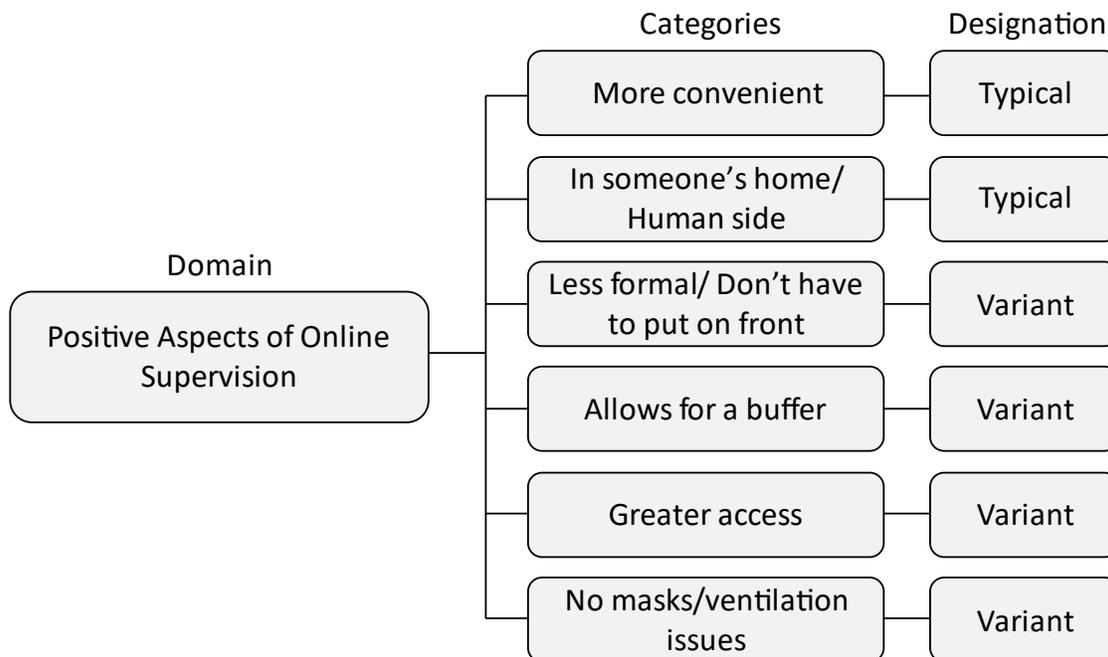
While discussing the category of greater access to online supervision, one participant stated that online supervision, “has allowed me to access supervision in ways that I would not have been able to” due to geographic limitations. On the category of gives a buffer, one participant posited that online supervision, “gives you a little bit of buffer, right?” Another participant noted that, “I feel more protected behind the computer screen.”

When discussing another positive aspect of online supervision, the category of no masks/ventilation emerged; one participant stated, “Crying is more difficult when you’re masked” and that same participant also said, “because of the masks of the if you’re crying if you’re, if you’re, you know, feeling at all paranoid about being close to a person in a small room that doesn’t have a ton of ventilation . . . so for me online is fine.” When asked about online supervision another participant who preferred online supervision stated, “I don’t want to be sitting this close on this couch . . . it was uncomfortable.” Although there were positive aspects of online supervision, study participants also outlined some of the negative aspects of online supervision.

Figure 4.4 illustrates the fourth domain along with its categories and designations.

**Figure 4.4**

*Positive Aspects of Online Supervision*



The fifth domain was Negative Aspects of Online Supervision, and its categories were easier to be distracted/disengaged, supervisor connection/human energy missing, online was

forced/not organic, technology issues, and can't make eye contact. One category frequently discussed the ease with which supervisees could be distracted, disengaged, or check out in the online format. In fact, nearly all the participants discussed it during the interviews, and it received a *general* designation. One participant, in discussing online supervision said, "that fact that it's online . . . it's easy to check out. . . . being online, there is less accountability, and that you can, you know, have other tabs open." Another participant connected their supervisor's lack of multicultural interest to their disengagement during online supervision when they stated, "the lack of awareness . . . I see that and that also adds to probably my disengagement." Again, on the issue of engagement, two participants connected online supervision to a more transactional, surface experience. One supervisee shared that "when it's virtual, it was harder for me to kind of like engage in process conversations about our differences." A different participant expressed that online supervision, "focused only on business and less on the person. So more transactional."

Another category was supervisor connection/human energy missing, which was designated as *typical* because over half of the study participants cited this as a negative aspect of online supervision. For example, when asked about online and face-to-face supervision, one participant noted:

I guess the interpersonal differences, feeling more comfortable in person compared to online and having a sensitive engagement from my supervisor, because in person I see where her attention is.

Another participant thought their supervisor "could be distracted looking at emails." Still a different participant stated:

It's a little bit more difficult to have that strong sense of connection with supervisors, or with anybody over Zoom.

Similarly, one participant summarized this issue eloquently by stating:

There is an energy that is hard to this hard to describe, but it's felt; that is just not available online.

