

RESEARCH ARTICLE

Trainee nondisclosure in supervision: What are they not telling you?

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Abstract

Aims: The purposes of this study were to examine: (1) the content of and reasons for trainee nondisclosure in supervision, and (2) the influence of trainee anxiety and perception of the supervisory working alliance on amount of nondisclosure and willingness to disclose. *Method:* As the focus of the study was a single supervision session, qualitative and quantitative data were collected from 204 trainees about their most recent supervision session. *Results:* Within the single supervision session on which they reported, 84.3% of trainees withheld information from their supervisors. Trainees reported an average of 2.68 nondisclosures occurring in the session, with the most common nondisclosure involving a negative supervision experience. Trainee perception of a better supervisory working alliance was related to less nondisclosure and greater overall willingness to disclose in supervision. Higher trainee anxiety was related to greater nondisclosure and lower overall willingness to disclose in supervision. *Implications:* The implications of the findings for the practice of supervision are discussed and areas for further research are suggested.

Keywords: supervision; trainee nondisclosure; trainee anxiety; supervisory working alliance

Introduction

In order for supervisors to promote the development of trainees' clinical competence, trainees must disclose information about their clients and clinical interactions, as well as their own experience within the supervisory relationship (Bordin, 1983; Ladany, Hill, Corbett, & Nutt, 1996; Wallace & Alonso, 1994). Wallace and Alonso (1994) indicate that nondisclosure by the trainee can contribute to diminished clinical effectiveness, as well as the loss of potential learning experiences. Farber (2006) similarly notes that clinical work and the quality of the supervision relationship are apt to suffer when there is a lack of disclosure.

Nondisclosure by trainees appears to be a frequent and normative aspect of supervision (Farber, 2006). The empirical evidence indicates that trainee nondisclosure most often concerns supervision-related issues, although it also involves clinical issues and personal issues (Ladany et al., 1996; Pisani, 2005;

Yourman & Farber, 1996). Nondisclosures have typically been investigated utilising supervisee recall of the entire supervisory experience, which may lead to a higher salience rate of nondisclosure than would generally be seen for any one supervision session. The current study examined nondisclosures from a single supervision session. The purposes of this study were to: (1) examine the content of and reasons for trainee nondisclosure in supervision, and (2) examine the relationships among trainee anxiety, the working alliance, willingness to disclose, and amount of nondisclosure.

Research that investigated trainee nondisclosure in supervision has found common results regarding the content of trainee nondisclosure in supervision (Banks & Ladany, 2006; Hess, Knox, Schultz, Hill, Sloan, Brandt, et al., 2008; Ladany et al., 1996; Pisani, 2005; Yourman & Farber, 1996). Nondisclosures most frequently involve supervision-related issues, such as negative reactions to supervisor (Banks & Ladany, 2006; Hess et al., 2008; Ladany et al.,

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1996; Pisani, 2005; Yourman & Farber, 1996), evaluation concerns (Ladany et al., 1996; Hess et al., 2008; Pisani, 2005), disagreement with supervisor (Yourman & Farber, 1996), attraction to supervisor (Pisani, 2005), and positive feelings about supervisor (Banks & Ladany, 2006). Additional areas of trainee nondisclosure have been trainee's personal issues (Banks & Ladany, 2006; Ladany et al., 1996), clinical mistakes (Ladany et al., 1996; Hess et al., 2008; Yourman & Farber, 1996), and negative feelings about clients (Yourman & Farber, 1996).

The reasons for trainee nondisclosure in supervision have been investigated. Reasons provided for nondisclosure include weak supervisory alliance, deference to supervisor, fear of political suicide, supervisee's perception that the issue was too personal or involving overly negative feelings (Ladany et al., 1996), impression management (Banks & Ladany, 2006; Ladany et al., 1996), supervisee's view that the issue was unimportant or irrelevant (Banks & Ladany, 2006; Ladany et al., 1996), to avoid negative evaluation (Farber, 2006; Ladany et al., 1996), potential for negative reaction by supervisor (Banks & Ladany, 2006), and the situation involved a high potential for shame or embarrassment (Yourman & Farber, 1996).

