

Factors of Supervision and the Impact on Intentional Nondisclosure by Counselors-in-Training

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Dissertation submitted to the faculty of the Virginia Polytechnic Institute and State
University in partial fulfillment of the requirements for the degree of

Doctor of Philosophy
In
Counselor Education

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February 25, 2016
Blacksburg, Virginia

Keywords: nondisclosure, counselors-in-training, supervision, supervisory relationship

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ABSTRACT

Supervision of counselors-in-training (CITs) is complex and multifaceted. While supervision is critical to the professional development of CITs, they are also being evaluated for a grade that will advance them academically. Therefore, CITs may feel pressured to intentionally withhold information in supervision that could reflect badly on them or their supervisor and/or hinder their progress. Indeed, one study indicated that 97.2% of CITs intentionally withheld relevant information in supervision (Ladany, Hill, Colbert, & Nutt, 1996). Fortunately, there are ways to reduce supervisee non-disclosure. For example, when CITs perceive a strong supervisory relationship, nondisclosures occur less frequently (Mehr, Ladany, & Caskie, 2010). There is some evidence that the supervisory relationship is impacted by the supervisory working alliance and supervisee attachment styles. More general social perceptions may also impact the supervisory relationship, but that has not been assessed in the context of CIT supervision. Therefore, the purpose of this quantitative study was to examine these factors, supervisory working alliance, supervisee attachment styles, and social perceptions, and their impact on intentional nondisclosure by CITs. This quantitative study included a sample of 112 master's-level counselor-in-training students enrolled in internship at a CACREP-accredited (Council for Accreditation of Counseling and Related Education Programs) counselor education program. Results indicate that CITs report more discomfort in disclosing supervision-related issues compared to client-related issues. An exploratory factor analysis of the three constructs of interest resulted in a four-factor model. These factors were: (1) Perception of a Supervisor, (2) Anxious Attachment in Supervision (3) the Supervisory Working Alliance, and (4) Avoidant

Attachment in Supervision. A multiple regression analysis indicated that a model including social perceptions of supervisors, the supervisory working alliance, and supervisee attachment styles explained 64% of the variance in intentional nondisclosure. Avoidant attachment styles and rapport of the supervisory working alliance were significant predictors of intentional nondisclosure. Implications for counselors and counselor educators are included. Limitations and recommendations for future studies will be discussed based on the unique findings from this study.

Keywords: nondisclosure, counselors-in-training, supervision, supervisory relationship

Acknowledgments

I would like to thank Drs. Laura Welfare, Kirby Deater-Deckard, Laura Farmer, and Gerard Lawson for their guidance and support during this dissertation process. Each one of you has been a tremendous influence on my personal and professional development. I would also like to thank my wife and best friend, Jaclyn. Throughout this process you have inspired me with your support, love, and friendship. Thank you for the sacrifices you made to allow me to pursue my academic dreams. We did this together. I want to thank my parents, Dale and Connie, who have always told me they were proud parents, and encouraged me to pursue my goals. You both are wonderful models of what can be accomplished through hard work, passion, and care for others. To my friends and family, thank you for believing in me and for your continued support. To my colleagues in the department of Counselor Education and in the Office of Assessment and Evaluation at Virginia Tech, I cherish the past few years learning, working, and laughing with each of you.

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CHAPTER ONE

INTRODUCTION

Background

Supervision is an essential component of counselor training. By overseeing a counselor's work, the supervisor can cultivate clinical skills and ethical practices, multicultural competence, professional development, and professional wellness. An essential component of effective supervision, however, is that supervisees must openly share their experiences, ask questions, and voice concerns with the supervisor (Bordin, 1983). The problem that drives this investigation is that supervisees do not always share all of the relevant information because of internal and external reasons (Knox, 2015; Ladany, Hill, Colbert, & Nutt, 1996). One type of supervisee nondisclosure is particularly problematic—namely, intentional nondisclosure. This term refers to instances when the supervisee suspects something is important or relevant but still chooses not to share it with his or her supervisor (Yourman & Farber, 1996). This study explored the various factors that pertain to counselor-in-training intentional nondisclosure, such as social perceptions about a supervisor, the supervisory working alliance, and attachment styles in supervision. By better understanding these factors, a supervisor will be well equipped to minimize counselor-in-training nondisclosure.

Context for Study

A primary function of supervision is to facilitate a counselor-in-training's (CIT's) professional development (Borders et al., 2011). A CIT in this case is a master's-level student enrolled in an accredited counseling program targeting a wide range of specialty areas: addictions, career counseling, clinical mental health counseling, marriage, couples, and family counseling, school counseling, or student affairs and college counseling (Council for

Accreditation of Counseling and Related Education Programs [CACREP], 2009). Despite the fact that CITs must uphold the same values and ethics of a professional counselor (American Counseling Association [ACA], 2014), they often bring limited skills to the table (Rønnestad & Skovholt, 2003). Therefore, supervising a CIT's clinical work is essential to protect the public and to ensure client welfare (ACA, 2014). Additionally, the process of professional development happens over time and increases with supervised clinical experience (Rønnestad & Skovholt, 2003). Therefore, it is important to review the core values and components of being a professional counselor in order to understand the development of a CIT. Researchers have identified several specific components that are important to being a professional counselor: (a) professional identity, (b) clinical skills and ethical practices, (c) multicultural competence, and (d) professional wellness. Each of these factors will be explored in the next section.

