

7-1-2008

# Predoctoral Interns' Nondisclosure in Supervision

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Accepted version. *Psychotherapy Research*, Vol. 18, No. 4 (July 2008): 400-411. DOI. © Taylor & Francis 2008. Used with permission.

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**Abstract:** *In interviews with 14 counseling center predoctoral interns regarding a significant nondisclosure in supervision, eight interns reported good supervisory relationships and six indicated that they experienced problematic supervisory relationships. Nondisclosures for the interns in good supervisory relationships related to personal reactions to clients, whereas nondisclosures for interns in problematic supervisory relationships related to global dissatisfaction with the supervisory relationship. In both groups, interns mentioned concerns about evaluation and negative feelings as typical reasons for nondisclosure. Additional reasons for nondisclosure for interns in problematic supervision were power dynamics, inhibiting demographic or cultural variables, and the supervisor's theoretical orientation. Both groups described negative effects of nondisclosure on themselves and their relationships with clients. Interns in problematic supervision also reported that nondisclosures had negative effects on the supervisory relationship.*

Inherent in most models of supervision is the expectation that supervisees will disclose to their supervisors about themselves, their clients, and the therapeutic and supervisory relationships to facilitate the supervision process and therapist development (e.g., Bordin, 1983; Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1987). When supervisees withhold important information from supervisors, opportunities for therapist development are missed and client welfare may be jeopardized (Ladany, Hill, Corbett, & Nutt, 1996; Yourman & Farber, 1996).

Supervisee nondisclosure can occur in two ways. In unintentional withholding, lack of disclosure is the result of supervisees' unsuccessful attempts to communicate the complexity of what is occurring in therapy or supervisees' uncertainty about what is appropriate to share in supervision (Farber, 2006; Wallace & Alonso, 1994). By contrast, willful or intentional withholding is the result of supervisees' conscious decisions to distort or not disclose significant information in supervision (Farber, 2006; Ladany et al., 1996). In this study, we focus on willful withholding. The three empirical studies on supervisee intentional nondisclosure in supervision (Ladany et al., 1996; Webb & Wheeler, 1998; Yourman & Farber, 1996) found that supervisees typically withhold important information from their supervisors. These studies surveyed supervisees with a range of training and experience; however, no studies have examined the phenomenon of nondisclosure

from the perspective of trainees who are in the culminating internship year of their doctoral program (predoctoral interns). Therefore, our first purpose was to explore predoctoral interns' experience of nondisclosure.

Our second goal was to explore reasons for intentional nondisclosure. From empirical data (Ladany et al., 1996), we know that supervisees sometimes do not disclose to their supervisors because the information is deemed irrelevant, they feel threatened or vulnerable, or they have concerns about the supervisory relationship (e.g., poor supervisory alliance, supervisor's perceived incompetence). Another plausible explanation is avoidance of shame (Alonso & Rutan, 1998; Farber, 2006; Yourman, 2003; Yourman & Farber, 1996), given that supervisees often struggle between wanting to appear competent and fearing that they will be found out as imposters (Harvey & Katz, 1985). Another possible reason relates to the evaluative nature of the supervision relationship (e.g., Bordin, 1983). Given that the predoctoral internship is the last supervised experience before students earn their doctoral degree, supervisors may be particularly attentive to their gatekeeping role and focused on evaluation (Hoffman, Hill, Holmes, & Freitas, 2005), rendering supervisees even more careful about disclosing content that may jeopardize such evaluations.

Our third purpose was to investigate the content of intentional nondisclosures. In the extant literature, trainee nondisclosures have typically involved negative reactions to the supervisor and supervision, personal issues unrelated to supervision, clinical mistakes, evaluation concerns, and sexual feelings toward clients (Ladany et al., 1996; Webb & Wheeler, 1998; Yourman & Farber, 1996). We thus wondered whether predoctoral interns' nondisclosures would differ from those noted by trainees with a wider range of experience. Given the emphasis placed on appearing competent, interns may more often hide clinical mistakes than negative reactions to the supervisor. Alternatively, perhaps, because of predoctoral interns' advanced training and experience, they may be more aware of their countertransference reactions and may withhold this type of vulnerability (e.g., Stoltenberg, 1981).

Finally, we wanted to extend the literature on nondisclosures beyond what has been investigated before. Thus, for our fourth goal, we questioned whether there were factors that would have facilitated supervisee disclosure. Understanding what interns think might have helped them disclose information could help us understand more about how to address nondisclosure in supervision. Fifth, because the goal of effective supervision is the development of supervisees' clinical skills and professional identity, as well as their provision of ethical and effective treatment for clients, we were also interested in examining what effect, if any, interns thought their

nondisclosure had on their personal development as well as on their supervisory and therapy relationships. Sixth, because disclosure and nondisclosure in supervision have been related to the degree of satisfaction in the supervisory relationship and to supervisory style, we assessed these constructs to assist us in understanding the context of supervisees' nondisclosures.

In our investigation of specific incidents of pre-doctoral interns' nondisclosure, we used consensual qualitative research (CQR; Hill et al., 2005; Hill, Thompson, & Williams, 1997), which allows for an in-depth exploration of a particular phenomenon (Bogdan & Biklen, 1992; Hill et al., 1997; Hoshmand, 1989). Our methodology thus substantially differed from prior research on nondisclosure, which relied on paper-and-pencil surveys. We recognize the irony about asking participants to disclose content that they deliberately chose not to disclose to their supervisors, and thus we strove to establish a safe environment in which participants would not feel judged for their behaviors.