To date, only one study examined supervisee nondisclosure longitudinally and following a single supervision session. Banks and Ladany (2006) considered individual supervision sessions when they collected information about session-specific nondisclosure directly following each supervision session. Due to the longitudinal nature of the study, they were only able to collect data from a small number of participants. The current study garnered the benefits of recent recall, while also gathering information from a larger sample. Reporting on their most recent supervision session may allow trainees to more accurately recall their experiences as compared to if they were reporting on an entire semester of supervision. Therefore, the methodology of the current study allowed for better understanding of the experiences of trainees. Additionally, the use of a larger sample permits greater generalisability of the results. As the focus of the current study was a single supervision session, it is likely that many of the issues about which one might disclose were not relevant at this particular session. Therefore, we also aimed to investigate overall willingness to disclose; namely, if certain issues had been pertinent in the session, how willing would the participant have been to disclose to the supervisor. By examining actual nondisclosure

and willingness to disclose during a supervision session, the current study obtained information about topics that trainees are likely to divulge in supervision, as well as those that they are likely to conceal.

In addition to the content of and reasons for supervisee nondisclosure, we were interested in investigating the supervisory alliance as a contributing factor to nondisclosure in supervision. Broadly defined, the supervisory relationship has been found to have a significant influence on trainee disclosure (Gray, Ladany, Walker, & Ancis, 2001; Ladany, Melincoff, O'Brien, Hill, Knox, & Peterson, 1997; Ladany et al., 1996; Webb & Wheeler, 1998). Commonly reported reasons for trainee nondisclosure in supervision were a weak alliance (Ladany et al., 1996), poor supervisory relationship (Gray et al., 2001), negative feelings about supervisor, or worries the supervisor would not be supportive (Ladany et al., 1997). Moreover, Webb and Wheeler (1998) found a positive relationship between rapport and disclosure of clinical and supervision issues. A more focused definition of the supervisory relationship is the supervisory working alliance, which has been defined as the emotional bond between supervisor and trainee and their agreement on the tasks and goals of supervision (Bordin, 1983). It can be anticipated that a weak supervisory alliance would hinder trainee disclosure.

We were also interested in examining the influence of anxiety, given that existing research reports reasons for nondisclosure (i.e. fear of negative evaluation, feelings of shame or embarrassment, impression management, and fear of negative reaction by supervisor) that may be related to anxiety. Supervision can be an anxiety-provoking situation for many trainees (Dodge, 1982; Liddle, 1986). Contributors to the experience of anxiety in supervision are evaluation concerns (Dodge, 1982; Liddle, 1986), competency concerns (Liddle, 1986), and the desire to earn the supervisor's approval and demonstrate capable performance (Dodge, 1982). Trainees experience higher levels of anxiety when they are concerned that their desire for approval and competence will not be attained (Dodge, 1982). For example, trainees may conceal clinical mistakes from their supervisor because they are experiencing anxiety that results from the fear that they will not be demonstrating competent performance. Liddle (1986) proposes that, when experiencing anxiety, trainees may attempt to conceal their flaws and inadequacies. Thus, it can

be anticipated that trainee anxiety would hinder trainee disclosure.

Hypotheses:

1. Trainees who report a weaker supervisory alliance will report higher amounts of nondisclosure and lower willingness to disclose in a supervision session.
2. Trainees who report higher levels of anxiety will report higher amounts of nondisclosure and lower willingness to disclose in a supervision session.

Method

Participants

Two hundred and four therapists-in-training (172 women, 28 men, 4 unspecified), averaging 29.35 years in age ($SD = 7.41$), participated in this study. Participants primarily identified as European-American/White (181, 88.7%; two African-American/Black; two American Indian or Alaskan Native; seven Asian American or Pacific Islander; five Hispanic/Latino(a); four 'Other' race; three unspecified). Participants were in counselling psychology (23%) or clinical psychology (67%) programs and were receiving supervision in college counselling centres (28%), community mental health centres (21%), and hospitals (21%). Participants identified their training level as beginning practicum (29%), advanced practicum (36%), and internship (31%). The participants reported a median of 16 months ($M = 24.24$) of counselling experience and indicated having seen a median total of 25 clients ($M = 109.92$). At the time of the study, they had attended a mean of 20.62 supervision sessions. Supervisors were predominantly female (53%) and European American (178, 87.25%; seven African Americans, seven Asian Americans, six Hispanic/Latino (a) Americans, two 'Other'). The majority (74%) of participants were being evaluated in supervision.