Supervision Core Competencies

Mellin, Hunt, and Nichols (2011) investigated professional counselors' perceptions of professional identity. The researchers asked 204 practicing professional counselors the following question: "What is your definition of a professional counselor" (p. 143). Based on their responses, Mellin et al. (2011) identified three professional identity values: (1) the roles and tasks of a counselor (e.g., advocacy, counseling, coaching), (2) the professional credentials (e.g., Licensed Professional Counselor [LPC]) and training model (e.g., CACREP), and (3) the emphasis placed on personal growth and wellness by counselors in their work with clients. Thus, the training of CITs should reflect these professional identity values given that CITs are expected to model the same expectations of professional counselors.

An equally important component of being a professional counselor is counselor's ability to demonstrate proficiency in their clinical skills and ethical practices. Specifically, they should work within the boundaries of their competencies (ACA, 2014), and continue to develop those skills by participating in professional organizations, engaging in supervision, and by seeking training opportunities (ACA, 2014). Ethical practices refer to a counselor's adherence to the *ACA Code of Ethics*, which is designed to guide them during ethical decision-making processes that both minimize harm to the client and are congruent with the values of the counseling profession (ACA, 2014).

While counselors should work with clients within their skills or training base, multiculturally competent counseling should be considered a fundamental value for all counselors (ACA, 2014). In the *ACA Code of Ethics*, multicultural competent counseling is defined as "counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts" (ACA, 2014, p. 20). Given the importance of this expertise, counselors must work towards greater competencies through supervision or trainings (ACA, 2014). Additionally, counselors are often called upon to advocate for their clients on issues of social justice (ACA, 2014). To do so, it is imperative for counselors to explore their personal value systems, the value systems of their clients, and how these values impact their work with clients (ACA, 2014; Dollarhide, 2012; Sue, Arredondo, & McDavis, 1992).

The final component of the core competencies of being a counselor is an emphasis on professional wellness. As noted previously, a unique feature of the counseling professional is an emphasis on a client's development and wellness (Mellin et al., 2011). Counselors must also be aware of their own personal wellness and be sensitive to any signs of possible impairment (ACA,

2014). Impairment is defined as “a significantly diminished capacity to perform professional functions” (ACA, 2014, p. 20). Lawson and Myers (2011) found that community counselors who reported higher levels of wellness were more engaged at work and more satisfied with their professional quality of life. Therefore, an emphasis on personal wellness is an important aspect of a professional counselor’s identity.

Summary of Supervision Core Competencies

To reiterate, the development of professional identity, clinical and ethical practices, multicultural competencies, and professional wellness are essential to becoming a competent professional counselor. Given the importance of these skills, CITs must be given the opportunity to apply the knowledge they learn by completing a supervised internship at a site related to their program of interest (CACREP, 2009). This internship, completed during their final year of the master’s program, is typically year-long experience. Specifically, CITs must complete a total 600 hours, of which 240 hours must be providing direct client services (CACREP, 2009). Additionally, as a part of the CACREP requirements, the CITs meet with an onsite supervisor weekly for at least one hour of individual or triadic supervision. Through this internship, CITs are provided an opportunity to develop their counseling skills by fulfilling the roles expected of a professional counselor (CACREP, 2009). Because supervisors should closely monitor a CIT’s clinical work (Borders et al., 2011), onsite supervision represents an effective way to help CITs develop professionally.

The Supervisory Relationship

The work of the supervisor is complex since he or she must play numerous roles for the CIT, including teacher, counselor, advisor, mentor, and evaluator (ACA, 2014). A strong and effective supervisory relationship can make it easier for a supervisor to navigate these roles

(Borders, 2014). Wearing so many hats can be especially difficult for onsite internship supervisors since it tends to be limited with respect to interaction time. Therefore, onsite supervisors must work to develop the supervisory relationship with a CIT immediately. In order to understand the challenges for an onsite supervisor, it is important to review supervisory outcomes associated with a strong supervisory relationship.

The development of a strong supervisory relationship is a hallmark of quality supervision (Bernard & Goodyear, 2014). Bernard and Goodyear (2014) described this relationship as “the pillar that supports everything else about supervision” (p.86). To this end, supervisors should work to develop a relationship with the CIT that is “safe and mutually trusting” (Borders, 2014, p.155). It should be noted that the supervisory relationship is most often operationalized by the supervisory working alliance. The next section will briefly review our important studies regarding outcomes of a strong supervisory relationship: (1) Ladany, Mori, and Mehr (2013); (2) Ladany, Ellis, and Friedlander (1999); (3) Nelson, Barnes, Evans, and Triggiano (2008); and (4) Patton and Kivlighan (1997).