## **Method**

### **Participants**

*Interns.* Participants were 14 predoctoral interns (11 women, three men; 10 European American/ White [non-Latino], two African American, two Asian American; 10 heterosexual, two lesbian, one bisexual, one gay) at university counseling centers from nine different East Coast states in the United States. Most of the interns were in counseling psychology PhD programs (13); one intern was in a clinical psychology PsyD program. Interns ranged in age from 27 to 38 years ( $M=31.21$ ,  $SD=3.68$ ) and defined their theoretical orientation (not mutually exclusive) as psychodynamic ( $n=6$ ), relational/interpersonal/humanistic ( $n=6$ ), eclectic/ integrative ( $n=4$ ), cognitive-behavioral ( $n=2$ ), developmental ( $n=1$ ), existential ( $n=1$ ), and feminist ( $n=1$ ). Counseling center interns were purposefully selected to obtain a homogeneous group of interns who had likely experienced similar types of supervision as part of their internship.

*Supervisors.* As described by the participants in the study, the nine female and five male supervisors ranged in age from 34 to 55 years; there were 11 European American/White (non-Latino), one African American, and two Asian American. Eleven identified as heterosexual, and three were of unknown sexual orientation. Interns assessed their supervisors' theoretical orientation (not mutually exclusive) as psychodynamic ( $n=7$ ), interpersonal/developmental ( $n=5$ ), cognitive-behavioral ( $n=2$ ), and eclectic/other ( $n=3$ ). Using a 7-point scale (1= not very competent, 7=very competent), interns rated their supervisors as moderately competent ( $M= 5.57$ ,  $SD=1.45$ ).

*Judges/interviewers.* The primary research team consisted of six European American

women (four doctoral students in psychology or education; two PhD therapists) who ranged in age from 28 to 48 years ( $M=38.66$ ,  $SD=5.96$ ). The interviews were conducted by three of the doctoral students (one person conducted 11 interviews, two others conducted the other three interviews). The auditors were two female European American professors in a counseling psychology doctoral program. The judges' and auditors' theoretical orientations were identified as (not mutually exclusive) psychodynamic ( $n=2$ ), dynamic-humanistic ( $n=2$ ), interpersonal ( $n=1$ ), interpersonal-feminist ( $n=1$ ), social constructionist ( $n=1$ ), and integrationist ( $n=1$ ). All judges and auditors had previously worked as team members on at least one study using CQR methodology. All judges and auditors were authors of the study.

### **Interview Protocol**

The interview protocol was developed for this study by Shirley A. Hess on the basis of a review of the literature and through personal supervision experiences. The protocol was reviewed by colleagues and revised based on their comments. The final protocol was semistructured in that the same basic questions were asked of everyone, but the interviewer also probed further based on participants' responses. First, interns were asked to describe a specific incident of nondisclosure (defined as one that the intern perceived as having a significant effect on the intern personally or professionally, the supervisory and/or therapist-client relationships) that occurred during their predoctoral internship. Interns were also asked what contributed to the nondisclosure, what might have facilitated their disclosure to their supervisor, and what effect the nondisclosure had on them personally and professionally and on their supervisory and therapeutic relationships.

### **Measures to Assess Context**

The Supervisory Styles Inventory (SSI; Friedlander & Ward, 1984) assesses perceptions of a supervisor's style. The SSI is composed of three subscales: Attractive (seven items; e.g., trusting and flexible), Interpersonally Sensitive (eight items; e.g., perceptive and invested), and Task-Oriented (10 items; e.g., goal-oriented and didactic). Scores range from 0 to 49 (Attractive), 0 to 56 (Interpersonally Sensitive), and 0 to 70 (Task-Oriented), with higher scores reflecting stronger perceptions of the style. The SSI scales have been found to be valid predictors of supervisee experience levels and supervisors' theoretical orientations (Friedlander & Ward, 1984) and to be related to the supervisory alliance (Efstation, Patton, & Kardash, 1990). Internal consistency estimates for the subscales ranged from .84 to .93; test-retest reliabilities ranged from .78 to .94 (Friedlander & Ward, 1984). With the current sample, the alphas were .98 (Attractive), .91 (Interpersonally Sensitive), and .80 (Task-Oriented).

The Supervisory Satisfaction Questionnaire (SSQ) assesses perceived satisfaction with

supervision. Ladany et al. (1996) created the SSQ from the Client Satisfaction Questionnaire-8 (Larsen, Attkisson, Hargreaves, & Nguyen, 1979) by replacing the terms counseling and services with supervision. The SSQ contains eight items (e.g., “How would you rate the quality of the supervision you received?”) using 4-point scales ranging from low (1) to high (4). For this study, we used a shortened version (six of the eight questions) of the SSQ because two questions were not relevant to interns (Larsen et al. recommended using a shortened version of the SSQ “as a smaller global measure of satisfaction,” p. 201). Factor analyses have consistently revealed one factor (Nguyen, Attkisson, & Stenger, 1983). The SSQ was related to supervisees’ ratings of satisfaction with supervision and nondisclosure in supervision (Ladany et al., 1996). The internal consistency alpha of the SSQ was .96 in Ladany et al. (1996) and .98 in the current study.

### **Procedures**

*Interviews.* Predoctoral interns were recruited through personal contacts with interns and training directors at 15 university counseling center internship sites approved by the American Psychological Association. Potential participants were sent a cover letter asking them to discuss their supervision experiences and talk about an incident of nondisclosure and an incident of reluctant disclosure (not reported in this study because of length limitations), consent form, interview protocol, contact form, and a statement that participants would be expected to complete a demographic form and two brief supervision measures after the interview. Those who agreed to participate completed and returned the contact form. Although the nature of the recruitment process and the procedures used to ensure confidentiality prevented us from knowing how many of the mailed packets were actually received by prospective participants or which or how many of the 15 sites were represented in the data, returned contact forms were postmarked from all nine states. Of the 36 packets distributed, 14 interns were interviewed for 45 to 60 min in an audiotaped phone interview during the last 2 months of their year-long predoctoral internship.