Measures

Supervisee Nondisclosure Survey. The Supervisee Nondisclosure Survey was slightly modified from the qualitative questionnaire utilised by Ladany et al. (1996). The modification pertained to solely including the content of and reasons for nondisclosure sections of the original questionnaire. Participants were instructed to list thoughts, feelings, and

reactions that they had not disclosed to their supervisor during their most recent supervision session.

Participants were provided six content areas and examples for each area: (a) personal issues and concerns (e.g. family issue), (b) client (e.g. client appearance), (c) interactions with clients (e.g. unsuccessful clinical intervention), (d) supervisor (e.g. problems with supervisor's theoretical orientation), (e) interactions with supervisor (e.g. sexual attraction toward supervisor), and (f) evaluation by supervisor (e.g. worry about how supervisor will grade you). Following each content area question, participants were asked why they did not disclose the information to their supervisor. Participants were instructed to respond to all questions, but if they did not have a response, to proceed to the next item. Participants were given the opportunity to list as many items as applicable per question, but asked to label them as separate items.

Trainee Disclosure Scale. The Trainee Disclosure Scale (TDS; Walker, Ladany, & Pate-Carolan, 2007) is a 13-item self-report questionnaire that was developed based on the findings of a trainee nondisclosure study (Ladany et al., 1996). The measure assesses trainees' disclosure in supervision (i.e. 'For each question, ask yourself how likely you would be to discuss issues of _____ with your supervisor?'). For the current study, the measure was modified to assess trainee willingness to disclose during their most recent supervision session (i.e. 'For each question, ask yourself how likely you would have been to discuss issues of _____ with your supervisor during your most recent supervision session?'). Participants respond to items (e.g. clinical mistakes) on a five-point Likert scale ranging from 1 (*not at all likely*) to 5 (*very likely*). A single total score is calculated with higher scores representing higher willingness to disclose. In terms of validity, the TDS is positively related to supportive gender-related events in supervision (Walker et al., 2007). In terms of reliability, prior internal consistency estimates of the TDS have been .80 (Ladany, Mori, & Mehr, 2007) and .89 (Walker et al., 2007). The internal consistency coefficient of the TDS for the current sample was .86.

Working Alliance Inventory/Supervision-Short (Trainee Version). The Working Alliance Inventory/Supervision-Short (WAI/S-Short; Ladany, Mori, & Mehr, 2007) is a 12-item self-report questionnaire used to assess trainees' perceptions of the supervisory

working alliance. Participants respond to items on a seven-point Likert scale ranging from 1 (*never*) to 7 (*always*). A single total score is calculated with higher scores signifying stronger alliance. The Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) and the Working Alliance Inventory-Short (WAI-Short; Tracey & Kotovic, 1989) are utilised extensively as measures of the therapeutic alliance. The Working Alliance Inventory/Supervision (WAI/S; Bahrck, 1989) and the WAI/S-Short (Ladany et al., 2007) are modified versions for supervision of the WAI and WAI-Short respectively.

In terms of validity, the WAI/S-Short was found to be positively related to effective supervisor behaviours, such as strengthening the supervisory relationship, promoting open discussion, and demonstrating positive personal and professional characteristics (Ladany et al., 2007). In terms of reliability, previous internal consistency estimates of the WAI/S-Short exceeded .80 (Ladany et al., 2007). The internal consistency coefficient of the WAI/S-Short for the current sample was .96.

Trainee Anxiety Scale. The Trainee Anxiety Scale (TAS; Ladany, Walker, Pate-Carolan, & Gray-Evans, 2007) is a 14-item self-report questionnaire used to assess trainees' levels of anxiety in supervision. Participants respond to items (e.g. 'I feel worried') on a seven-point Likert scale ranging from 1 (*not at all true of me*) to 7 (*totally true of me*). A single total score is calculated with higher scores signifying higher levels of anxiety. In the current study, supervisees were asked to indicate their feelings during their most recent supervision session. In terms of validity, the TAS is positively related to the congruency of supervisor-trainee interpersonal response modes (Crall & Ladany, 2007). In terms of reliability, a previous internal consistency estimate of the TAS was .87 (Crall & Ladany, 2007). The internal consistency coefficient of the TAS for the current sample was .95.