Positive Outcomes of a Strong Supervisory Relationship in Supervision

Ladany et al. (2013) asked a sample of students from a variety of training programs to contrast the most effective and ineffective supervisor skills and styles based on their best and worst supervisory experiences. Ladany et al. (2013) indicated that participants reported that their best supervisors worked to strengthen the supervisory relationship, while ineffectual supervisors did nothing or even undermined the relationship. In a sample of counselor education, counseling psychology, and clinical psychology trainees, Ladany et al. (1999) examined the relationships between the supervisory relationship, trainee anxiety, and trainee satisfaction in supervision. They concluded that supervisee satisfaction was positively correlated to the emotional bond

between the supervisor and trainees. In a similar study, Nelson et al. (2008) asked twelve supervisors how conflict between supervisees and their supervisors could be avoided or mitigated in supervision. The researchers concluded that a strong supervisory relationship was most critical in avoiding or reducing conflict in supervision.

Positive Outcomes of a Strong Supervisory Relationship in the Counseling Relationship

A strong supervisory relationship is also related to positive outcomes in work with clients. Patton and Kivlighan (1997) examined the connection between the supervisory relationship and the counselor-client relationship. Their sample included 75 counseling trainees and 25 supervisors. The authors confirmed a significant positive relationship between counseling trainees' perceptions of the supervisory relationship and clients' perceptions of the counseling relationship.

Based these findings, it appears that the supervisory relationship is a central component of quality supervision—and that it that results in better outcomes for the CIT and, ultimately, for clients. A strong supervisory relationship is essential to CIT development including professional identity, clinical and ethical practices, multicultural competencies, and professional wellness.

Statement of the Problem

The supervisory relationship, which is complex and multifaceted, is critical to CIT development. A number of factors can impact the quality of the relationship: (1) the social perceptions a CIT has about his or her supervisor, (2) the supervisory working alliance, and (3) the attachment styles in supervision. In the next section, these factors will be reviewed further.

Social Perceptions of the Supervisor

When evaluating others, we tend to form general assessments about their personality traits or abilities (Cuddy, Glick, & Beninger, 2011). These assessments could be automatic and

unconscious (Dijksterhuis & Bargh, 2001), but because of the need for quick judgments, they might also be incorrect (Cuddy et al., 2011). Yet, social perceptions play significant role in how individuals or groups are evaluated (Cuddy et al., 2011). Initially, researchers found that the evaluation of others was primarily based on two dimensions: morality and competence (e.g., Wojciszke, 1994). Morality is defined as “benevolent to people in ways that facilitate correct and principled relations with them (e.g., honesty, trustworthiness, sincerity)” (Brambilla & Leach, 2014, p. 398), while competence is characterized by traits such as “intelligence, power, efficacy, and skill” (Cuddy et al., 2011, p. 75). Other researchers have referred to these two dimension using different terms, but the broad definition remains the same. Some of these terms include warmth versus competency (Cuddy et al., 2011), or intellectual good-bad versus social good-bad (Rosenberg, Nelson, & Vivekananthan, 1968). Wojciszke and Abele (2008) found that employees’ perceptions of morality and competence were critical to their assessment of their supervisors.

The operationalization of social perceptions by two dimensions was largely agreed-upon until recent findings suggested that the inclusion of a third dimension, sociability, was warranted. This adaptation has been largely influenced by recent findings suggesting that sociability can be differentiated from morality (Brambilla, Rusconi, Sacchi, & Cherubini 2011; Leach, Ellemers, & Barreto, 2007). Specifically, Brambilla and Leach (2014) opined that although sociability had previously been encompassed by morality, it should really be considered a distinct entity. The authors contrasted the two dimensions as follows:

Whereas sociability pertains to being benevolent to people in ways that facilitate affectionate relations with them (e.g., friendliness, likeability, kindness), morality refers to being benevolent to people in ways that facilitate correct and principled

relations with them (e.g., honesty, trustworthiness, sincerity). (Brambilla & Leach, 2014, p. 398)

Researchers have found that social perceptions, operationalized by two or three dimensions, play a significant role in how individuals assess one another. Therefore, examining the social perceptions made by CITs about their supervisors may help to clarify how they perceive the quality of the relationship.

Although not referred to specifically as social perceptions, researchers of counseling practices have examined morality, competence, and sociability in the therapeutic relationship. Rogers (1959, 1980) asserted that the role of the counselor in client-centered therapy is to demonstrate respect, unconditional positive regard, genuineness, warmth, and empathy for the client. He deemed these skills to be critical to the relationship between client and counselor, particularly in the early stages (Rogers, 1980). In fact, there is a wealth of empirical support for the importance of the therapeutic relationship. Researchers have investigated the linkages between the counselor's use of client-centered skills and counseling outcomes by having impartial observers view short clips of a counseling session (Truax, 1966; Truax, Wittmer, & Wargo, 1971). Truax et al. (1971) found that higher levels of client-centered skills (e.g., warmth, respect, genuineness), as rated by observers who viewed three minutes of a counseling session, were positively related to reduced symptoms in the client. To date, however, no studies have examined the social perceptions (operationalized by morality, competence, and sociability) that CITs have of their supervisors. Given this lack of scholarship, an enhanced understanding of CITs social perceptions of their supervisors in supervision represents a potentially valuable addition to the literature.