Another negative aspect of online supervision that raised was technology issues. For example, one participant said:

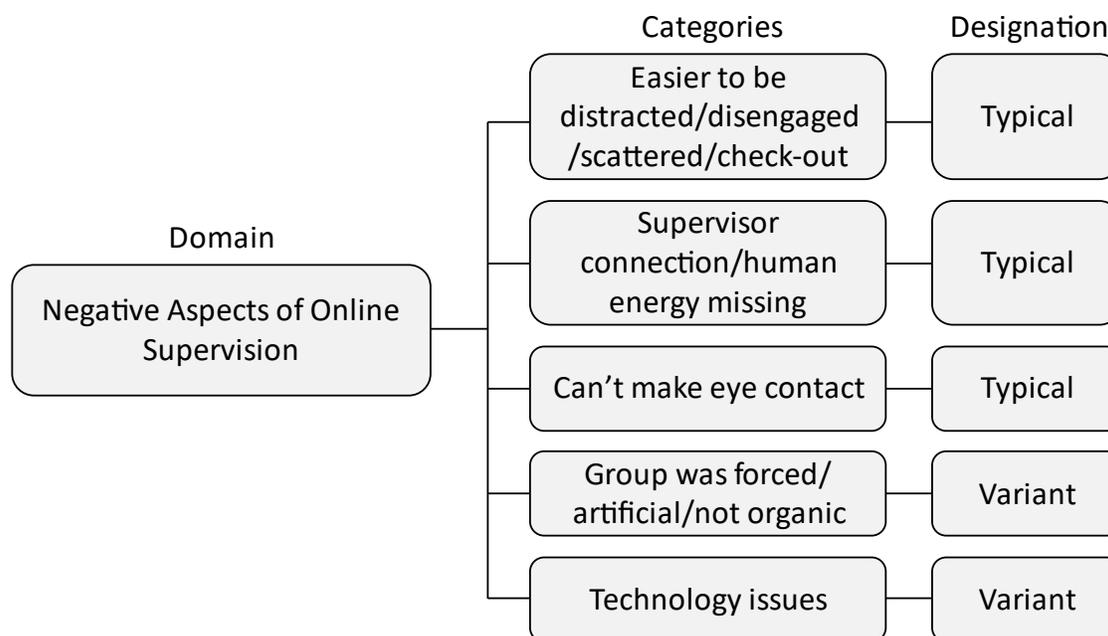
I get pretty annoyed when the supervisor's email program dings every time they get a message . . . that does bug me, but that's not part of the relationship.

Yet another negative aspect of online supervision was online was forced/not organic, specifically group supervision, and this category received a *variant* designation. One participant stated, "it just kind of felt very like forced" when recounting their online group supervision experience. Another participant stated that online group supervision, "has to be one person at a time, or people can't participate. And so, it ends up being much more stilted or artificial."

Finally, the category of can't make eye contact received a designation of *typical* because half the participants raised this a negative aspect of online supervision. One participant noted of online supervision, "you don't have that eye-to-eye contact" as an unwelcome part of the online format. Another stated that online:

Eye contact is a little bit different too, because I'm looking at you but if I look in the camera, then you can see me, looking at you. But if I'm really looking at you, then we're not quite having eye contact, does that make sense? So, I mean if I'm in a group of people a lot of times, I'll address the camera, right, but if I'm just with you, I look like this and with time, everybody kind of gets used to it.

Figure 4.5 illustrates the fifth domain along with its categories and designations.

**Figure 4.5***Negative Aspects of Online Supervision*

The sixth domain was Positive Aspects of Face-to-Face Supervision comprised the sixth domain. The four categories for this domain were: connection/energy/engagement, better working alliance, more relational/process-oriented/less transactional disclosures, and building community. When participants discussed positive aspects of face-to-face work, connection/energy/engagement arose as a general category with all participants. For example, one participant noted that face-to-face supervision:

helps me connect with another human being when I see them face to face with their breathing the same air as me.

Yet another described:

you feel their energetically closer or supportive, just in a vague sense of like, you're not alone there. You could, your body can sense this human very close to you.

Similarly, another participant stated:

I guess the interpersonal differences, feeling more comfortable in person compared to online and having a sensitive engagement from my supervisor, because in person I see where her attention is.

Again, one other person summed up the energy of face-to-face supervision well when noting, “sometimes it’s just nice to feel like the warmth of another human.”

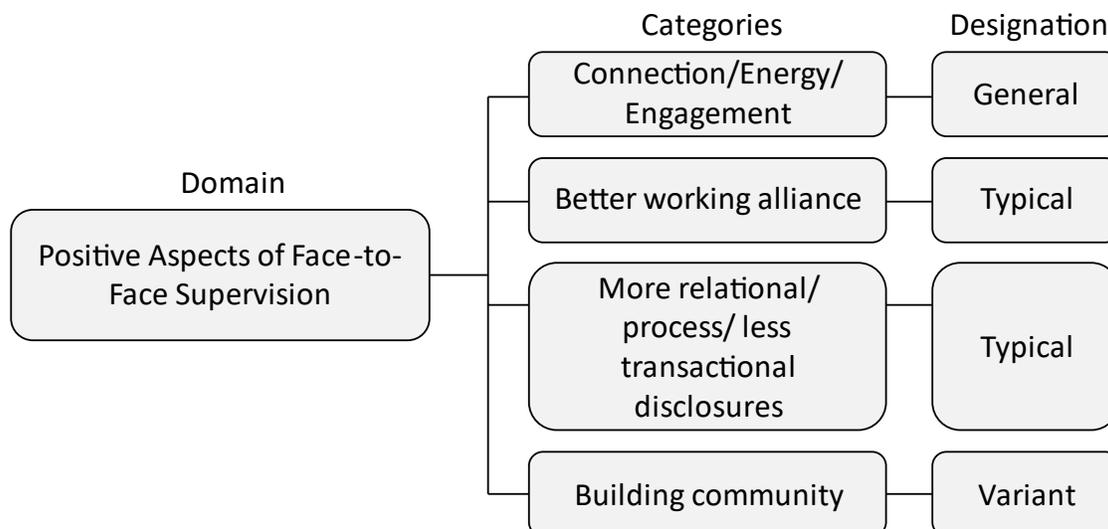
The second category was better working alliance, which received a designation of *typical*. When asked what they liked about in-person supervision, one participant simply stated, “Better connection. Better working alliance than online.” Similarly, another participant when asked about the supervisory alliance in person stated, “if the relationship is good, it’s probably better in person.” In the same vein, yet another participant shared, “working alliance feels like it it’d be stronger in person.”