The audiotaped interviews were transcribed verbatim (except for minimal encouragers and silences) and given code numbers to maintain confidentiality; all names and identifying information were removed.

*Bracketing biases.* Before the coding of any data, the research team met to review the interview protocol and discuss their biases. Judges were encouraged to be aware of their own and others’ biases during the data analysis process. A summary of these biases is given here to provide a context for understanding the results. All judges thought the nondisclosures would take place within the context of a supervisory relationship where trust and safety had not adequately been established or had been broken. In terms of possible reasons for nondisclosures, all saw

power and evaluation as problematic; six also believed that differences in theoretical orientation, cultural factors, and impression management could contribute. In terms of content, seven thought personal or countertransference issues, problems in the supervisory relationship, psychotherapy mistakes, and therapist-client issues would be described. In terms of effect, all thought that nondisclosure could have a negative effect on the intern personally and on the therapist-client relationship, and six thought either there would be no change in the supervisory relationship or it would be weakened by the nondisclosure.

*Qualitative analyses.* We used CQR methodology (Hill et al., 1997, 2005) to analyze the data. These procedures include identifying domains (topic areas) for the data, coding each thought unit (one complete thought ranging from a phrase to several sentences) from each transcript into one or more domains, generating core ideas (a summary that captures the essence of what the interviewee said) from the data in the domains for each case, and then developing a cross-analysis that includes all of the data across cases for each domain (categories or themes across cases are identified). All decisions regarding the data analysis were determined by a consensus of rotating groups of three research team members and were then reviewed by two auditors external to the team. Additionally, all interns were sent a copy of the core ideas for their interview to review. No changes were recommended.

## **Results**

### **Categorization Into Good and Problematic Supervisory Relationships**

During the qualitative data analyses, two groups (good and problematic supervisory relationships) emerged based on the context and quality of the supervisory relationship. Division into groups was suggested by Hill et al. (1997, 2005) and has been done in other CQR studies (e.g., Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Williams, Soeprapto, Touradji, Hess, & Hill, 1998). As shown in Table I, the eight supervisees in the good supervision group compared with the six supervisees in the problematic supervision group were significantly more satisfied with their supervision ( $M=21.75$ ,  $SD=2.55$  vs.  $M=12.00$ ,  $SD=2.37$ ),  $t(12)=7.29$ ,  $p=.000$ , and rated their supervisors significantly higher on attractiveness ( $M=6.00$ ,  $SD=0.90$  vs.  $M=3.78$ ,  $SD=1.10$ ),  $t(12)=3.81$ ,  $p=.001$ , and interpersonal sensitivity ( $M=6.06$ ,  $SD=0.24$  vs.  $M=4.21$ ,  $SD=0.31$ ),  $t(12)=4.89$ ,  $p=.000$ . All further analyses and results, then, are based on the division of the sample into supervisees in good or problematic supervision groups.

### **Qualitative Results**

Table II provides the results for the two groups and also includes exemplary core ideas for



each category. Following CQR procedures (Hill et al., 1997), a category was considered to be general if it applied to all good cases or all problematic cases; typical if it applied to more than half of the good cases or problematic cases; and variant if it applied to at least two but no more than half of the good cases or problematic cases. Core ideas that occurred in only one case were dropped from further consideration. In this section, we report on categories that reached at least typical status. Presentation of the categories is followed by two illustrative cases: one from a good supervision case and one from a problematic supervision case.

*The context.* The context of the nondisclosure event differed for the two groups of interns. The problematic group generally described having many incidents of nondisclosure that occurred within the context of an ongoing problematic supervisory relationship. The good group generally described their incident of nondisclosure as one difficult moment within the context of an overall satisfying and positive supervision experience.

*The supervisory relationship.* Although both groups of interns had some positive things to say about their supervisory relationships, the more specific results within this broad positive category differed based on whether interns were in good or problematic supervisory relationships. In the good group, supervisees typically felt safe in the supervisory relationship (e.g., open, nonjudgmental, respectful, and nonintimidating environment) and comfortable disclosing personal and professional issues. These interns also valued their supervisor's supervisory style, often described as supportive, present, collaborative, and challenging at times. In the problematic group, interns typically learned new ways of client conceptualization or benefited from their supervisor's clinical and diagnostic expertise.

In the problematic group, interns typically cited negative factors in the supervisory relationship, such as feeling unsafe or uncomfortable disclosing in the supervisory relationship. These relationships were described as critical and evaluative, such that interns often felt "shut down" or "silenced." In addition, all interns in the problematic group experienced the supervisor as lacking investment and competence (e.g., frequently rescheduled or forgot appointments, not being present). In the good group, no categories reached typical status.

*Content of nondisclosure.* Interns' nondisclosures in the good group typically were about clinical issues (e.g., issues related to countertransference, transference, therapeutic relationship, perceived mistakes). In contrast, interns' nondisclosures in the problematic group typically related to problems in the supervisory relationship (e.g., issues related to the supervisor's theoretical orientation, the supervisor's mixed messages or expectations).