Supervisory Working Alliance

As noted earlier, the supervisory relationship is often operationalized in terms of the supervisory working alliance, which is a theoretical model of the change process that occurs in supervision. This “collaboration for change” process is based on three components: (1) the mutual agreement on *goals* between the supervisee and supervisor; (2) the mutual agreement on the *tasks* in order to reach those goals; and (3) the *bond* between supervisee and supervisor (Bordin, 1983). Bordin (1983) asserted that a strong supervisory working alliance is essential for counselor development. Furthermore, he noted how critical the formation of a strong emotional bond between the supervisor and supervisee in order to navigate potential challenges that emerge in supervision—principally, conflict between the two. By operationalizing Bordin’s (1983) conceptual model of the supervisory relationship, researchers developed instruments to measure the supervisory working alliance in supervision. Researchers have found that a strong supervisory working alliance is related to several positive outcomes in supervision (Ladany et al., 1999; Patton & Kivlighan, 1997). Therefore, when determining essential factors in supervision, one must scrutinize the supervisory working alliance.

Attachment Style of Counselors-in-Training

As noted, the supervisory working alliance describes the bond-building process between the supervisee and supervisor. However, the individual attachment style of a CIT can also affect how he or she perceives the quality of the supervisory relationship. Originally developed by Bowlby (1977), attachment styles refer to the emotional bond one develops with anyone whom he or she perceives to “stronger and/or wiser” (p. 203). Bowlby (1977), who developed his theory by observing child-mother interactions, theorized that the attachment styles that emerge in children could also be observed in other relationships throughout an individual’s life. Similarly,

Pistole and Watkins (1995) conceptualized that the supervisory relationship in counseling mimicked the hierarchical relationship between a parent and child, and that attachment styles in supervision should be examined more closely with that in mind. Specifically, Pistole and Watkins (1995) defined attachment styles in supervision as the security, or lack of security, that a CIT has with his or her supervisor.

An exploration of attachment styles in supervision is not intended to replace existing models of the supervisory relationship, but rather to extend existing theories (Pistole & Watkins, 1995). Therefore, although researchers are continuing to investigate the conceptual relationship between attachment styles in supervision and supervisory working alliance, some ambiguity between the two persists. Gunn and Pistole (2012) concluded that a supervisee's perception of his/her supervisory attachment was related to perceptions of the supervisory working alliance. Bennett, Mohr, BrintzenhofeSzoc, and Saks (2008) found similar results regarding the relationship between supervisees' perceptions of attachment and the supervisory working alliance. In contrast, neither White and Queener (2003), nor Dickson, Moberly, Marshall, and Reilly (2011), were able to identify any relationship between a supervisee's adult attachment style and perceptions of the supervisory working alliance. Therefore, the interaction between these two constructs as factors impacting the supervisory relationship warrants further investigation.

The social perceptions made by CITs about their supervisors, the supervisory working alliance, and the attachment styles in supervision are all factors that appear to affect the quality of the supervisory relationship. One important outcome of supervision that is impacted by the quality of the supervisory relationship is nondisclosure in supervision. In most supervision structures, CITs decide what they will discuss in supervision (Bordin, 1983). Given that

supervision is critical to a CIT's professional development (ACA, 2014), it is important that the trainee share as much as possible. However, Ladany et al. (1996) found that CITs do not disclose everything with their supervisors for a number of reasons. In their study of nondisclosure by counseling psychology and clinical psychology trainees, 97.2% of the sample self-reported that they withheld some information from their supervisor. Specifically, the types of nondisclosure items that participants self-reported were generally related to concerns about supervision, reactions towards their supervisor, or to issues they had with their clients. These findings are problematic given that the self-reported nondisclosures by these participants reflect important factors for professional development (e.g., clinical skills and ethical practices, professional wellness). Therefore, given the range of nondisclosures reported by an inordinately high percentage of respondents, it is critical to examine nondisclosure in supervision more closely.

Ultimately, the decision about what to share or not to share in supervision is an internal process (Ladany et al., 1996). Importantly, supervisors may or may not be aware that CITs are withholding information from them. Even if supervisors are suspicious that a CIT is holding back information, they have little control over that decision (Ladany et al., 1996). Indeed, Yourman and Farber (1996) indicated that nondisclosure is usually intentional in that the CIT consciously decides to not disclose information that he or she perceives to be important to supervision. This type of nondisclosure is problematic since it can stifle the professional development of CITs and impact the quality of services provided to clients (Ladany et al., 1996). Despite the potentially negative ramifications of withholding information, little is understood about intentional nondisclosure by CITs—although recent investigations are shedding light on the nature of intentional nondisclosure by CITs in supervision.

Researchers examining factors that impacted nondisclosure in supervision have reported that supervisees' perceptions of the supervisory relationship strongly impacted the choice to withhold (Pisani, 2005; Sweeney & Creaner, 2014). Specifically, Mehr, Ladany, and Caskie (2010, 2015) reported that a strong supervisory relationship was related to reduced incidents of nondisclosure in supervision. Likewise, Gunn and Pistole (2012) found that a perceived strong attachment style in supervision was related to a lower frequency of nondisclosures. Although these studies have increased our understanding of the factors that impact nondisclosure by a CIT in related professions, no study had previously examined CIT nondisclosure in an adequate sample of counselor education trainees. Therefore, the current study hoped to address this critical gap in available research.