Another positive aspect of face-to-face supervision was the category of more relational/more process-oriented/less transactional disclosures, which received a designation of *variant* because less than half but more than two of the participants raised this. For example, one participant stated, “it just feels more relational with face-to-face, less transactional.” Similarly, another stated, “face-to-face feels more organic, it feels we’re more tied to kind of like process.”

The final positive category of face-to-face supervision was the category of building community, which received a designation of *variant* because only two participants mentioned this during interviews. One participant, for example, elaborated on community when they shared:

And I feel like it’s a lot easier to build community with the group in-person versus online, because we’re able to really, I mean, not only kind of like feel each other’s energies in the room, but also even just kind of like slide like in personal conversations, there seem to be more of that that contributes to bonding with the group, which then, I think, also adds to safety.

Figure 4.6 illustrates the sixth domain along with its categories and designations.

**Figure 4.6***Positive Aspects of Face-to-Face Supervision*

The seventh domain was Negative Aspects of Face-to-Face Supervision. The two categories for this domain were: COVID-19/masking/ventilation and physical environment matters, which both received the designation of *variant*. When discussing the negative aspects of face-to-face supervision, one participant stated:

If you're crying, you're, you know, feeling at all paranoid about being close to a person in a small room that doesn't have a ton of ventilation.

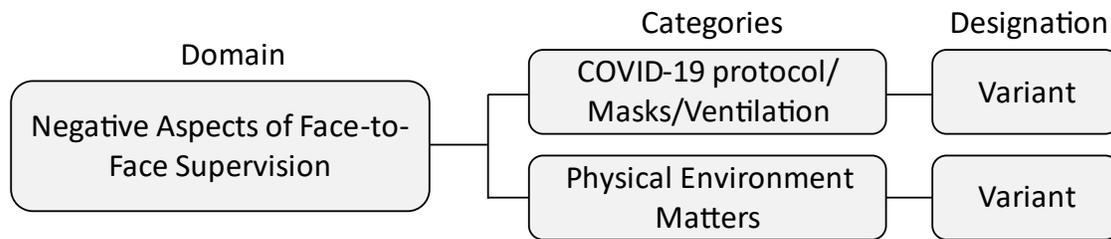
In speaking of their employer, another participant noted:

They didn't have good safety protocols in the agency to make sure that we wouldn't be like passing Covid around to each other.

Aside from ventilation as a negative issue, another category that arose was physical environment matters. One participant, for example, stated that:

The facility was run down, and it felt like you were in a thrift shop . . . the facility itself in person was pretty awful, not conducive to healing.

Figure 4.7 illustrates the seventh domain along with its categories and designations.

**Figure 4.7***Negative Aspects of Face-to-Face Supervision*

This concludes reporting on the seven domains and the related categories identified by the analysts. Next, chapter five will include a discussion of the findings.

## CHAPTER V: CONCLUSIONS

### Interpretation of Data

The purpose of this study was to examine face-to-face and online supervisee disclosure within the supervisory alliance. Consensual qualitative research (CQR) revealed important characteristics of the supervisory relationship, namely: the importance of open communication, supervisor characteristics related to supervisee self-disclosure, positive aspects of online supervision, negative aspects of online supervision, positive aspects of face-to-face supervision, and negative aspects of face-to-face supervision.

This study clearly outlined the positive and negative aspects of online and face-to-face supervision. For example, over two-thirds of this study's participants cited the convenience factor of online supervision that obviates the need for commuting, parking, and traffic concerns as a clearly positive aspect of online supervision. Another finding, especially relevant to the phenomenon of COVID-19 and its impact upon education, was that eliminating concerns about masking and ventilation was yet an additional positive aspect of online supervision. Not surprisingly, at least two participants mentioned that the ability to wear more casual attire, as opposed to dressing up, meant supervisees did not have to put up a front and could be more authentic.

An additional benefit of online supervision was that this format served as a psychological buffer for supervisees in that some felt more comfortable disclosing when there was a screen between them and their supervisor. Further, study data revealed that an unexpected positive aspect of online supervision was its granting greater access to supervisors geographically, which is especially useful in certain specializations. Unique to this study was the finding that supervisees appreciated seeing the more human side of their clinical supervisor when engaging

in online supervision: as one participant mentioned, they were able to see “a piece” of their supervisor they otherwise would not have if limited to face-to-face supervision in an office setting.

Analyzing the data revealed that a key negative aspect of online supervision was that it was easier to be distracted, disengaged, or simply “check out” as a supervisee. The temptation to check emails, surf the internet, etc., was significantly greater during online meetings. Another finding was that supervisees felt their connection to their supervision and ability to sense their supervisors’ energy was missing in online supervision sessions. Related to this finding was the finding that over half the participants struggled with eye contact during online supervision. Although one participant mentioned that eye contact could be too intense online, the remaining participants who noted this issue expressed displeasure with the difficulty of not having the benefit of eyeball-to-eyeball contact.

Data analysis also revealed that online supervision felt forced, artificial, and inorganic for three participants because not everyone can talk at once. Those side conversations which serve to bond teammates, which may occur when sitting around a table with a supervisor and colleagues are not possible online. Difficulty with technology was another negative aspect of online supervision according to interview data. For example, several participants felt annoyed when a supervisor’s email notification chimed in the background during online supervision.

The data revealed that all study participants preferred face-to-face supervision and the strongest positive aspect of in-person supervision was the feeling of connection, energy, and engagement of one’s clinical supervisor. Nearly 75% of participants experienced a stronger alliance with a clinical supervisor they saw in-person, noting they appreciated the “warmth” and “energy” of an in-person supervisory experience.