Demographic questionnaire. A demographic questionnaire obtained information about participants' age, gender, race, degree programme, field of study, level of training, months of counselling experience, total number of clients seen, average number of clients per month, theoretical orientation, supervision setting, date supervision began, hours of supervision per week, amount of sessions to date, total number of sessions that supervision will meet, time lapsed since most recent supervision session, evaluation

procedure, supervisor's race, supervisor's gender, supervisor's employment setting, and supervisor's theoretical orientation.

Procedure

Participants were recruited through contact with directors of Masters and Doctoral programmes in counselling psychology and clinical psychology and APPIC (Association of Psychology Postdoctoral and Internship Centers) internship training directors in the United States. Directors were solicited by electronic mail to distribute a link to the website where potential participants could access the questionnaire. Directors also received a follow-up notification to forward to potential participants to remind them about the questionnaire. An explanatory cover letter asked participants to complete the questionnaire as it relates to their most recent supervision session with their current supervisor. Participants with multiple supervisors were asked to choose the primary on-site supervisor.

Ethical considerations

Lehigh University's Institutional Review Board granted approval for this study. In the explanatory cover letter, participants were told that completion of the questionnaire would constitute consent to participate in this study and that they had the right to withdraw consent and discontinue participation at any time. Also detailed was the confidential and anonymous nature of the study and the potential risks and benefits for participating. Participants were provided the contact information of the first author and the Office of Research and Sponsored Programs.

Results

Preliminary analyses

A series of multivariate analyses were conducted to test for the potential confounding influence of the demographic variables on the primary variables in this study. In each analysis, the demographic variable served as the independent variable, while the primary variables served as the dependent variables. The per comparison alpha coefficient was set to .001 to minimise Type I error, while maintaining a conservative estimate of potential confounding effects. Results indicate that none of the variables from the demographic questionnaire were found to have a relationship with any of the primary variables.

Descriptive analyses

In general, trainees reported an average of 2.68 nondisclosures ($SD = 1.77$) occurring in their most recent supervision session. Utilising qualitative information obtained from the Supervisee Nondisclosure Survey, the discovery-oriented method (Hill, 1990; Mahrer, 1988) was utilised to develop mutually exclusive categories for the content of and reasons for nondisclosure. The content of nondisclosure categories can be seen in Table I, and the reasons for nondisclosure categories can be seen in Table II. The proportions of content and reasons categories, as well as the proportion of participants reporting at least one item in each category, are displayed in Table III. Descriptive statistics for the nondisclosures, willingness to disclose, supervisory working alliance, and trainee anxiety are displayed in Table IV.

Relationship between the content of and reasons for nondisclosure

A goodness-of-fit chi-square analysis was conducted for each content area to determine whether the proportions of reasons given for the nondisclosure were equal. An alpha of .01 was utilised for each of the tests to control for Type I error. The degrees of freedom of these analyses vary, as there were reasons for nondisclosures that were not reported by any participants for some of the content categories. The chi-square analyses were significant for Negative Supervision Experience ($\chi^2(11, n = 103) = 101.233, p < .001$), Personal Life Concerns ($\chi^2(10, n = 74) = 47.000, p < .001$), Negative Perception of Supervisor ($\chi^2(10, n = 71) = 36.056, p < .001$), Negative Perception of Client ($\chi^2(11, n = 41) = 36.561, p < .001$), and Concerns with Supervisor's Perception of Supervisee ($\chi^2(12, n = 52) = 31.000, p = .002$).

A cell chi-square analysis, which is considered to be a chi-square statistic with approximately one degree of freedom (Heiberger & Holland, 2004), was conducted for each content category with a significant overall chi-square. The guidelines of Heiberger and Holland (2004) were followed in terms of reporting the reasons with cell chi-square values above 6.63 (99th percentile), but also reporting values between 3.84 (95th percentile) and 6.63 that are considered to be meaningful. When negative supervision experiences were not disclosed, the reasons were deference ($\chi^2(1, n = 103) = 63.670$), and perceived negative consequences ($\chi^2(1, n = 103) = 15.111$).