*Reasons for nondisclosure.* Of the six reasons for nondisclosure, two categories were

typical for both groups: (a) concern about a poor evaluation affecting their future (more specifically, interns were concerned about how the supervisor would view them and did not want the supervisor to think less positively of them), and (b) interns did not disclose because of negative feelings (e.g., insecure, unsettled, vulnerable, self-doubt, embarrassed). In addition, four other categories were typical reasons for nondisclosure in the problematic group: (a) concerns about the power differential (e.g., too dangerous, feared personal and professional consequences); (b) the supervisor's theoretical orientation, therapy style, or demographic or cultural variables (e.g., gender, sexual orientation, age, values); (c) previous unsuccessful attempts to disclose to the supervisor; and (d) not worth the effort to disclose.

*What would have helped intern disclose.* Typically, interns in the good group said they might have disclosed if the supervisor had asked about the incident or had self-disclosed about a similar situation, thus normalizing the intern's doubts and confusion. In contrast, interns in the problematic group typically said that nothing would have helped, or they did not know what would have helped them disclose.

*Perceived effects of nondisclosure.* Interns in the good group typically experienced neutral effects on the supervisory relationship, commenting that the relationship did not weaken as a result of the nondisclosure incident. In contrast, all interns in the problematic group experienced negative effects of the nondisclosure such that (a) they experienced frustration, disappointment, and a lack of safety in the supervisory relationship and (b) they became less disclosing or less invested in supervision.

All interns also perceived the nondisclosure as negatively affecting them personally. They typically experienced negative feelings (e.g., loss of confidence and sense of competence, embarrassment, feelings of insecurity about chosen field and clinical abilities, guilt about not disclosing). In addition, those in the good group typically described having lingering concerns about the nondisclosure, often wishing they had disclosed or wondering why they did not disclose. In contrast, those in the problematic group felt forced to seek supervision elsewhere to get their needs met.

In addition, both groups of interns typically felt that the nondisclosure had a negative effect on their clinical work with clients. Interns said they were more anxious, were less present with and less helpful to their clients, and felt their therapeutic relationships were not as rich as they could have been.

### **Illustrative Examples**

*Good relationship.* Pat<sup>1</sup> felt very comfortable and safe disclosing with his supervisor, whom

he described as “one of the best I’ve ever had.” He experienced his supervision as “more respectful, collaborative, challenging, and growth producing than other supervisory experiences.” Pat did not disclose how much he liked one of his clients (e.g., “I wished we could meet outside of therapy and be friends”) and that he did “not want to let the client go.” He was embarrassed by these feelings and feared that “my supervisor would think my feelings were inappropriate and that I had boundary problems.” However, he felt that by not disclosing, he “missed an opportunity to benefit from my supervisor’s possible experiences with a similar situation.” When asked what would have helped him disclose, Pat said, “If the supervisor had asked about the incident, it would have been easier for me to disclose.” As a result of the nondisclosure incident, Pat “felt alone and that I wasn’t doing a good job if I let a connection happen with the client.” The incident made him think about being “more genuine and whole” with his clients and made him aware of his perception that his “training set up a dichotomy between head and heart.” He wanted to bring his heart more into the sessions but feared he would “lose boundaries,” so he resorted to his cognitive skills. In hindsight, he wished he had disclosed this incident to his supervisor. As for the effect of the nondisclosure on the therapeutic relationship, Pat said, “The relationship with my client suffered and it could have been richer had I been counseled on how to manage the client’s comments about wanting a friendship and my feelings about the client.”

*Problematic relationship.* Alex was not satisfied with supervision and never felt comfortable disclosing personal or countertransference issues because when she raised such concerns, “they were dismissed by the supervisor.” Contrary to previous supervisory experiences, Alex felt she could not be totally honest and could not “do the deeper kind of work” she thought was necessary. She characterized her supervisor as “more invested in [the supervisor’s] way of working in therapy than in helping me foster my own style.” It was difficult for Alex to identify a specific nondisclosure incident because she was constantly frustrated. She chose, however, to describe her feelings about the intense transference and countertransference issues in a client relationship. Although she was able to talk about the client in supervision, she said, “I did not talk about the derogatory things my client was saying and my negative feelings about the client and his stereotypes.” During previous attempts to talk about transference/countertransference issues in supervision, “they never went anywhere” and “I got the message that my supervisor didn’t find them important, so I stopped raising the issues.” Alex also felt that disclosing her frustration with her supervisor would negatively affect her evaluation. She cited personality issues and the supervisor’s “style of giving advice on what I should do and how the therapy should go without considering or working with my personal style” as inhibiting disclosure. When asked what would

have helped her disclose, Alex said she thought that “nothing would have changed because my supervisor was too invested in her way of doing therapy.” Alex thought the nondisclosure negatively affected her professional growth because she was cautious about the types of clients she chose to present in supervision. She felt “limited by the range of issues [the supervisor] could handle.” Alex became less disclosing and more frustrated with the process: “Eventually, I just gave up trying to talk about what was important to me; I shut down and just went through the motions.” She also experienced a “detachment from some of my clients,” which made her “less present” with them.

## **Discussion**

All interns interviewed for this study, even those in satisfying relationships, withheld information from their supervisors. Although these data are not surprising, given that we intentionally solicited information about nondisclosures, we were impressed that the experience of nondisclosure was quite different for interns in good supervisory relationships compared with those in problematic supervisory relationships. Much has been written about good and poor supervision overall (see review by Falender & Shafranske, 2004), but the current study allows us to view the phenomenon of nondisclosure within good and problematic supervisory relationships from the specific and unique vantage point of the predoctoral intern. Next, we discuss the most notable and intriguing findings related to the context of the nondisclosure, reasons for nondisclosure, and what interns thought could have facilitated disclosure for both groups. We also acknowledge the complexity of the supervision process and address the limitations and implications of the study.