Data analysis demonstrated that another positive aspect of in-person supervision, perhaps related to the prior two positive aspects (feeling connected and better alliance), is that some supervisees were able to share more relational and process-oriented disclosures that went deeper than the transactional disclosures in online supervision. Participants who shared this sentiment were clear they always disclosed what served the clients' best interest, including safety concerns, but were *less* likely to discuss personal growth or identity issues in a virtual setting. Nearly one-third of participants felt that building community was a positive aspect of in-person supervision because those casual conversations with supervisors and colleagues that occur while sitting around a conference table or meeting room help create stronger bonds.

Interview data did yield some negative aspects of face-to-face supervision, namely: difficulty with the physical supervisory environments and COVID-19 related safety protocol/masks/ventilation. Some study participants felt that dingy, dilapidated offices detracted from in-person clinical supervision. In addition, other study participants recounted that some employers were not vigilant in stopping the spread of COVID-19, did not require masking, and did not provide appropriate ventilation—a clear negative aspect of face-to-face supervision.

Despite the overwhelming preference for in-person clinical supervision, this study outlined the importance of the supervisory alliance and dispositional characteristics that facilitate disclosure, independent of supervisory format. Specifically, data suggested fundamental necessities of the supervisory relationship: feeling supported, building rapport, and using humor. Study participants also highlighted the importance of open communication between supervisee and supervisor. To achieve that open communication, supervisees needed to be able to open up to their clinical supervisor, trust their clinical supervisor, and feel a sense of ease with their clinical supervisor.

At its core, the current study clearly outlined the key characteristics of a clinical supervisor that facilitated supervisee disclosure. Interestingly and importantly, it indicated that it is not the format that encouraged supervisee disclosure, but rather the supervisor themselves. The most important of these supervisor characteristics was the ability of the clinical supervisor to create an atmosphere of comfort; all study participants mentioned this during their interviews. Furthermore, all but two study participants cited the ability of the clinical supervisor to create a climate of safety as key to supervisee disclosure. Other important characteristics of supervisors who encourage supervisee disclosure were appropriate supervisor self-disclosure, avoidance of any shaming or punitive behaviors, and utilization (or at least broaching of) multicultural awareness. Notably, 38% of participants suggested a relationship between multicultural awareness and disclosure. These participants both explicitly noted that their supervisors' lack of multicultural awareness had no relation to whether supervision was delivered via video or in-person.

One key finding of this study, therefore, was that while some participants expressed a preference for one format over the other, 62.3% of study participants concluded that their disclosure had more to do with their supervisors' characteristics than with format, saying that it was difficult "to tease apart" what was due to format and supervisor characteristics. Unlike other studies that suggest the equivalency of both formats, this study noted the primacy of supervisor characteristics as opposed to supervision format in facilitating supervisee disclosure.

### **Theory and Research**

The primary aim of this study was to examine face-to-face and online supervisee disclosure within the supervisory alliance. Because prior research overwhelmingly pointed to the supervisee perception of the supervisory alliance as the most salient factor in supervisee

disclosure *and* online supervision significantly increased in prevalence due the COVID-19 pandemic, examining supervisee disclosure within the supervisory alliance in both online and face-to-face formats, such as in this study, has become crucial. Because supervisees and supervisors possess unique perceptions of the supervisory relationship, and because the nature of the supervision alliance is ever-changing, a constructivist framework was utilized for this study. Due to the constructivist rejection of objective, knowable realities, and the prioritization on validating supervisees' perceptions of realities (Guiffrida, 2015) the supervisee perspective became the primary lens through which the current study's findings are considered. From a constructivist lens, clinical supervision includes reflective, subjective processes involving meaning-making that is co-constructed (Neimeyer, 1993).

The supervisory alliance is considered to be one of the single most important features of the supervisory relationship according to current, modern integrative supervision models (Cook & Welfare, 2018; Cook et al., 2019, 2020; Ladany et al., 1996; Tarlow et al., 2020; Yourman, 2003). One of the unique findings of this study is that the characteristics of a counseling clinical supervisor transcend the supervisory format (i.e., online or face-to-face). In the words of one supervisee, "It mattered more for me the individuals . . . rather than the format of being online or not." Prior quantitative research suggested no significant difference between supervisory alliance in the online versus face-to-face formats (Bender & Dykeman, 2016; Bernhard & Camins, 2021; Conn et al., 2009; Dickens, 2009; Frye et al., 2022; Reese et al., 2009; Tarlow et al., 2020). One qualitative study, however, did find that supervisees preferred online supervision (Bender et al., 2018); however, that study had a small sample size of five participants, all of whom were enrolled in an online doctoral program, suggesting the sample had bias toward the online format. In addition to the research that equates the quality of online supervision with face-to-face

supervision, Bussey (2015) specifically noted supervisor characteristics that affected the quality and satisfaction of the supervisee in supervision as opposed to the supervisory format. In that quantitative study, supervisors' support, rapport, openness, awareness, and sensitivity were associated with more satisfaction with the supervisory relationship, consistent with findings of the current study. The current study specifically highlighted support, rapport, and open communication as key elements of a strong supervisory relationship. Therefore, the current study not only supported prior research (Bussey, 2015) but also suggested that, irrespective of supervision format, a supervisor has an opportunity to co-create an alliance with their supervisee that is conducive to disclosure.

Similarly, the current study confirmed the findings of an even more recent research (Tarlow et al., 2020) which found that the supervisor characteristics, of openness, supportiveness, and empathy, is what comprised a strong supervisory alliance regardless of supervision format. Just as the supervisees of this study expressed a preference for face-to-face supervision over online supervision, so did the supervisees in Tarlow et al. (2020). Consequently, the current study not only confirmed prior research (Tarlow et al., 2020) but again, reaffirms that regardless of supervision format, the supervisory dyad can co-create an alliance, supportive to disclosure. This idea of co-creation is essential to constructivist theory.