When personal life concerns were not disclosed, the reasons were impression management ($\chi^2(1, N = 74) = 15.384$), perceived irrelevance of the topic ($\chi^2(1, n = 74) = 10.282$), and perceived inappropriateness of topic ($\chi^2(1, n = 74) = 4.193$). When negative perceptions of supervisor were not disclosed, the reasons were deference ($\chi^2(1, n = 71) = 13.885$) and perceived negative consequences ($\chi^2(1, n = 71) = 4.654$). When negative perceptions of client were not disclosed, the reason was impression management ($\chi^2(1, n = 41) = 27.106$). When concerns regarding the supervisor's perception of the supervisee were not disclosed, the reasons were impression management ($\chi^2(1, n = 52) = 9.000$) and negative feelings about the topic ($\chi^2(1, n = 52) = 6.250$).

Relationships among trainee anxiety, working alliance, willingness to disclose, and nondisclosure

To test the influence of trainee perception of the working alliance and trainee anxiety on trainee nondisclosure and willingness to disclose, a multivariate multiple regression analysis was conducted. A priori power analysis determined that at least 94 participants were required to conduct the multivariate multiple regression analysis with sufficient power. The predictor variables were ratings on the WAI/S-Short and the TAS. The criterion variables were rating on the TDS and the number of trainee nondisclosures in the supervision session. Overall, the proportion of the variance in trainee willingness to disclose and nondisclosure accounted for by trainee perception of the working alliance and trainee anxiety was significant, Pillai's trace = .41, $F(4, 402) = 26.28, p < .001$. Follow-up analyses revealed that perception of the working alliance was significantly related to the amount of nondisclosures ($p = .006$) and overall willingness to disclose in the supervision session ($p < .001$). The follow-up analyses also revealed that trainee anxiety in the supervision session was significantly related to amount of nondisclosures ($p < .001$) and overall willingness to disclose during the supervision session ($p = .012$).

Discussion

The results of this study indicate that within a single supervision session, 84.3% of trainees withheld information from their supervisors. Overall, the findings are consistent with previous research that found that supervisees tended to not disclose supervision-related

Table I. Content of nondisclosure category system: Definitions and examples.

Content	Definition	Examples
Negative supervision experience	Negative thoughts, feelings, or descriptions of the supervision experience provided by the supervisor	Inaccurate reflection of my stated feelings; frustration with supervisor's help in direction with clients
Personal life concerns	Events, problems, or stressors within the context of the individual's personal life	Family conflict; personal romantic issue; death in the family
Negative perception of supervisor	Negative thoughts, feelings, or descriptions of personal and professional characteristics of the supervisor	I think he is defensive; she's a bully; feel that my supervisor is a slacker
Reaction to evaluation	Positive or negative reaction to summative and formative evaluation procedures	Thought my evaluations were even-handed and fair; thought he was harsh in a few areas
Concerns about supervisor's perception of supervisee	Issues related to the supervisor's view of the supervisee in a personal or professional context	I wonder if my supervisor likes me as a person; worry about her thinking I did something really stupid; always afraid that I won't live up to expectations
Therapeutic and theoretical differences with supervisor	Differences or disagreements with the supervisor in terms of theoretical orientation and therapeutic activities	Thought she was wrong about my patient's diagnosis; disagree with view of therapy; do not necessarily agree with theoretical orientation
Negative perception of client	Negative thoughts, feelings, or descriptions relating to the client	I get bored with him; client is frustrating to me; uneasy feelings; do not like client
Concerns about professional inadequacy	Feelings of uncertainty, inadequacy, and low self-efficacy with regards to one's professional abilities	Inadequacy; feeling lost about what to do with a client; I feel like I don't know what I'm doing; lack of confidence
Professional and academic concerns	Events, problems, or stressors within the context of the individual's professional or academic life	Stress levels about school and completing my dissertation; overwhelmed with practicum activities
Clinical events	Description of events that occurred within session with clients, including client disclosures	Client called for referral for medication; client was trying to complete with other for time; client complained about supervisor
Perceived clinical mistakes	Perceived or actual clinical errors, as well as not being able to implement intended interventions effectively	Unsuccessful intervention; mistake I made with discussing a trauma too soon; not asking for more clarification
Positive perception of supervisor	Positive thoughts, feelings, or descriptions relating to the supervisor	Idolise/idealise my supervisor; appreciation for all she's done for me
Countertransference	Reported identification with client, or statement that countertransference occurred	Client reminds me of my ex-girlfriend; worked with client that really resembled my own daughter
Sexual attraction issues	Sexual attraction issues within the supervisory triad (supervisor-supervisee-client)	Sexual attraction to my supervisor; patient verbally coming on to me; I find my client attractive
Clinical successes	Clinical accomplishments; being able to implement interventions effectively	I handled the situation well; I was proud to have taught my client a new strategy for coping with difficulties she is having
Other	Nondisclosures not fitting in other categories	The conduct of another intern

Table II. Reasons for nondisclosure category system: Definitions and examples.