Purpose of Study and Research Questions

Supervision is a complex and delicate relationship that can significantly impact a CIT's internship experience, which is a critical part of their professional development (ACA, 2014). Not only is the trainee developing skills on which to base a professional future—he or she is also being evaluated for a grade and possibly for later employment opportunities (CACREP, 2009). The latter factor may add to the internal or external pressures to withhold information in supervision to avoid negative evaluations or to avoid the appearance of incompetence (Ladany et al., 1996; Yourman & Farber, 1996). In reality, such nondisclosures by CITs in supervision are all too common (Ladany et al., 1996). When CITs knowingly withhold something that they believe to be relevant in supervision (Yourman & Farber, 1996), they could be jeopardizing their professional development as well as the quality of services provided to clients (Ladany et al., 1996). Therefore, intentional nondisclosure in supervision is particularly problematic and merits further investigation—especially since prior research indicates that nondisclosures by CITs occur

less frequently when there is a strong supervisory relationship (Gunn & Pistole, 2012; Mehr et al., 2010, 2015).

As detailed earlier, it is essential to examine how social perceptions, the supervisory working alliance, and supervisee attachment style impact CIT intentional nondisclosure. However, to date no study has examined these three factors in one study; nor has any investigation examined nondisclosure in an adequate sample of counselor education trainees. Therefore, to address these critical gaps in the literature, the purpose of this quantitative study was to examine factors of supervision and the impact on intentional nondisclosure by counselors-in-training. The following research questions guided this investigation:

1. What are the self-reported rates of intentional nondisclosure in supervision by counselors-in-training?
2. How do the observable indicators of each factor correspond to the theorized constructs of interest? These factors and corresponding theorized constructs include morality, competency, and sociability which correspond to social perceptions; rapport and client-focus which correspond to the working alliance; and avoidant attachment and anxious attachment which correspond to supervisee attachment styles.
3. How do the variables (1) the social perceptions of the supervisor, (2) the supervisory working alliance, and (3) attachment styles in supervision explain intentional nondisclosure by counselors-in-training?

Definition of Terms

Attachment Style in Supervision: The security, or a lack of security, a CIT has with his or her supervisor (Pistole & Watkins, 1995). This term is based on Bowlby's (1977) original theory of attachment styles that refers to the emotional bond one

develops with anyone whom he or she perceives to be “stronger and/or wiser” (p. 203).

Counselors-in-Training: Master’s-level students enrolled in a CACREP-Accredited, Counselor Education program.

Intentional Nondisclosure: When a counselor-in-training knowingly withholds something that he or she believes to be relevant in supervision (Yourman & Farber, 1996).

Social Perceptions: The judgements a person makes about someone else based on their perceptions of three independent dimensions (1) morality, (2) competency, and (3) sociability (Wojciszke, n.d.)

Supervision: “A tutorial and mentoring form of instruction in which a supervisor monitors the student’s activities in practicum and internship, and facilitates the associated learning and skill development experiences. The supervisor monitors and evaluates the clinical work of the student while monitoring the quality of services offered to clients” (CACREP, 2009, p. 62).

Individual Supervision: “A tutorial and mentoring relationship between a member of the counseling profession and a counseling student” (CACREP, 2009, p. 62).

Triadic supervision: “A tutorial and mentoring relationship between a member of the counseling profession and two counseling students” (CACREP, 2009, p. 62).

Supervisory Relationship: “A collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the

supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s)” (ACA, 2014, p. 21).

Supervisory Working Alliance: The “collaboration for change” process is based on three components: (1) the mutual agreement on *goals* between the supervisee and supervisor; (2) the mutual agreement on the *tasks* in order to reach those goals; and (3) the *bond* between supervisee and supervisor (Bordin, 1983, pp. 35-36).

Overview of the Method

The research methodology chosen for this investigation was a quantitative approach. Data was obtained from participants who are master’s-level students enrolled in an internship course at a CACREP-accredited, Counselor Education program. To achieve a high response rate, recruitment for this study was completed via the assistance of key informants who are faculty at selected universities across the country. These faculty members were asked to distribute paper-and-pencil versions of the instrument packet to students who meet the criteria listed above, asking them to respond to a number of supervision-related questions pertaining to their onsite internships. The paper-and-pencil versions of six instruments (1) Questionnaire 21 (Wojciszke, n.d.), (2) the Supervisory Working Alliance Inventory-Supervisee (Efstation et al., 1990), (3) the Experiences in Supervision Survey (Gunn & Pistole, 2012, adapted from the Experiences in Close Relationships Scale; Brennan, Clark, & Shaver, 1998), (4) a modified version of the Disclosure in Supervision Scale (Gunn & Pistole, 2012), (5) four open-ended questions developed by this researcher about intentional nondisclosure, and (6) a Demographic Questionnaire designed to gather personal and professional information. Accompanying the instruments was the informed consent to notify potential participants of the purpose of the study, the approval of the study by Virginia Tech Institutional Review Board, the request for voluntary

participation in the study, the procedures for completing the instrument packet and demographic questionnaire, and the researcher's plans for dissemination of the results. Each participant was provided an envelope in which he or she placed the completed instrument packet and demographic questionnaire. Once sealed, the completed packets were placed into a larger, addressed folder and mailed to the researcher by a student volunteer. Both the data entry and the quantitative analysis was completed using SPSS software. Quantitative methods of analysis included descriptive analysis, exploratory regression analysis, and multiple regression.