A constructivist approach to supervision entails listening to the supervisee, giving space to the supervisee to explore, and acknowledging that they may come to supervision with their own answers, styles, and strategies, rather than relying on a supervisor's expertise, preferred theoretical orientation, and past experience (Halligan Avery et al., 2017). Consistent with that theoretical orientation, over half of this study's participants emphasized that being allowed space to explore in the presence of a supervisor's curiosity, rather than a top-down, or even worse, a

shaming, punitive approach, fostered disclosure. In the words of one participant, who felt shamed by a supervisor, “I wouldn’t disclose anything ever again. Not online, not in person, not in the rain, not on a train.” These findings also aligned with prior research on the role of shame in supervisee disclosure (Moran, 2017; Yourman, 2003), specifically that eliciting supervisee shame inhibits disclosure, that supervisees who are prone to shame experience less of a supervisory alliance (Bilodeau et al., 2012), and that supervisees who experience safety in the supervisory relationship are more likely to disclose (Sweeney & Creaner, 2014).

The current study highlighted how supervisor self-disclosure was helpful to encouraging supervisee self-disclosure, especially as it served to normalize the developmental challenges of pre-licensure counselors. This finding supported prior research that suggested appropriate supervisor disclosure (Inman et al., 2011; Knox et al., 2008, 2011), safety/comfort with a supervisor (Guttman, 2020; Ladany et al., 1996), and strength of the supervisory alliance (Li et al., 2021; Mehr et al., 2010; Pisani, 2005) were key to a supervisee’s comfortability with disclosure. As one participant stated, “You just feel so comfortable, so safe and like she . . . genuinely cares.”

Data from the current study suggested that multicultural awareness and sensitivity is another supervisor characteristic that facilitates supervisee disclosure. Several supervisees found it helpful when supervisors at least attempted discussing their “identities’ role in” counseling. When supervisees felt their supervisor did not “get it,” and all they cared about was “business,” they would disengage. One supervisee appreciated that their supervisor “was aware” that “broaching exists in supervision.” This data was consistent with multicultural supervision models that advocate broaching and cultural humility (Fickling et al., 2019; Mitchell & Butler, 2021; Patallo, 2019).

Although the current study revealed findings around online supervision similar to earlier qualitative and quantitative studies (Bender & Dykeman, 2016; Bernhard & Camins, 2021; Conn et al., 2009; Dickens, 2009; Reese et al., 2009; Tarlow et al., 2020) and focused on the primacy and quality of the supervisory alliance to disclosure, participants still noted the positive and negative attributes of both online and face-to-face clinical supervision. For example, one of the positive attributes of online supervision was the ability to see a more human side of their supervisor by meeting pets or hearing one's "toddler banging" on the meeting door. Similarly, one prior study (Tomlin, 2021) conducted in the earlier stages of the COVID-19 pandemic reported blurred lines between the professional and personal and unlike current study participants, did not perceive this as a positive aspect of telesupervision. Rather, those participants reported feeling online supervision, similar to online therapy, created logistical inconveniences and invaded their previously protected sanctuary of home. Current study participants ascribed positive meaning, in line with constructivist theory, to seeing "a more human side" to their clinical supervisors. Because Tomlin (2021) mostly focused on the rather abrupt transition to telehealth and was conducted at the beginning of the pandemic, compared to the current study, this disparity between these studies' findings is understandable.

Another current finding, this sense of a "buffer" during online supervision, attributed as a positive aspect of online supervision, was echoed in a study conducted decades earlier (Sørliet et al., 1999) in which online supervisees reported psychological distance from their online supervisor. While some supervisees experienced the buffer as helpful to put space between themselves and a supervisor when they did not have a strong connection to that supervisor, other supervisees experienced that buffer as a vehicle that allowed for increased sharing and less censoring as in Sørliet et al. (1999). The fact that this buffer was attributed as a positive aspect in

varied ways demonstrates the elegant use of the constructivist approach in analyzing this current study's data.

A finding unique to this study, considered a negative aspect of online supervision, was the difficulty of making eye contact with one's supervisor. One supervisee explained that if looking at the supervisor's eyes, then you are not looking at the camera and if you're looking at the camera, then you are not looking in the eyes of the supervisor. This phenomenon is likely related to the other negative aspects of online supervision, such as increased supervisee distraction and decreased connection with and energy with supervisor. Prior research noted similar issues (Reese et al., 2009; Sørлие et al., 1999) and one supervisor attempted to compensate for the decreased connection to their supervisee by more closely focusing on their supervisee's words (Sørлие et al., 1999).

Another finding unique to this study was the particular difficulty supervisees experienced during group supervision in the online format. The current study found that supervisees characterized the online group format as "stilted," "artificial," "inorganic," or "forced" due to having to hold onto thoughts because only one person could talk at a time. Only one international qualitative study has briefly touched on a similar finding (Amanvermez et al., 2020), with some participants reporting online group supervision helpful but others reporting it as inefficient.

Technology issues, cited as a negative aspect of online supervision during this current study, was consistent with prior research. One of the earliest studies of remote supervision conducted over two decades earlier (Sørлие et al., 1999) first reported technology as a detriment to online supervision, and remarkably, most subsequent and even more recent studies of online supervision (Bender et al., 2018; Reese et al., 2009; Schmittel et al., 2021) still reported technology as a negative aspect of online supervision.

Prior to this current study, research had not qualitatively examined supervisee disclosure in online versus face-to-face supervision among pre-licensure counselors. Prior to the COVID-19 pandemic, online supervision was less common, reserved for remote areas or crises, but it has now become an acceptable, perhaps even preferred, way of conducting supervision, which will likely persist as the pandemic fades into the background. This research study, therefore, fills a gap in the research literature. The current study reaffirmed that the greatest vehicle for supervisee disclosure did not depend on whether it is being delivered online or face-to-face, but, rather, in the quality of supervision relationship exemplified by feeling supported and having rapport, comfort, safety, and trust with their supervisor, and that their supervisor demonstrated curiosity, exploration, appropriate self-disclosure, and multicultural awareness on how to integrate with counselor training.