Content	Definition	Examples
Impression management	Concerns about being perceived or viewed in a negative manner	Didn't want to make myself look bad; did not wish to appear weak
Deference	Perception that within the role of the trainee, it would be inappropriate to disclose out of respect for the supervisor's authority	It is not my place to tell my supervisor how to do his job; I did not want to offend him; because of the power differential
Perceived negative consequences	Perception that disclosure would result in negative repercussions for the trainee	Potential repercussions for the rest of training year; I was afraid of the implications of giving my supervisor feedback
Irrelevant	Perception that the information withheld was unimportant or irrelevant	I feel it is not influencing my work at this time; didn't seem pertinent or necessary
Time constraints	Perception that there was not enough time available or that it was imperative to utilise the time for other topics	There wasn't time to talk about me at that moment; because the time I have with her is so limited I need to use the time wisely and talk about my most difficult cases first
Pointless	Perception that disclosure of the information would be futile or useless	I did not think it would improve my situation; I did not think she would listen or change her interaction style
Negative feelings	Embarrassment, shame, discomfort or other unpleasant feelings related to the topic	Did not want to become upset; ashamed, embarrassed; it is my own insecurities
Inappropriate	Perception that the material was not appropriate to disclose within the supervision context	Supervision isn't therapy; I did not feel it to be appropriate in the context of what we were discussing
Poor alliance with supervisor	Negative thoughts of feelings related to the supervisory working relationship	Because I don't trust him; I didn't feel safe
Impact on supervisory relationship	Perception that disclosure would negatively impact the supervisor-trainee relationship	Maintain a positive relationship; because I am not sure how to approach the issue without upsetting our relationship
Supervisor aware	Perception that the supervisor is already aware of the information	This was discussed in previous sessions and he is aware of the issue; he already knows this
Too personal	Perception that the information was too private to share in supervision or within a public context	I did not want to get into my personal business; there were other students around
Uncertainty regarding approach	Feelings of uncertainty of how to approach addressing the issue in supervision	Not sure how to ask for help with particular client
Vague/unclear	Response provided is vague or unclear	

Table III. Proportions of content and reasons categories for supervisee nondisclosures and proportion of participants who reported at least one item in each of the categories.

Category	Category proportions	Proportion of participants
<i>Content</i>		
Negative perception of supervision	.158	.378
Personal life concerns	.116	.309
Negative perception of supervisor	.114	.240
Reaction to evaluation	.087	.240
Concerns about supervisor's perception of supervisee	.085	.206
Theoretical and therapeutic differences	.076	.132
Negative perception of client	.075	.201
Concerns about professional inadequacy	.058	.143
Professional and academic concerns	.053	.132
Clinical events	.051	.123
Clinical mistakes	.045	.108
Positive perception of supervisor	.024	.059
Countertransference	.024	.059
Sexual attraction issues	.015	.039
Clinical successes	.013	.034
Other	.007	.010
<i>Reasons</i>		
Impression management	.145	.289
Deference	.127	.289
Negative consequences	.108	.235
Irrelevant	.105	.245
Time constraints	.094	.191
Pointless	.081	.191
Negative feelings	.073	.167
Inappropriate	.065	.186
Poor alliance	.060	.142
Impact on relationship	.048	.132
Supervisor aware	.029	.074
Too personal	.026	.074
Uncertain approach	.018	.049

Note. Category proportions refer to the proportion of the total nondisclosures for each category. Proportions of participants refer to the proportion of participants overall who reported at least one nondisclosure in the category.

issues more so than clinical issues (Ladany et al., 1996; Pisani, 2005; Yourman & Farber, 1996). Nondisclosures most often involved trainee's negative perception of supervision, personal life concerns, and negative perception of supervisor. Reasons for nondisclosure were most often impression management, deference to supervisor, and perceived negative consequences.