Document Organization

This document is organized into five chapters. The first chapter provides an introduction to the study. It includes the general context for the problem, the statement of the problem, the purpose of the study and research questions, the methodology overview, and the limitations. In Chapter Two, factors in supervision that impact nondisclosure are discussed. Chapter Three includes the research design, research questions, methods of analyses, the limitations, and summary of methodology. Chapter Four provides a complete report of the results from this study. Finally, Chapter Five includes a discussion of findings, identifies key implications of the results, and suggests recommendations for future research.

CHAPTER TWO

LITERATURE REVIEW

Supervision is a well-established educational practice in counseling. As noted in *Best Practices for Clinical Supervision*, published by the Association for Counselor Education and Supervision (ACES), a primary purpose of supervision is “to meet the professional development needs of supervisees while protecting client welfare” (Borders et al., 2011, p. 2). Meeting these intertwined goals often hinges on the quality of the supervisory relationship (Borders, 2014). The supervisory relationship is impacted by social perceptions of the supervisor, the supervisory working alliance, and attachment styles in supervision. It is also related to certain outcomes in supervision—principal of which is nondisclosure by supervisees (Mehr et al., 2010, 2015). Chapter Two will review seminal articles that examine the professional development of a CIT, the components of being a professional counselor, the importance of supervision, the factors that impact the supervisory relationship, and factors related to nondisclosure by a CIT in supervision.

In order to create their six stages of professional development of supervisees, Rønnestad and Skovholt (2003) interviewed 100 counselors and therapists in a cross-sectional and longitude study. The researchers noted the participants had varying degrees of experience—some were current students, others were beginning or advanced graduate students in counseling or “psychotherapy,” and others were post-training professionals who had doctoral degrees in psychology with an average of 5, 15, and 25 years of field experience (Rønnestad & Skovholt, 2003). Their interview data led them to formulate six stages of professional development: (1) *the Lay Helper phase*, (2) *the Beginning Student phase*, (3) *the Advanced Student phase*, (4) *the Novice Professional phase*, (5) *the Experienced Professional phase*, and (6) *the Senior Professional phase*. Considering that the participant cohort in the current study were master’s

students enrolled in internship at a CACREP program, the first three phases of professional development will be reviewed in detail to identify key features of each phase.

The first phase, the Lay Helper phase, is a pre-training phase. In this phase, CITs may rely on their personal experience when counseling to help solve problems for others. For example, experiences such as successfully giving advice or effectively mending a relationship may be helpful to CITs during this phase (Rønnestad & Skovholt, 2003). Because CITs provide counsel based on their prior experiences during this phase, the ability to empathize or connect with clients may be difficult. The second phase, the Beginning Student phase, is a phase of uncertainty and reflection for CITs during which they begin to recognize that they must not counsel from their own paradigm, but rather must use clinical skills to facilitate the change process. A typical characteristic of this phase is that CITs will experience anxiety or self-doubt during their initial contact with new clients. CITs may seek guidance from supervisors or more seasoned counselors that they perceive to be knowledgeable in order to develop competencies more quickly. In this phase, standard concerns include balancing professional and personal lives, helping others effectively, maintaining control in a session, and addressing issues of transference and countertransference. Positive reinforcement, reassurance, and guidance from supervisors are critical during this phase. Acknowledging that CITs develop at different rates, the third phase, the Advanced Student phase, typically begins at the end of training when students are in practicum or internship. A key feature of the Advanced Student phase is a desire to be perfect and to perform at a high level during their internships. There may be a concern from CITs that they should be responsible for everything. CITs may be fearful of making mistakes, yet they might also overextend themselves by taking on too many tasks. To reiterate, in the earlier stages of their professional development, CITs develop from inexperienced counselors who rely on

their prior personal experiences, to becoming individuals who seek (and need) increased competencies by engaging in new counseling experiences and by taking on more challenging cases. While still in the internship phase, however, quality supervision is key to a CIT's professional development (Rønnestad & Skovholt, 2003).

Counselor Professional Development

Rønnestad and Skovholt (2003) provided a framework for the professional development process of CITs, but also stressed the importance of supervision to a CIT's development. The researchers described how professional development happens over time and grows with increased experience and proper supervision. At each phase, CITs have specific developmental needs that supervisors should address. For instance, a supervisor working with a CIT in the Beginning Student phase should provide positive feedback and encouragement in order to address the individual's vulnerability or confusion. And germane to the current study, Rønnestad and Skovholt (2003) found that CITs in the Advanced Student phase also experience concerns with vulnerability or confusion—particularly because they are encouraged to become more independent and to develop professional competencies, but while also meeting the requirements of graduate school. Therefore, supervisors are encouraged to help CITs develop their own professional identity through modeling professional behaviors. Supervisors are also encouraged to be mindful that CITs in the Advanced Student phase tend to be overly self-critical of their burgeoning abilities, which could lead to conflict in supervision.