According to Anderson and Goolishian (1990), “The training system, like the therapy system, is one kind of meaning-generating or language system” (p. 157). Constructivism has long been established in andragogy of counselor education, but less accepted in the domain of supervision due to the ethical needs for certain standardized or manualized training for counseling supervisees, such as suicidality protocol (Burton, 2011; Nelson & Neufeldt, 1998).

With the rapid increase of telesupervision in response to the COVID-19 pandemic, constructivist principles, such as reflexivity and co-creation, have become germane to online supervision. From this constructivist approach, a top-down teaching technique or perspective is not as beneficial as joining with supervisees. As both supervisors and supervisees navigate the world of online supervision, constructivist supervisors might readily ask supervisees to co-create how telesupervision could be effectively used and reflect on that knowledge collaboratively and

dynamically as online and in-person supervision are increasingly used interchangeably during the next phase of this pandemic.

### **Limitations and Recommendations**

Although this study provided many valuable findings, it is not without its limitations, which can pave the way for improved studies moving forward. Qualitative research, specifically CQR, is a method used to study “inner experiences, attitudes and beliefs” (Hill & Knox, 2021, p. 3) and is not concerned with numerical representativity and collecting quantifiable measures of variables as in quantitative research (Queirós et al., 2017). This qualitative study, as with any research, has its limitations. For instance, support was identified as a category and could be explored in more depth in future qualitative research, as with the other categories that received a general designation. As with most qualitative studies, this study had a small sample of eight participants. The smaller sample size presents many limitations. Firstly, the sample may not be representative of the overall pre-licensure counselor population. Secondly, the study participants were recruited via counseling list-servs *and* convenience sampling, and were, therefore, not a completely random sample. As such, a different sample or a completely random sample may have produced different results.

### **Demographic Homogeneity**

Another limitation of this study was the lack of representation of participants with marginalized racial and gender identities. Five of the eight study participants (62.5%) identified as White, and of the remaining three, two identified as multiracial and one identified as Asian. As of 2017, 62.7% of counselors identify as White, non-Hispanic with 19.6% of counselors identifying as Black, 2.83% identifying as Asian and 2.09% identifying as two or more races (Data USA, n.d.). Therefore, this study’s sample, other than the White population, is not

representative of the counseling profession and it is possible that a more representative sample would have different results.

Further, all the study participants identified as cisgender. It is possible that if the study participants identified with marginalized gender, racial, and other nondominant identities, then the results would have differed. Only two of the eight study participants identified as male, which, although similar to the general population of counselors as of 2017, which is 38% (Data USA, n.d.) is still lower than the national average. It is possible that an all-cisgender male sample, all cisgender female sample, or all nonbinary sample might yield different results.

Further, the demographic survey did not inquire about the sexual preference of participants as a measure of protecting confidentiality of participants. One study participant volunteered that they identified their sexuality as gay, but there was no information about the remaining participants. It is possible that this data could have been analyzed through the lens of sexual preference, obtaining different results.

Finally, this sample was heavily weighted with participants from the Western region of the United States with seven out of the eight while one identified as living in the Midwest. Since roughly 88% of study participants hail from the Western states, this sample is geographically homogeneous, and a more heterogeneous sample may yield different results.

Additionally, the homogeneity of the research team is also worth noting as a limitation. The entire research team identified as White, cisgender females with two members residing in the Western region and two residing in the Midwest region. Aside from demographic homogeneity, all members of the research team served in similar professional roles, namely those of clinical supervisor, academic faculty, and clinician. Although the team engaged in an

extensive bracketing process and discussion, it was not possible to completely rule out the potential impact of minimal diversity.

The lack of demographic diversity, however, can be addressed in future studies. For example, to address the unknown demographic of sexual preference, a future research study with a larger sample size could include that as a demographic question. To address the limitation of geographic homogeneity, concerted effort could be directed in recruiting future study participants in the Northeastern, Southern, and other geographic regions to determine if study results differ. Similarly, to address the limitation caused by the homogeneity of dominant multicultural identities and binary gender identities, future researchers could recruit a more diverse sample and/or research team and then compare the results to this current study.

### **Retrospective Recall Bias**

Another limitation of this study was that its data was based on retrospective recall and from only one member of the supervisory dyad. The research team attempted to address the limitation of retrospective recall and recall bias, however, by recruiting participants who were pre-licensure to enable easier and more accurate recall as they were closer in time to their supervisory experiences. However, this study still required participants to report on past supervisory experiences, which may have affected participant reflections and/or interpretations of those interactions.

To address this limitation of retrospective recall, further researchers might consider utilizing data from multiple perspectives (i.e., online supervisor, face-to-face supervisor, and supervisee) to provide a more comprehensive view of supervisee disclosure and allow for triangulation of findings. Triangulating this study's self-report data may increase the integrity of the results (Hill, 2012).

## **Study Design and Recruitment Criteria**

Another limitation of this study was its criteria and design. For example, this study did not require that a participant's same supervisor provided supervision in both online and face-to-face formats. Some study participants did indeed provide data on the same supervisor in both online and face-to-face formats while others did not. Some study participants interacted with their supervisors in-person before beginning online supervision, and others did not. In fact, some supervisees first interacted with their supervisors online and then met them face-to-face subsequently. Further, some supervisees received online supervision in an individual format while their face-to-face supervision was in a group format and vice-versa. The research team considered narrowing the participant criteria to minimize some of these confounding factors but decided against that due to its qualitative nature and the constructivist lens which this study is using.

Nonetheless, during interviews, when participants had the same supervisor in both online and face-to-face settings, they were asked to describe both those experiences. When reporting results, the primary researcher explicitly mentioned the supervision format to clearly report the participant experience.