### **Context**

The quality of the supervisory relationship, the supervisor’s style, supervisor and supervisee roles, and a “high-stakes” environment in which interns worried that a negative evaluation would have consequences for future employment (Padilla, 2001) all seemed associated with interns’ experience of nondisclosure. These predoctoral interns came to their culminating, year-long training position with a wealth of clinical experience, having worked with a variety of supervisors and clients and often having supervised master’s-or doctorate-level trainees before internship. Hence, although we would expect that such advanced trainees would form collegial supervision relationships, those in problematic supervisory relationships rated their supervisors well below the normative means of the SSI on attractiveness and interpersonal sensitivity (Friedlander & Ward, 1984).

It is possible that even though interns in problematic relationships reported that they became less disclosing and their supervision worsened as a result of the nondisclosure event, they may have been initially less trusting, more cautious about disclosing with these supervisors, and more defensive. If supervisors did not recognize such early tension and intervene to address the relationship (Ladany, Friedlander, & Nelson, 2005) or if they held tight to their position power, it is easy to see how the relationship may have disintegrated, with each party becoming more and more dissatisfied. Such a process would help explain the increasing distance that occurred between supervisor and supervisee as well as supervisees' feeling threatened by the supervisor's power and feeling hopeless about changing the problematic relationship.

Another contextual explanation for the experiences of interns in problematic supervisory relationships is role conflict. Advanced trainees may be more susceptible to role conflict than novice trainees because they expect, and may have already experienced, collegial and collaborative supervisory relationships (Ladany et al., 2005; Nelson & Friedlander, 2001; Olk & Friedlander, 1992). As evidenced by the low scores on the SSI, however, interns in problematic relationships did not report collegiality from their supervisors and may also have felt that their supervisors did not acknowledge their clinical experience. This conflict in expectations may explain why interns in problematic relationships felt disrespected and disappointed; questioned their own experience and became anxious; or, even worse, completely dismissed their supervision.

Given interns' perception of such an unsafe supervisory setting, the likelihood that they could have resolved problems in the supervisory relationship was probably diminished by the fact that the nondisclosures were related to the supervisory relationship itself. Even supervisors find it difficult to give feedback to supervisees about the supervisory relationship (Hoffman et al., 2005), so it is not surprising that interns, who are one down in the power relationship, felt it too risky to address their concerns. Nelson and Friedlander (2001) similarly found that problems in poor supervisory relationships went unresolved.

In contrast to supervisees in problematic relationships, interns in good supervisory relationships said their supervision did not suffer as a result of the nondisclosure. When supervisees have positive experiences in supervision and enjoy a solid working alliance, they may view isolated nondisclosures as unremarkable features of the supervision process. Supervisees in safe and satisfying supervision relationships may thus have viewed their nondisclosures as more about their own personal barriers (e.g., lacked confidence) and less about the supervisor or the supervisory relationship.

## **Reasons for Nondisclosure**

Unsurprisingly, most predoctoral interns in both groups were concerned about how they would be evaluated if they disclosed clinical mistakes or negative reactions to their supervisors. The hierarchical structure inherent in models of supervision attributes formal power to supervisors based on their position and the expectation that they evaluate supervisee performance and serve as the profession's gatekeepers (e.g., Bordin, 1983). As a result, supervisees have comparatively less power and are vulnerable (Bernard & Goodyear, 2004). Although some supervisors may strive to equalize power within the supervisory relationship, the predoctoral internship itself may heighten the significance of the evaluation process (as mentioned by supervisees) because of the high-stakes setting, thus leading to nondisclosure.

We were struck by the fact that so many interns (in both groups), despite their advanced levels of training and clinical experience, reported negative personal feelings (e.g., anxiety, doubt, confusion) that contributed to nondisclosure. Some supervisees may be more prone to these intrapsychic reactions, because supervisees often view themselves as imposters and do not want to appear incompetent (Harvey & Katz, 1985). Interns may, however, be more anxious than usual because the internship takes place in a heightened evaluative setting in which the interns' perception may be that exemplary performance is the norm. Ensuing performance anxiety may then cause distress, because interns likely were confident and expected success going into their internship. Such distress about their status and competence may then increase their feelings of doubt and shame, thus decreasing their self-efficacy (Bandura, 1986) and possibly inhibiting disclosure. Both groups of interns noted that this decrease in self-efficacy seemed to have negative consequences for their therapeutic relationships.

Similar to Ladany et al.'s (1996) findings, the theme of power permeated the experiences reported by interns in problematic relationships and contributed to their nondisclosure. In the current study, interns specifically mentioned that power imbalances were often tied to differences between the supervisors' and supervisees' style of doing therapy and their demographic or cultural characteristics (e.g., gender, sexual orientation, age), with the supervisor representing the culturally dominant aspect of the dichotomy (e.g., male, heterosexual, older). The presence of such power differences was illustrated by interns in problematic supervisory relationships feeling forced to follow their supervisor's theoretical orientation or approach.

These dimensions of power (exerting cultural dominance and restricting theoretical expression) were absent in the good supervisory relationships. We speculate that interns in good supervisory relationships did not attribute their nondisclosure to power imbalances because their

supervisors endorsed a more egalitarian supervision style (e.g., flexible, open, collaborative), as substantiated by their ratings on the SSI.

