

Professional Psychology: Research and Practice

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Online First Publication, September 2, 2021. <http://dx.doi.org/10.1037/pro0000424>

CITATION

Mehr, K. E., & Daltry, R. M. (2021, September 2). Supervisor Self-Disclosure, the Supervisory Alliance, and Trainee Willingness to Disclose. *Professional Psychology: Research and Practice*. Advance online publication. <http://dx.doi.org/10.1037/pro0000424>

Supervisor Self-Disclosure, the Supervisory Alliance, and Trainee Willingness to Disclose

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This brief report explores the relationship between professional psychology trainees' perceptions of the supervisory working alliance with their supervisor, their perception of their supervisor's self-disclosure, and their own willingness to disclose in supervision. Trainee perception of the working alliance significantly predicted their willingness to self-disclose in supervision; by contrast, their perception of supervisor self-disclosure did not. Although supervisors believe that their self-disclosure will lead to increased disclosure from supervisees, our findings suggest a more ambiguous relationship. Further research on supervisor and supervisee self-disclosure is needed to better understand the nuances of the supervisory relationship. Implications for practicing supervisors are discussed.

Public Significance Statement

This study found that psychology trainees who have a positive view of their relationship with their supervisor are more likely to disclose information in supervision. However, their view of the degree to which their supervisor discloses does not influence their own disclosure.

Keywords: supervisor self-disclosure, supervisory alliance, trainee willingness to disclose

Trainee disclosure in supervision is vital for supervision to fulfill its role as a primary method by which emerging clinicians are trained in the mental health professions. Supervision functions to promote the professional growth and competence of trainees, protect client welfare, and ensure the ethics of the profession (Bernard & Goodyear, 2019). When trainees fail to disclose sufficiently, they miss potential learning opportunities which can impair their clinical efficacy (Farber, 2006). Furthermore, the supervision relationship itself is negatively impacted by nondisclosure in supervision (Farber, 2006). And yet, despite the importance of being forthcoming with supervisors, nondisclosure by trainees is a common event

within supervision, and most often involves supervision-related issues, clinical issues, and personal concerns (Cook et al., 2018; Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010). While some of this nondisclosure is normative and innocuous, the omission of important clinical or supervision-related information injures not only the quality of supervision and training received by the trainee but also the quality of the therapy provided to clients by the trainee (Knox, 2015).

The supervisory relationship is a substantial contributor to trainee disclosure and nondisclosure (Cook et al., 2019; Ladany et al., 1996; Singh-Pillay & Cartwright, 2019; Spence et al., 2014). A more specific classification of the supervisory relationship is the supervisory working alliance, which encompasses the emotional bond between supervisor and trainee and their agreement on the tasks and goals of supervision (Bordin, 1983). There is significant empirical support for a positive relationship between trainee perception of the supervisory working alliance and their willingness to disclose in supervision (e.g., Mehr et al., 2010, 2015; Schweitzer & Witham, 2018). In a study that examined the relationship between trainee's attachment to their supervisor and disclosure in supervision, attachment was positively and significantly related to bond, tasks, and goals, and the alliance fully mediated the relationship between attachment and disclosure (Gunn & Pistole, 2012). Furthermore, supervisee perception of the alliance impacts supervision-related nondisclosure more than clinical-related nondisclosures (Gibson et al., 2019). The present study aims to add to existing empirical support for the relationship between trainees' perceptions of the supervisory working alliance and their willingness to disclose in supervision. Beyond that, however, this investigation will also test the predictive power of trainee reports of supervisors' self-disclosure on their own self-disclosure within the training dyad.

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We have no known conflict of interest to disclose.