Should future researchers want to minimize confounding factors, narrowing the criteria to require the same supervisor in differing (i.e., online and face-to-face) formats and/or limiting participants to consider only individual or only group supervision are potential options. More narrow recruitment criteria might be useful in comparing the results of such a study with the findings of this current study.

To address this limitation of retrospective recall, researchers might consider utilizing data from multiple perspectives (i.e., online supervisor, face-to-face supervisor, and supervisee) to

provide a more comprehensive view of supervisee disclosure and allow for triangulation of findings. Triangulating this study's self-report data may increase the integrity of the results (Hill, 2012).

Due to the limitations outlined previously, while the findings of this qualitative study may be transferable, they are not necessarily generalizable to the larger population of pre-licensure counselors and the general population of counselors.

### **Importance of the Findings and Implications**

One of this study's key findings is that the characteristics of a clinical supervisor transcend the supervisory format (i.e., online versus face-to-face) when it comes to supervisee disclosure. The overwhelming characteristic of a supervisor that facilitates disclosure is the supervisor's ability to create an atmosphere of comfort. Next was the ability of a supervisor to create an atmosphere of safety. Other salient supervisor characteristics were the ability of a supervisor to be curious with their supervisee, foster exploration, share their own experiences, and be sensitive to multicultural/identity issues.

Despite the importance of supervisor characteristics, all supervisees in this study, given the choice, preferred face-to-face to online clinical supervision. Due to the advent of COVID-19, the synchronous, online format will likely remain as a viable option for clinical supervision. Because this study validated prior research on the primacy of the supervisory alliance, it is important to continue to look for ways to deepen this alliance. Therefore, it is imperative that the counseling profession invests in training supervisors to explicitly address providing process or relational supervision *in addition to* supervision that emphasizes client safety in an online format. For example, one study participant recounted a scenario in which they reached out to obtain supervision about a suicidal client and their supervisor focused mostly on addressing the

suicidality, which had already been addressed hours earlier by an on-call supervisor. That clinical supervisor's eagerness to handle crises appeared as unwillingness to discuss more process issues and thereby missed an opportunity for process disclosure that would have likely deepened the supervisory alliance with their trainee.

Participant data from this study are aligned with the constructivist approach to supervision, which emphasizes experimentation rather than behavioral prescription (Guiffrida, 2015). This approach does not in any way imply a lack of vigilance regarding safety and/or ethical treatment of clients, but rather an atmosphere of discovery and acceptance of occasional mistakes (Guiffrida, 2015). Perhaps the phrase *guide on the side* (King, 1993), instead of *sage on the stage*, captures the essence of the current study. The *guide on the side* (King, 1993) not only exemplifies the constructivist perspective but can also serve as a paradigm for future andragogy of supervisor training in the counseling profession.

### **Application to Supervision Practice**

Clearly, supervisors hold a powerful position within the counseling profession. As an outgrowth of this study's data are three practices below that may be applied to the practice of clinical supervision.

Firstly, because supervisors hold a specialized position within the counseling profession to discuss process, going deeper than what one participant called the "transactional" aspect of counseling is warranted. As study data suggested, increased disclosure occurred when supervisees felt comfortable, safe, trust, and their supervisors fostered an atmosphere of curiosity and exploration to process on a deeper level. Study data suggested that when the strength of the supervisory relationship was in the foreground, disclosure increased. Training supervisors to spend more time on the supervisory relationship rather than focusing on supervisee competencies

is recommended. Spending less time on teaching supervisors techniques and more time on how to join with supervisees is imperative. This recommendation does not imply that supervisors neglect their ethical, contractual or safety standards for client care. Rather, the implication is that the relational component is emphasized such that top-down oversight is not the purpose but the natural outgrowth of the supervisory process. Therefore, explicit training on how supervisors can improve process and relational issues is a distinct recommendation for the field of counselor education and supervision to take.

Secondly, although the current study did not intend to highlight group supervision, one of the key findings noted the forced, artificial, and inorganic nature of group supervision in the online format. Even supervisees who enjoyed individual online supervision noted the difficulty of online group supervision. Improved online group supervision would ideally allow team members to have casual side conversations with team members as if they are sitting next to each other in a conference room. Perhaps a future study or a focus group dedicated to improving the group supervision experience of supervisees could yield some innovative ideas. As a profession, improving this is key, whether that be through improved video-conferencing technology and/or specialized supervisor training.

Finally, although this study did not set out to explore multicultural awareness in relation to supervision format, data suggested that multicultural sensitivity and a desire for broaching was a supervisor characteristic that facilitated supervisee disclosure. Supervisees noted that sensitivity to broaching multicultural issues did not have to be perfect. In fact, one participant shared that a supervisor had used an identity wheel and implied their supervisor was unfamiliar with the broaching process, but nonetheless they found the discussion very helpful.

The connection between multicultural broaching in supervision and supervisee disclosure seems clear from current data. Reynolds (2010) posited a supervision model of solidarity that emphasizes “being alongside” supervisees and has “discomfort with power-over and expert positions” (p. 255). Sensitivity to multicultural issues is, thereby, another path to level the power differential between supervisor and supervisee, and being *a guide on the side* (King, 1993) represents a small step toward greater social justice and liberation in counseling. It is, therefore, imperative to explore this linkage between multicultural sensitivity within supervision and impacts to clients in future research. Because it is difficult enough for supervisors to broach multicultural supervision face-to-face, it is important to incorporate ways to improve broaching strategies online in future supervisor training as well.

Perhaps adding more specificity to the Doctoral CACREP Standards around Supervision that utilizes specific language on “supervisory alliance,” “multicultural broaching” and the art of “online supervision” would put some teeth in the above suggested applications to supervisory training. It seems clear that intentional andragogy of supervisors in training and even current supervisors that centers on the dispositions of the supervisors, online group supervision and multicultural approach, with an emphasis on broaching, would benefit not just counseling supervisees but ultimately clients.