### **What Would Have Helped Interns Disclose**

Interns in problematic supervisory relationships said they felt hopeless, identifying nothing that would have fostered their disclosure. Perhaps the poor supervisory relationship, coupled with the high-stakes setting, made it too dangerous to broach a conversation about the problems in the relationship. By contrast, interns in good supervision relationships appeared open to discussing the nondisclosure, but placed the primary responsibility for doing so on their supervisors. Interestingly, Gray, Ladany, Walker, and Ancis (2001) found that supervisees who experienced a counterproductive event and were overall moderately satisfied with their supervision also typically wished supervisors had acknowledged and processed the conflict. Furthermore, supervisees in Ladany and Lehrman-Waterman's (1999) study said that supervisors who disclosed experiences such as personal struggles and difficulties with clients were seen as creating strong emotional connections with supervisees, thereby enhancing supervisee disclosure. Supervisor self-disclosure may then play a vital role in normalizing supervisees' struggles and negative feelings and may improve the supervisory working alliance (Ladany & Lehrman-Waterman, 1999). Such disclosures may also assuage supervisees' feelings of vulnerability, help them set realistic expectations, open up valuable discussions about how to deal with difficult situations, and thus facilitate supervisee disclosure (Farber, 2006).

### **Complexity of Supervision Process**

As with most types of relationships, it is important to note that the supervision relationships of these interns were neither all good nor all bad. Thus, it would be overly simplistic to characterize the supervision experiences of these interns as purely "good" or "problematic." All interns had positive things to say about their supervisor and what they learned through the supervisory process, and all experienced negative aspects of their supervision that inhibited their disclosure. Likewise, some categories from both groups occurred with equal frequency, whereas other categories more clearly distinguished the good from the problematic supervision groups. We are reminded that supervision is a complex phenomenon with varying components, all contributing to each party's experience of supervision.

### **Limitations**

Although the size of the final sample is consistent with CQR guidelines (Hill et al., 1997, 2005), it is possible that those supervisees who chose not to participate in this study would have responded differently. In addition, although the results are compelling, any conclusions based on

the division into good and problematic supervision must be considered as tentative, given the small sample size. Furthermore, although we obtained an in-depth view of a single nondisclosure event, interns may have selectively chosen nondisclosures that made them look good. We also note that in using a purposeful selection process to obtain a homogeneous group, all participants were predoctoral interns from university counseling centers, and so our results cannot be generalized. Another limitation is that these results are based on supervisees' recall of such events, and their memory may have been faulty. Moreover, we did not interview supervisors about their experiences of the reported events, and they may have perceived and recalled the events differently. We also note that including the interview protocol in the initial mailing to potential participants may have allowed participants to respond in a more socially desirable manner (Hill et al., 1997). Finally, administering the SSI and SSQ after the interview may have resulted in biased data given that participants had just been talking about nondisclosures.

Despite the limitations, we hope that readers will find these results useful in thinking about their roles as supervisors, supervisees, and researchers. One test of the utility of qualitative research is whether readers find that it resonates with their experiences and can be applied to their lives (see Stiles, 1993)

### **Implications**

The findings of this study suggest that the construct of nondisclosure be integrated into models of supervision (Ladany et al., 1996; Stoltenberg & Delworth, 1987). Most models of supervision assume that supervisees disclose important information to their supervisors; however, we know that supervisees often withhold critical information. Nondisclosure should thus be addressed as an expected phenomenon, with discussion between supervisors and supervisees given as to how and why nondisclosure occurs and what supervisors and supervisees can do to promote disclosure in supervision.

In addition, these results may be valuable for trainers in internship settings. Predoctoral interns occupy a tenuous point in their career development: advanced in their training and experience, yet very aware of the influential dual roles their supervisors have as both mentor and gatekeeper. Perhaps supervisors could talk with supervisees about the inherent power differences in the supervisory relationship. Working from a stance of empowerment and mentoring may encourage interns' autonomy and may "assist supervisees in overcoming their own internalized authority issues" (Szymanski, 2003, p. 222), thereby making them less susceptible to shame, validating their strengths, and helping supervisees trust their own experience (Szymanski, 2003).



Another implication comes from the finding that interns in good supervisory relationships suggested that they might have disclosed if the supervisor had noticed and then addressed the problematic issue. It thus seems useful for supervisors to use audiotaping, videotaping, and live supervision of therapy sessions for all levels of trainees (Ladany et al., 1996) so that they have more direct information about what is actually going on in sessions. Also, because some interns reported that their nondisclosure was related to process rather than content, supervisors need to be astute in assessing both covert and overt clues (particularly anxiety) that interns bring to supervision and in initiating conversations about things left unsaid.

In addition to practice implications, the results suggest several areas for further empirical investigation. Supervision practice may be further enhanced by an ongoing examination of nondisclosure events throughout the duration of the supervision. For example, this phenomenon could be studied within the context of weekly supervision, tracking the working alliance, assessing supervisory style from both the perspective of the supervisor and supervisee, monitoring the supervisee's and supervisor's weekly experiences of nondisclosure, and assessing supervisee satisfaction. Likewise, future investigations might explicitly evaluate client treatment outcomes in relationship to supervisees' critical incidents of nondisclosure. Also, we do not know what consequences, positive or negative, would have arisen had the interns decided to disclose the content they chose not to disclose. In some instances, disclosure may have led to deeper supervisory relationships, enhanced self-confidence, and much needed assistance from the supervisor; however, in other instances disclosure may have further weakened the supervisory alliance and possibly led to negative evaluations. Future studies might examine what consequences occur as a result of disclosing difficult material.