Despite the importance of the research of Rønnestad and Skovholt (2003), there are limitations associated with their study that also applied to the current study. Rønnestad and Skovholt (2003) interviewed 100 counselors and therapists; however, they provided only limited information about the participants' professional affiliations and competencies. Experts agree that

professional counselors can be characterized by four distinct components: (a) possessing a unique professional identity (Mellin et al., 2011), (b) having clinical competence and ethical practices (ACA, 2014), (c) being culturally competent (ACA, 2014), and (d) demonstrating professional wellness (Lawson & Myers, 2011). The seminal articles related to these four components of being a professional counselor will be reviewed in the next section.

Components of Being a Professional Counselor

In their qualitative study, Mellin et al. (2011) sought to identify professional values of being a professional counselor. The researchers asked 750 counselors who had passed the National Counselor Examination (NCE) to complete a mailed questionnaire. In total, 238 counselors responded (84% female, 15% male, < 1% transgender, and one participant did not identify gender). Most of the participants identified as White (85%), while 7% identified as African American, 3% identified as Hispanic/Latino, 4% identified as multiracial, 1% identified as Asian, less than 1% identified as Native American, and two participants did not respond (due to rounding, percentages are greater than 100). Participants averaged 41 years of age ($SD = 11.40$; range 24 to 66 years). In terms of educational achievement, 87% had earned a Master's degree in counseling, while the remainder had earned an educational specialist degree or a doctoral degree (13%). Majority of participants graduated from a CACREP-accredited program (88%); the program accreditation standards for the other 12% of participants were not reported by the researchers. The questionnaire mailed to the participants included additional research questions for a larger project; however, as it relates to this study, 204 participants responded to the question, "What is your definition of a professional counselor?" (p. 143). The researchers subsequently identified three themes from respondents. First, 78% reported that a professional counselor is defined by his or her ability to provide services to clients on a daily basis. The

second theme identified by participants (49%) was that professional counselors are defined by the unique training programs and credentialing expectations (e.g., NCE, state licensure). The final theme identified by 12% of participants was that when a professional counselor works with a client, he or she should focus on the wellness and the development of the client. This study features several limitations. For example, a relatively small percentage (12%) of participants stated that the wellness of clients was a component of professional identity. However, it is possible that the participants in this study may not hold views representative of all professional counselors. A second limitation is that participants were asked to respond to a brief questionnaire; it is possible, however, that a more detailed instrument may have resulted in a more nuanced definition of a counselor's professional identity. Nonetheless, this study was significant in identifying key features of a counselor's professional identity.

The second component of being a professional counselor is clinical competence and ethical practices. Mellin et al. (2011) concluded that a key feature of being a professional counselor is the work conducted on a day-to-day basis. The primary function of being an ethical counselor "is to respect the dignity and promote the welfare of clients" and to minimize harm to clients (ACA, 2014, pp. 4-5). In order to best serve clients through clinically competent and ethical practices, professional counselors are guided by the *ACA Code of Ethics* (ACA, 2014). This document provides extensive guidance for professional counselors on what it means to be a clinically competent and ethical counselor and how counselors should address ethical dilemmas. With respect to the present study, there are three points from the *ACA Code of Ethics* to highlight. First, professional counselors must only practice within the boundaries of competence, which is defined as "their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (ACA, 2014, p. 8).

Second, professional counselors who desire to become specialized in a particular area of practice (e.g., eating disorders) must only do so after undergoing additional training related to that area of interest. Third, counselors are to regularly attend trainings and are to seek educational experiences in order to ensure they are using relevant and best practices in counseling. Therefore, clinical competence and ethical practices represent critical components of being a professional counselor.

Another key component of being a professional counselor is multicultural competence, which the ACA (2014) defines as “counselors’ cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups” (p. 20). Referenced in the Preamble of the *ACA Code of Ethics* is the importance of embracing multicultural approaches and promoting social justice (ACA, 2014). In fact, the *ACA Code of Ethics* includes specific guidelines for professional counselors in this area, stressing that all professional counselors must be able work with clients from diverse backgrounds. As it relates to the practice of counseling, multicultural counseling is defined as “counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts” (ACA, 2014, p. 20). These multicultural competencies are developed through supervision, professional development training opportunities, and exploration of personal value systems in order to work with individuals from diverse backgrounds (ACA, 2014).

The final competency of being a professional counselor is an emphasis on professional wellness. As outlined in the *ACA Code of Ethics*, professional counselors must look for evidence of burnout or diminished abilities that could impact their professional functioning. In a

qualitative study, Lawson and Myers (2011) investigated the wellness of professional counselors by looking at “what counselors do to remain vital, how well are they, and their professional quality of life” (p. 168). To examine these fundamental areas, researchers obtained data from 506 members of the American Counseling Association who agreed to complete a mailed questionnaire—the majority of whom identified as female (78.8%) (the gender of the remaining 21.2% was not reported). Most participants identified as White, while 5.5% identified as African American, 2.6% identified as Asian/ Pacific Islander, 1.8% identified as Hispanic, 4.0% identified as biracial, and 1.0% identified as Native American. All participants had a professional degree of some type (79.2% had a Master’s degree, 19.1% had a doctoral degree, 7.5% identified as having a specialized degree, and 0.4% had a specialist degree). On average, participants had worked for 13.6 years ($SD = 9.4$), 69.1% were licensed as professional counselors (or a professional counselor equivalent credential), and the mean age of participants was 49.9 years old ($SD = 11.1$). The researchers concluded that counselors who engaged in more wellness behaviors (e.g., spending time with family, maintaining a sense of humor) reported higher levels of professional quality of life (e.g., lower burnout, less compassion fatigue). Additionally, participants who reported higher levels of wellness were better able to demonstrate positive counseling behaviors (e.g., able to convey compassion or empathy for clients). According to the *ACA Code of Ethics* (ACA, 2014), these behaviors represent important values for a professional counselor. It should be noted, however, that the majority of participants in this study were licensed counselors with many years of training, which cannot be said of a CIT. Despite the limitation, this study is significant in providing evidence that maintaining wellness is a critical component of being a professional counselor.