Critically and intentionally cultivating those characteristics identified by the participants in this study as most effective in facilitating disclosure is an important focus for future studies into counseling supervision. For example, what could be done to foster supportiveness, rapport, open communication, trust, ease, and even humor when supervisors are building relationships with their supervisees? What could be done to cultivate all the characteristics that foster increased disclosure? Because research provides knowledge, “research is advocacy” (Dr. M.

Gonzalez, personal communication, September 9, 2022). Answering these questions would not only improve clinical supervision but also improve client outcomes and increase liberation for all supervisees . . . an aspirational goal for the profession of counselor education and supervision.

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## Appendix A: Recruitment Email

Dear Colleagues,

My name is Letitia Johnson, a doctoral candidate at Antioch University Seattle in Counselor Education and Supervision, conducting a research study entitled *Examining Face-to-Face and Online Supervisee Disclosure Within the Supervisory Alliance*.

I am seeking to interview participants who:

- Have experienced both face-to-face and online clinical supervision
- Enrolled in or graduated from CACREP accredited programs
- Are currently counseling interns or associate-level licensed counselors

The interviews will be semi-structured and will be conducted live and recorded via Zoom. Participants can expect to interview for 30-45 minutes.

The goal is to better understand clinical supervision and the information gained will be helpful to counselor education and be applied to further research. This study has received approval from the Antioch University Institutional Review Board. The Committee Chair for this dissertation is Dr. Colin Ward and can be reached at

If you decide to participate in this study, it will likely take 15-30 minutes:

- Follow this link to review the informed consent form
- Complete the demographic form
- Complete the semi-structured interview conducted live via Zoom

Your help is greatly appreciated. Please feel welcome to also share this email with anyone else that might fit the criteria to participate.

Thank you for your consideration in participating in this process.

Sincerely,

Letitia Johnson, LicSW, BC-TMH, CHT, CMH  
Adjunct Faculty, PhD Candidate  
Antioch University, Seattle

## **Appendix B: Research Study Consent Form**

### **RESEARCH STUDY CONSENT FORM:**

You are invited to participate in a research study conducted by Letitia Johnson, a doctoral student at Antioch University Seattle. This form describes the study to help you determine if you are comfortable participating.

### **CRITERIA FOR PARTICIPATION:**

You are invited to participate if you meet the following criteria:

- Are an adult, over the age of 18.
- Have experienced both face-to-face and online clinical supervision
- Enrolled in or graduated from CACREP accredited programs
- Are currently a counseling intern or associate-level licensed counselor

**If you do not** meet these criteria, thank you for your interest. You do not have to proceed further. You may simply close your browser window.

**If you do** meet this criteria, please continue reading the informed consent form for more information and to participate.

### **STUDY OVERVIEW AND PROCEDURE:**

The purpose of this study is to explore clinical supervision. You will be asked to complete a demographic questionnaire, schedule a time for a 15-30 minute interview and participate in an interview via Zoom. This includes an approximate total time commitment of 30-45 minutes.

**RISKS AND BENEFITS OF PARTICIPATION:**

No study is completely risk-free. However, we do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable. Occasionally, people who participate in psychology research find that they would like to seek out mental health care and/or support. For more information, you may want to contact the National Alliance on Mental Illness (NAMI) at: 1800-950-NAMI (6263).

You should also be aware that there is a small possibility that unauthorized parties could view responses because it is an online survey (e.g., computer hackers because your responses are being entered and stored on a web server).

In terms of benefits, there are no immediate benefits to you from your participation. However, we may learn more about autism awareness.

**DATA PRIVACY:**

No identifying information will be asked at any time. IP address collection is turned off and your name or contact information will not be requested. Aggregate data will be shared upon conclusion of the study.

**YOUR RIGHTS AS A PARTICIPANT:**

Your participation in this study is voluntary. You can decide not to be in the study at any time and can simply close the browser window. Only completed surveys and interviews will be utilized for

data analysis. In addition, it is important for you to know that your decision to participate or not to participate will not affect your relations with Antioch University in any way.

**CONTACT INFORMATION:**

This study has been approved by the Antioch University Institutional Review Board (IRB). If you have ethical concerns about this study or your treatment as a participant, you may contact the chair of the IRB.

**Faculty Advisor: Colin Ward**

**Email:**

**Researcher: Letitia Johnson**

**Email:**

If you have any questions about or do not understand something in this form, please contact the primary researcher for additional information. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

**CONSENT TO PARTICIPATION:**

By clicking “next” you agree to the following statements:

- I have read this form, and I have been able to ask questions about this study.
- The researcher has answered all my questions.
- I fit the criteria to participate in this study.
- I voluntarily agree to be in this study.
- I agree to allow the use and sharing of my study-related records as described above.
- I have not given up any of my legal rights as a research participant.
- I will print a copy of this consent information for records.

### **Appendix C: Semistructured Interview Questions**

1. How would you describe your experience participating in face-to-face supervision?
2. What parts of the supervision experience felt supportive to your disclosure, and what parts did not feel supportive?
3. How would you describe your experience participating in online supervision?
4. What parts of the supervision experience felt supportive to your disclosure, and what parts did not feel supportive?
5. How would you compare the experiences of your supervision both face-to-face and online supervision, specifically in regard to your working alliance and disclosure?
6. If you had something uncomfortable or embarrassing that happened during a session, would you be more or less likely to disclose that to your supervisor when you were face-to-face with your supervisor or over video with your supervisor?
7. Describe any differences between receiving supervision face-to-face or via video.
8. If you found you were able to disclose with your supervisor, what about your relationship allowed that to happen?
9. What did your supervisor do to encourage you not to share any embarrassing or uncomfortable moments of your sessions?
10. What did your supervisor do to encourage sharing?