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Trainee perceptions of the influence of their supervisors' self-disclosure on their own disclosure in supervision are far less examined within the existing literature. Supervisors use disclosure for various purposes, such as normalizing clinical struggles, promoting collegiality in the relationship, imparting professional wisdom, teaching clinical skills, and providing feedback to trainees on their interpersonal style and clinical interventions (Farber, 2006; Ganzer & Ornstein, 2004; Ladany & Walker, 2003). In addition, trainees seem to be more comfortable sharing their cultural viewpoint, especially regarding clinical work, with supervisors who actively disclose their own cultural values and biases (Ancis & Marshall, 2010). Ladany and Walker (2003) proposed that supervisor self-disclosure facilitates trainee self-disclosure by creating an environment of trust in which disclosure is modeled as an appropriate and expected behavior in supervision. In a qualitative study of supervisors' use of self-disclosure as an intervention, supervisors believed that their disclosure led to increased supervisee self-disclosure (Knox et al., 2008). In another study that examined trainee perceptions of their supervisors' self-disclosures, participants reported mostly positive experiences of supervisor disclosure and said it resulted in a sense of connection with the supervisor and increased ease being honest with their supervisors (Knox et al., 2011). However, some supervisor self-disclosures (e.g., personal concerns such as mental health diagnoses, personality dynamics, and difficult family issues) were experienced as inappropriate and harmful to the supervisory relationship by trainees (Knox et al., 2011), which highlights the importance of careful boundaries in supervision. Therefore, it is prudent for supervisors to use self-disclosure judiciously and in service of the needs of the supervisee (Inman et al., 2014).

In a study on effective and ineffective supervision, Ladany et al. (2013) found best supervisors were viewed by trainees as disclosing more than worst supervisors and trainees reported less nondisclosure in supervision with best supervisors as compared with worst supervisors. However, the relationship between perception of supervisor self-disclosure and trainee willingness to disclose was not examined in the Ladany et al. (2013) study. The present study aims to remedy the gap in the literature by quantitatively exploring the relationship between supervisor self-disclosure and trainee willingness to disclose. Practicing supervisors seem to function from the belief that their own self-disclosure is a modeling process that will lead to increased trainee disclosure (Knox et al., 2008); yet there is limited empirical support in the existing literature for this as a best practice in supervision. The present study aims to provide empirical data to support or challenge this common supervision practice. It was hypothesized that there would be a positive relationship between trainees' perception of supervisor self-disclosure and their own willingness to disclose in supervision. Given the importance of the context of the supervisory relationship and the existing literature on the influence of the alliance on trainee disclosure, it was also hypothesized that there would be a positive relationship between trainee perception of the working alliance and willingness to disclose in supervision.

Method

Participants

One hundred and forty-three professional psychology predoctoral interns (116 ciswomen; 23 cismen; 2 gender queer; 2 did not

answer), averaging 30 years of age, participated in this study. Participants identified as European-American or White (113; 79%), African-American or Black (6; 4.2%), Hispanic or Latinx (10; 7.0%), Asian American or Pacific Islander (5; 3.5%), Multiracial (5; 3.5%), and Other (4; 2.8%). They were enrolled in programs in clinical psychology (77.6%), counseling psychology (11.9%), and school psychology (10.5%), with 53.8% pursuing a PsyD and 45.5% pursuing a PhD. They were primarily interns in Veterans Affairs Medical Centers (21%), University Counseling Centers (18.9%), Community Mental Health Centers (14%), State/County/Other Public Hospitals (13.3%), Private General Hospitals (8.4%), School Districts (7%), Prison/Other Correctional Facilities (4.2%), Armed Forces Medical Centers (3%), Medical Schools (2.8%), and Consortiums (2.1%). Of the participants, 94.4% reported that their internship sites were American Psychological Association (APA)-accredited. They reported that their supervisors had PhD (61.5%) and PsyD (37.1%) degrees and these degrees were in clinical psychology (76.2%), counseling psychology (15.4%), and school psychology (8.4%).

Measures

Trainee Disclosure Scale

The Trainee Disclosure Scale (TDS; Walker et al., 2007) is a 13-item self-report questionnaire that is grounded in the findings of a seminal trainee nondisclosure study (Ladany et al., 1996). The scale is designed to measure trainees' willingness to disclose in supervision (i.e., "For each question, ask yourself how likely you would be to discuss issues of _____ with your supervisor?"). Participants respond to items (e.g., negative reactions to clients) on a 5-point Likert scale ranging from 1 = *not at all likely* to 5 = *very likely*. A total score is calculated with higher scores representing higher willingness to disclose. In terms of reliability, previous internal consistency estimates of the TDS have been .89 (Walker et al., 2007), .86 (Mehr et al., 2010), and .86 (Mehr et al., 2015). 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 et al., 2013) is a 12-item self-report questionnaire designed to measure trainees' perceptions of the supervisory working alliance. Participants respond to items on a 7-point Likert scale ranging from 1 = *never* to 7 = *always*. A total score is calculated with higher scores indicating a stronger perception of the alliance. The Working Alliance Inventory/Supervision (WAI/S; Bahrack, 1989) and the WAI/S-Short (Ladany et al., 2013) were modified for supervision from the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) and the Working Alliance Inventory-Short (WAI-Short; Tracey & Kotovic, 1989), and have been used widely to measure the supervisory alliance. In terms of reliability, prior internal consistency estimates of the WAI/S-Short have exceeded .80 (Ladany et al., 2013), including an estimate of .96 (Mehr et al., 2010). The internal consistency coefficient of the WAI/S-Short for the current sample was .95.