Unique qualitative findings

Although this study replicated various prior findings with regards to trainee nondisclosure, unique findings emerged. For instance, nondisclosures involving concerns about supervisor's perception of supervisee, which were not reported in prior studies, were reported by 20.6% of trainees. A particularly interesting aspect of this finding was that trainees were worried about how supervisors view them in both professional *and* personal contexts. It may benefit the supervision process if supervisors communicate, to an appropriate degree, their observations and opinions of trainees. Nondisclosures involving concerns about professional inadequacy, which were also not reported in prior studies, were reported by 14.3% of participants. It may be that these concerns are more salient and meaningful for trainees immediately following their occurrence. Thus, they may be more aware of these types of nondisclosures when reflecting on their most recent supervision session as compared to the entire supervision experience.

In terms of the reasons for trainee nondisclosure, impression management and deference were reported more frequently in this study than in prior studies. It may be that trainees are more able to access distressing reasons for nondisclosure (i.e. fears of being viewed negatively; power imbalance) when asked about recent nondisclosures as compared to nondisclosures over the entirety of supervision. Overall, the benefit of recent recall harnessed by this study may have contributed to the identification of these original findings.

Working alliance

The results supported the hypothesis that the perception of a strong supervisory working alliance was related to a lower amount of trainee nondisclosure and a higher overall willingness to disclose in a single supervision session. These findings concur with prior research findings that the supervisory relationship has an influence on trainee nondisclosure (Gray et al., 2001; Ladany et al., 1996; Ladany et al., 1997; Webb & Wheeler, 1998). Additionally, this study more explicitly delineates the relationship between the supervisory working alliance (Bordin, 1983) and trainee nondisclosure through utilising a quantitative measure of the trainee's perception of the supervisory working alliance.

Table IV. Means, standard deviations and intercorrelations of number of nondisclosures, willingness to disclose, supervisory working alliance, and trainee anxiety.

Variable	<i>M</i>	<i>SD</i>	1	2	3	4
1. Nondisclosure	2.68	1.77	–	–	–	–
2. Disclose	42.37	8.31	–.434*	–	–	–
3. Alliance	62.42	15.49	–.416*	.558*	–	–
4. Anxiety	42.07	19.72	.455*	–.459*	–.615*	–

Note. Nondisclosure refers to total number of nondisclosures. Disclose refers to ratings on the Supervisee Nondisclosure Inventory. Alliance refers to ratings on the Working Alliance Inventory/Supervision-Short Form. Anxiety refers to ratings on the Trainee Anxiety Scale.
**p* <.001.

The relationship between the working alliance and nondisclosure is further supported by reported reasons for nondisclosure related to the alliance (e.g. the existence of a poor alliance; beliefs that disclosing would compromise the existing supervisory relationship). The results suggest that trainees would be more apt to disclose information if the supervisor makes active attempts to foster a strong supervisory relationship through utilisation of clinical skills, such as empathy, positive regard, and reflections.

Trainee anxiety

The results supported the hypothesis that the greater the anxiety experienced by the trainee, the greater amount of trainee nondisclosure and a lower overall willingness to disclose in the supervision session. Additionally, the relationship between trainee anxiety and nondisclosure was further supported by a commonly reported reason for nondisclosure of the experience of negative feelings (e.g. shame, embarrassment, discomfort). It appears that trainees would be more willing to disclose information if the supervision environment was less anxiety provoking. Various strategies exist that a supervisor can utilise to minimise trainee anxiety, such as providing a balance between supportive and challenging behaviours, providing more structure in supervision, and engaging in role induction with the trainee (Bernard & Goodyear, 2009).

Implications and recommendations for practice

1. *Demonstrate openness to feedback and willingness to change.* The most common nondisclosure involved dissatisfaction with the supervision experience. Unfortunately, without disclosure, the supervisor will likely not know to make changes to improve the supervision experi-

ence for the trainee, such as repairing a ruptured alliance. To promote disclosure about negative experiences in supervision, it is recommended that supervisors consistently communicate their desire to discuss supervision-related issues and demonstrate both the willingness and ability to make changes in supervision.