## Notes

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- This article was based on a doctoral dissertation by Shirley A. Hess under the direction of Mary Ann Hoffman. A version of this study was presented at the 107th Annual Convention of the American Psychological Association, Boston, MA. We sincerely thank the predoctoral interns who participated in this study. We also express our appreciation to Nikia Love Brown, Marlena Jalowiec, Robin Johnson, Laura Josselyn, Emily Nagoski, and Jessica Pentoney for their assistance with transcription. Finally, we thank Alan Burkard, Kurt Kraus, Bill McHenry, and Connie Matthews for their comments on an earlier draft of

this article.

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## References

- Alonso, A., & Rutan, J. S. (1998). Shame and guilt in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training, 25*, 576-581.
- Bandura, A. (1986). *Social foundations of thought and action: A social-cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bernard, J. M., & Goodyear, R. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston: Allyn & Bacon.
- Bogdan, R. C., & Biklen, S. K. (1992). *Qualitative research for education: An introduction to theory and methods* (2nd ed.). Boston: Allyn & Bacon.
- Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*, 35-52.
- Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37*, 322-329.
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach* (pp. 37-58). Washington, DC: American Psychological Association.
- Farber, B. A. (2006). *Self-disclosure in psychotherapy: Patient, therapist, and supervisory perspectives* (pp. 276-318). New York: Guilford Press.
- Friedlander, M. L., & Ward, L. G. (1984). Development and validation of the Supervisory Styles Inventory. *Journal of Counseling Psychology, 4*, 541-557.
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology, 48*, 371-383.
- Harvey, J. D., & Katz, C. (1985). *If I'm so successful why do I feel like a fake: Imposter phenomenon*. New York: St. Martin's Press.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005).
- 16 Hess, Knox, Schultz, Hill, Sloan, Brandt, Kelley & Hoffman

- Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196-205.
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25, 517-572.
- Hoffman, M. A., Hill, C. E., Holmes, S. E., & Freitas, G. F. (2005). Supervisor perspective on the process and outcome of giving easy, difficult, or no feedback to supervisees. *Journal of Counseling Psychology*, 52, 3-13.
- Hoshmand, L. L. S. T. (1989). Alternate research paradigms: A review and teaching proposal. *The Counseling Psychologist*, 17, 3-79.
- Knox, S., Burkard, A. W., Johnson, A. J., Suzuki, L. A., & Ponterotto, J. G. (2003). African American and European American therapists' experiences of addressing race in cross-racial psychotherapy dyads. *Journal of Counseling Psychology*, 50, 466-481.
- Ladany, N., Friedlander, M. L., & Nelson, M. L. (2005). *Critical events in psychotherapy supervision: An interpersonal approach* (pp. 79-97). Washington, DC: American Psychological Association.
- Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43, 10-23.
- Ladany, N., & Lehrman-Waterman, D. E. (1999). The content and frequency of supervisor self-disclosures and their relationship to supervisor style and the supervisory working alliance. *Journal of Counselor Education and Supervision*, 38, 143-160.
- Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning*, 2, 197-207.
- Loganbill, C. R., Hardy, E. V., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist*, 10, 3-42.
- Nelson, M. L., & Friedlander, M. L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, 48, 384-395.
- Nguyen, T. D., Attkisson, C. C., & Stenger, B. L. (1983). Assessment of patient satisfaction: Development and refinement of a service evaluation questionnaire. *Evaluation and Program Planning*, 6, 299-313.
- Olk, M., & Friedlander, M. L. (1992). Role conflict and ambiguity in the supervisory experiences of counselor trainees. *Journal of Counseling Psychology*, 39, 389-397.

- Padilla, A. M. (2001). Issues in culturally appropriate assessment. In L. Suzuki, J. G. Ponterotto & P. J. Meller (Eds), *Handbook of multicultural assessment: Clinical, psychological, and educational applications* (pp. 5-27). San Francisco, CA: Jossey-Bass.
- Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review, 13*, 593-618.
- Stoltenberg, C. D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*, 59-65.
- Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists: A developmental perspective*. San Francisco: Jossey-Bass.
- Szymanski, D. M. (2003). The feminist supervision scale: A rational/theoretical approach. *Psychology of Women Quarterly, 27*, 221-232.
- Wallace, E., & Alonso, A. (1994). Privacy versus disclosure in psychotherapy supervision. In S. E. Greben & R. Ruskin (Eds), *Clinical perspectives on psychotherapy supervision* (pp. 211-230). Washington, DC: American Psychiatric Press.
- Webb, A., & Wheeler, S. (1998). How honest do counselors dare to be in the supervisory relationship? An exploratory study. *British Journal of Guidance and Counselling, 26*, 509-523.
- Williams, E. N., Soeprapto, E., Touradji, P., Hess, S., & Hill, C. E. (1998). Perceptions of serendipity: Career paths of prominent academic women in counseling psychology. *Journal of Counseling Psychology, 45*, 379-389.
- Yourman, D. B. (2003). Trainee disclosure in psychotherapy supervision: The impact of shame. *Journal of Clinical Psychology, 59*, 601-609.
- Yourman, D. B., & Farber, B. A. (1996). Nondisclosure of distortion in psychotherapy supervision. *Psychotherapy, 33*, 567-575.

**Appendix  
Table 1**

**Differences Between Interns in Good Supervisory Relationships and Interns in Problematic Supervisory Relationships on their Perceptions of Supervisory Styles and Satisfaction With Supervision**

Variable	Relationship						Friedlander & Ward (N = 23)	
	Good		Problematic				M	SD
	M	SD	M	SD	t(12)	p		
SSQ	21.75	2.55	12.00	2.37	7.29	<.000		
SSI								
Attractiveness	6.00	0.90	3.78	1.10	3.81	<.001	5.28	1.06

Interpers. Sensitivity	6.06	0.24	4.21	0.31	4.89	<.000	5.77	0.83
Task-Oriented	4.58	0.94	4.07	1.16	0.91	<i>ns</i>	4.47	1.01

Note. Good relationship refers to the group of eight supervisees who described one instance of difficulty in an otherwise good supervisory relationship. Problematic relationship refers to the group of six supervisees who had an ongoing problematic supervisory relationship. The normative data are presented for the SSI (Friedlander & Ward, 1984). SSQ=Supervisory Satisfaction Questionnaire; SSI=Supervisory Styles Inventory.