Supervisor Self-Disclosure Index

The Supervisor Self-Disclosure Index (SSDI; Ladany & Lehrman-Waterman, 1999) is a nine-item self-report questionnaire designed to measure trainees' perceptions of supervisor self-disclosure in supervision. Participants respond to items (e.g., "My supervisor self-discloses unfavorable information—e.g., failure experiences or weaknesses—about herself or himself") on a 5-point Likert scale ranging from 1 = *not at all* to 5 = *often*. A total score is calculated with higher scores indicating a perception of higher supervisor self-disclosure. In terms of reliability, prior internal consistency estimates of the SSDI have been .88 (Ladany & Lehrman-Waterman, 1999) and .89 (Ladany et al., 2013). The internal consistency coefficient of the SSDI for the current sample was .80.

Demographic Questionnaire

A demographic questionnaire obtained information about participants' age, gender, race, degree program, field of study, internship setting, accreditation status of internship, amount of supervision hours with current supervisor to date, supervisor's race, supervisor's gender, supervisor's degree, and supervisor's field of study.

Procedure

Participants were recruited through contact with Association of Psychology Postdoctoral and Internship Centers (APPIC) 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 current supervisor.

Results

Descriptive Analyses

Means, standard deviations, and intercorrelations for trainee perception of supervisory working alliance, trainee perception of supervisor self-disclosure, and trainee willingness to disclose are displayed in Table 1.

Table 1

Means, Standard Deviations, and Intercorrelations of Supervisory Working Alliance, Perception of Supervisor Self-Disclosure, and Trainee Willingness to Disclose

Variable	<i>M</i>	<i>SD</i>	1	2	3
1. Disclose	45.84	7.73	—	—	—
2. Alliance	67.55	11.91	.530*	—	—
3. Supervisor	28.40	5.62	.137	.150	—

Note. Disclose refers to ratings on the Trainee Disclosure Scale. Alliance refers to ratings on the Working Alliance Inventory/Supervision-Short Form. Supervisor refers to ratings on the Supervisor Self-Disclosure Index.

* $p < .001$.

Main Analyses

Multiple regression analysis was used to test the influence of trainee perception of the working alliance and trainee perception of supervisor self-disclosure on trainee willingness to disclose. The predictor variables were ratings on the WAI/S-Short and the SSDI, while the criterion variable was the rating on the TDS. Overall, the proportion of the variance in trainee willingness to disclose accounted for by trainee perception of the working alliance and trainee perception of supervisor self-disclosure was significant, $R^2 = .28$, $F(2, 142) = 27.18$, $p < .001$. Follow-up analyses revealed that trainee perception of the working alliance significantly predicted trainee willingness to disclose ($\beta = .521$; $p < .001$); however, trainee perception of supervisor self-disclosure did not significantly predict trainee willingness to disclose ($\beta = .059$; $p = .416$).

Implications and Recommendations

Supervisor self-disclosure is purported to function as a modeling process by which supervisors convey the expectation of disclosure in supervision, thereby encouraging trainees to disclose themselves (Knox et al., 2008; Ladany & Walker, 2003). The prevailing notion is that supervisor self-disclosure within the context of a strong supervision relationship provides an environment ripe for trainee disclosure. Indeed, Knox et al. (2008) found that supervisors believe that their disclosure led to increased supervisee self-disclosure. Similarly, Staples-Bradley et al. (2019) described how "skillful modeling" (p. 217) from a supervisor in terms of self-disclosure about a negative reaction to a client provided the environment in which the supervisee could disclose their own negative reactions about clients. However, the present study did not find a relationship between trainee perception of supervisor self-disclosure and their own willingness to disclose in supervision.