2. *Own your power and empower trainees.* The commonly reported reason of deference highlights the power differential in the supervision relationship. Indeed, in any relationship characterised by power inequity, the person with less power often remains cautious about what is revealed. Existing recommendations are that the supervisor identifies expressions of her or his power in supervision (Bernard & Goodyear, 2009) and understands how to manage the power struggles that inevitably arise in the supervisory relationship (Nelson & Friedlander, 2001). Additionally, it is recommended that supervisors invite an open discussion of the power differential and utilise empowerment strategies, such as asking the trainee to direct the focus of each supervision session, using interpersonal process recall (Kagan & Kagan, 1997), and encouraging trainee self-supervision.
3. *Discuss evaluation...they're already thinking about it.* A distinctive feature of supervision is that it is explicitly evaluative. It has been recommended that supervisors provide comprehensive feedback throughout the supervision experience and communicate to trainees that the formal evaluation is primarily the composite of that feedback (Bernard & Goodyear, 2009). Further recommendations to assuage evaluation fears are to describe specific evaluation procedures at the first supervision session, incorporate

the trainee's goals into the evaluation criteria, and invite the trainee to engage in ongoing assessment of progress.

4. *Foster trainee's sense of confidence.* Discussion of self-efficacy is appropriate in supervision since acquiring confidence in one's skills is an important goal of professional training (Bernard & Goodyear, 2009). It is particularly important to normalise feelings of incompetence for beginning trainees, but also important to address these feelings with more advanced trainees because many in this study reported worries that they were not competent enough for their level of training. Ways to address self-efficacy include exploring the trainee's feelings of inadequacy, highlighting strengths, exploring areas of improvement, and focusing on the therapeutic process with specific clients.
5. *Sometimes silence actually is golden.* It is important to note that we need not be concerned with all nondisclosures that occur in supervision. In some situations, nondisclosure could be an intentional effort of the trainee to navigate the power relationship or to simply utilise supervision appropriately. For instance, it is likely that many personal issues are irrelevant to supervision and would be best addressed in one's own psychotherapy (Ladany et al., 1996). Yet, it would be important for supervisors to communicate to trainees that supervision is an appropriate setting to discuss personal issues that might influence therapeutic work.

Future research directions

In general, there is a paucity of research that examines factors that influence nondisclosure in supervision. It would be beneficial to examine the influence of supervision-related variables – such as evaluation processes, supervisor self-disclosure, and role conflict and ambiguity – on the level of trainee nondisclosure in supervision. Additionally, a longitudinal investigation of the variables examined in the current study could be conducted over the course of an entire supervision experience. This line of research would provide information on changes in these variables over the course of supervision, as well as information on how the relationships between these variables might change over the duration of a supervision experience. It would also be beneficial to examine how the therapeutic process is affected by trainee nondisclosure in supervision. For instance,

future research could examine how failure to disclose clinical mistakes affects premature termination of therapy, ruptures in the alliance, and client outcome.

Limitations

A limitation of this study is that the timing of the data collection may have influenced the content of information that was not disclosed. For instance, because the data were collected near the end of an academic semester, it is likely that many trainees were especially attuned to the evaluation process. It may be that this study overestimates the amount of nondisclosure regarding formal evaluation than would occur in a typical supervision session. Additionally, the amount and type of information not disclosed likely differs depending on the stage of the relationship between the supervisor and supervisee.

At the time of data collection, the supervision pairs had met for an average of approximately 20 sessions. In more advanced supervisory relationships, the supervisee might be more inclined to disclose about certain issues (e.g. clinical mistakes; negative feelings about a client) than in supervision relationships that have just been established. Our study also only focused on a single supervision session; therefore, the full extent of the degree to which the trainee does not disclose in supervision may not have been captured. It is possible that a participant's typical level of nondisclosure varies from the single supervision session on which she or he reported. Furthermore, disclosure of the information that was withheld in the session may occur naturally in time.

Conclusions

Overall, the results of this study support the claim that trainee nondisclosure is a frequent and normative aspect of supervision (Farber, 2006). Indeed, the results revealed that within a single supervision session, trainees reported an average of 2.68 nondisclosures. Prior research findings with regards to the content of and reasons for trainee nondisclosure (Ladany et al., 1996; Pisani, 2005; Yourman & Farber, 1996) were replicated. The results also provide support for the influential role of trainee anxiety and perception of the supervisory working alliance in the disclosure process. Though not all nondisclosures are of concern, it is important to address nondisclosures that might harm the

supervision process or the trainee's therapeutic effectiveness.

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