**Table 2**  
**Domains and Categories Related to Nondisclosures**

Domain/category	Supervision		Exemplar quotes from interns
	Good (n = 8)	Problematic (n = 6)	
Context			
Ongoing problematic relationship	–	G	Our supervisory relationship was an ongoing conflictual interpersonal process. (0)
Generally good supervisory relationship	G	–	I am very trusting of my supervisor and I'm getting what I hoped for; I wish it could continue longer. (+)
The supervisory relationship			
Positive elements	G	T	
Safe relationship/intern very comfortable disclosing with supervisor	T	–	Supervision was an open and comfortable environment. (+)
Intern valued supervisor's supervision style	T	–	Supervisor's style was collaborative and nonintimidating. (+)
Supervisor's expertise increased intern's awareness/case conceptualization	V	T	I learned psychodynamic conceptualization and gained new ways of looking at my client's issues. (0)
Negative elements	V	G	
Unsafe relationship/intern uncomfortable disclosing with supervisor	V	T	The critical and evaluative comments became harder to take and our relationship became less and less safe. (0)
Supervisor lacked investment or competence	V	G	My supervisor should retire; he doesn't remember what I say about my clients. (0)
Content of nondisclosure			
Clinical issues/intern mistake	T	V	I was feeling emotionally distant from the client because of my own personal issues. (+) I didn't disclose the derogatory things my client was saying. (0)
Problems in the supervisory relationship	–	T	I felt frustrated by my supervisor's mixed messages; I was not sure what he wanted in the supervisory relationship. (0)
Reasons for nondisclosure			
Concern about evaluation/concern about how supervisor would view intern	T	T	I did not want the confusion I felt to interfere with my supervisor's evaluation of me. (+) Disclosure threatened to endanger my supervisor's favorable opinion of me. (0)

Afraid of hurting supervisor's feelings or pushing supervisor's issues	–	V	I was reluctant to push supervisor's issues. I didn't want to hurt my supervisor's feelings. (0)
Intern experienced negative feelings	T	T	I felt insecure because I felt I should know more than I did. (+) I felt vulnerable and had self-doubts. (0)
Power differential	–	T	I discussed the incident with my therapist and concluded it was too dangerous to talk with the supervisor because there would be personal and professional consequences. (0)
Inhibiting effect of supervisor's characteristics	V	T	
Demographic or cultural variables (e.g., gender, age, sexual orientation, values)	V	T	I did not feel understood because I was the only "nonhetero" person in a homophobic environment. (0)
Theoretical orientation or therapy style	V	T	My supervisors had a pretty rigid dynamic-analytic orientation that contributed to my nondisclosure. (0)
Previous attempts to disclose unsuccessful	–	T	I attempted several times in different ways to let my supervisor know I was struggling and needed help. (0)
Not worth the effort to disclose	–	T	I was now getting supervision elsewhere (0)
What would have helped intern disclose			
Supervisor asking/disclosing about incident	T	–	If my supervisor had listen to the tape and asked me about the incident, I would have disclosed. (+) If my supervisor had talked about her doubts about her career, it would have normalized my confusion and helped me disclose. (+)
Nothing or doesn't know	–	T	I don't think anything would have helped (0)
Intern should have done something different	V	–	The nondisclosure was a product of my self-doubt and self-criticism; I should have been more confident. (+)
Perceived effects of nondisclosure on supervisory relationship			
Neutral effects	T	–	The incident wasn't a relationship breaker. The supervisory relationship didn't weaken. (+)
Negative effects	V	G	
Frustrating, disappointing, or less safe relationship	V	G	I was disappointed that the relationship didn't feel safe. It left a bad taste for the whole internship

			year. (0)
Supervisee became less disclosing/invested	V	T	My supervisor seemed oblivious to my pulling back and I became less disclosing. (0)
Perceived effects of nondisclosure on the intern personally			
Negative effects	G	G	
Intern experienced negative self-feelings	T	T	I was anxious. (0) I felt guilty. (+)
Intern had lingering concerns or questions about nondisclosure	T	—	I wondered why I was so embarrassed to disclose to my supervisor when my self-disclosure to the client was such a special moment for her. (+)
Intern forced to seek supervision elsewhere	—	T	I had to be resourceful by getting a secondary supervisor to meet my needs. (0)
Intern's work and professional growth limited	V	V	I resigned myself not to take risks, which reinforced my tendency to avoid conflict. (+)
Positive effect: increased awareness	V	V	I realized that when clients' issues touch my stuff, I will try to bring it up in supervision. (+)
Perceived effects on the therapist-client relationship			
Negative effects (e.g., intern not as present or helpful; relationship not as rich)	T	T	The supervisor's constant pressure made me anxious; it affected my ability to be present with my clients. (0) I wondered what effect my emotional distance had on the client. (+)

Note. G=general; T=typical; V=variant. Good supervisory relationship: G=8 cases, T=5-7 cases, V=2-4 cases. Problematic supervisory relationship: G=6 cases, T=4-5 cases, V=2-3 cases. +=quote from good relationship; 0=quote from problematic relationship.