It should be noted that the measure used in the present study to assess supervisor self-disclosure contained varied items ranging from clinical successes and failures to intimate information about the supervisor to supervisor's feelings about the supervision relationship. Ladany and Lehrman-Waterman (1999) found that supervisees reported that their supervisors most frequently disclosed about personal issues and difficult clinical situations. It is possible that the influence on trainee willingness to disclose is dependent upon the specific type of disclosure, and the measure used in this study was limited in its ability to differentiate more nuanced relationships. For instance, Ladany et al. (2013) found that supervisors displaying their clinical knowledge via self-disclosure were especially helpful for trainees. Similarly, disclosure of clinical mistakes by a supervisor may normalize the supervisee's clinical difficulties and provide reassurance (Knox et al., 2011), thereby leading the trainee to feel safe and apt to be supported when revealing their own shortcomings. Alternatively, disclosure about the supervisor's own personal issues could have a neutral or even negative impact on trainee willingness to disclose, such as in the Knox et al. (2011) study which found that some supervisor self-disclosures are perceived as negative and damaging to the supervisor relationship by trainees. The authors noted that this is partly influenced by the absence of clear intentions because without explanation as to the relevance or appropriateness of disclosure of personal information, supervisees may question why personal and nonclinical information is even being shared at all by the supervisor (Knox et al., 2011).

In contrast to our findings of a nonrelationship for supervisory self-disclosure, therapist self-disclosures positively impact clients' willingness to disclose (Henretty et al., 2014). However, while therapist self-disclosure helps build rapport within the therapeutic relationship with the client, it can have a negative impact on the client when it is perceived to significantly deviate from what is wanted or anticipated or if it goes against the clients' perceived therapy norms (Audet & Everall, 2010). It seems that how the client perceives the therapist self-disclosure and how it fits with their needs and expectations impacts their experience of the self-disclosure. A supervisor's self-disclosure can similarly shift the focus away from the supervisee's needs and disrupt the supervision process, leading the supervisee to feel that the supervisor self-disclosure was ineffective and interfered with their learning opportunity. It would be helpful for future research to specifically examine the type of self-disclosure by the supervisor and the perception of the disclosure by the supervisee. For example, qualitative research could examine the nature of supervisors' self-disclosures in the context of the overall supervisory relationship and their rated helpfulness by supervisees. Furthermore, future research could examine the influence of cultural factors on self-disclosure processes within the supervisory dyad, especially related to the nature and helpfulness of specific disclosures.

Although supervisors believe that their self-disclosure will lead to increased disclosure from trainees (Knox et al., 2008), our findings suggest a more ambiguous relationship and further research is warranted. For now, supervisors may benefit from relying more heavily on the supervisory alliance which was supported by the present study as a strong predictor of supervisee willingness to disclose, as it was in numerous prior studies (e.g., Mehr et al., 2010, 2015; Schweitzer & Witham, 2018). Adding to the nuances of supervisee nondisclosure are the Gibson et al. (2019) findings that supervisee perception of the alliance was more influential on supervision-related nondisclosure than clinical nondisclosures, accounting for 24% and just 3% of the variance respectively. It may also be helpful to consider the perspective of Staples-Bradley et al. (2019) that a strong alliance is essential but not enough to elicit supervisee disclosure. Specifically, the positive alliance should be accompanied by communication from the supervisor about the purpose and safety of a specific self-disclosure, as well as postdisclosure reassurance to reduce lingering fears of negative consequences or evaluation (Staples-Bradley et al., 2019).

Ultimately, further research is necessary to understand the nuances of the supervisory relationship that most effectively creates an environment of appropriate disclosure. Until then, it is recommended that supervisors proceed with intentionality in the self-disclosure process by being clear and consistent with both themselves and their supervisees about the purpose of their self-disclosure. Namely, continuously questioning and positioning their self-disclosure decisions within the context of whether the disclosure is truly in service of the supervisee and/or the supervisee's clients. Furthermore, while supervisors should prioritize the alliance, they should not rely solely on a strong alliance; instead, capitalizing upon a strong alliance via open discussion of safety and fears that may impede trainee willingness to disclose in supervision.

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Received February 15, 2021
 Revision received July 6, 2021
 Accepted July 13, 2021 ■