Summary of Professional Development

In conclusion, the components of professional identity, clinical competence and ethical practices, multicultural competence, and professional wellness are essential to professional counselors. Despite the inexperience of CITs, the *ACA Code of Ethics* stressed that they must uphold the same professional values as a professional counselor (ACA, 2014). However, a CIT's professional development is a process that requires the investment of time and nurturing supervision (Rønnestad & Skovholt, 2003). Therefore, CITs are in need of opportunities to gain clinical experience in a structured and supervised setting. One opportunity for CITs to develop the components of professional identity is through a 600-hour internship, which is typically completed during the final year of a master's-level training program (CACREP, 2009). During this time, CITs are provided 240 hours of direct client services—namely, “interaction with clients that includes the application of counseling, consultation, or human development skills. In general, the term is used in these standards to refer to time spent by practicum or internship students working directly with clients” (CACREP, 2009, p. 59). This internship is critical in their development of as professional counselors.

Supervision of Counselors-in-Training

Learning to become a professional counselor by working closely with clients can be a challenging experience. This is especially true for a CIT who will spend a relatively short time in an internship—which makes supervision of a CIT all the more important. Therefore, an additional requirement of the internship is that CITs meet with an onsite supervisor for an average of one hour of individual or triadic supervision a week. Individual supervision is defined as “a tutorial and mentoring relationship between a member of the counseling profession and a counseling student,” whereas triadic supervision is defined as “tutorial and mentoring

relationship between a member of the counseling profession and two counseling students” (CACREP, 2009, p. 62). During the weekly supervision sessions, supervisors closely monitor the CITs’ clinical work (CACREP, 2009), which provides essential opportunities to facilitate the junior counselor’s professional development (Borders et al., 2011). With this in mind, it is important to review the roles of a supervisor and outcomes associated with supervision.

Role of Supervisor

The role of a supervisor is complex. As noted previously, a supervisor’s primary roles are to ensure the welfare of the clients and to facilitate the professional development of the CIT (ACA, 2014; Borders et al., 2011). In order to fulfill these two functions, quality supervisors demonstrate awareness of CIT anxiety, address conflicts in supervision constructively, discuss power differentials, and manage personal biases or concerns that may impact the supervision process (Borders, 2014). A supervisor is likely to wear a number of hats while engaged in supervision; he or she will serve as a teacher, a counselor, a consultant, a mentor, and an evaluator in addressing the developmental needs of a CIT or to attend to a specific issue in supervision (Bernard & Goodyear, 2014). To successfully navigate the complexity of supervision, a supervisor must develop a strong supervisory relationship with the mentee (Borders, 2014). Indeed, the importance of the supervisory relationship in facilitating the CIT’s development is well documented in the counseling literature (ACA, 2014; Bernard & Goodyear, 2014; Borders, 2014; Borders et al., 2011). Borders (2014) writes, “Perhaps the most empirically supported best practice is the role of ‘The Supervisory Relationship.’ Supervisors give deliberate attention to fostering a safe and mutually trusting supervisory environment” (p. 155). Given the importance of this relationship, researchers have examined how it impacts outcomes in supervision. Since a strong supervisory relationship has been linked to positive

outcomes in supervision, the next section will describe four articles that have found positive outcomes in supervision: Ladany, Ellis, and Friedlander (1999); (2) Ladany, Mori, and Mehr (2013); (3) Nelson, Barnes, Evans, and Triggiano (2008); and (4) Patton and Kivlighan (1997). It is important to note that in the counseling literature, the supervisory relationship is traditionally operationalized by the supervisory working alliance (Bernard & Goodyear, 2014).

Positive Outcomes Related to the Supervision Relationship

Ladany et al. (1999) conducted a quantitative study to investigate the relationship between a counseling trainee's perceptions of the supervisory relationship, satisfaction with supervision, and supervisee self-efficacy. The sample included 107 participants (72 women and 35 men) whose average age was 29.91 years old ($SD = 6.41$) and 86% of whom were predominately White (7.0% African American, 3.0% Latino, 2.0% Asian, and 3% did not identify race; percentages greater than 100 due to rounding). Participants were from counseling psychology (59%) and clinical psychology (36%) training programs (5% did not disclose). Participants were enrolled in either a doctoral (71%) or master's (29%) training program at various phases in their program: beginning practicum (30%), advanced practicum (20%), or internship/post-doctorate (51%). Participants reported they had been in supervision an average of 22.51 months ($SD = 29.5$) and were currently in supervision on average 81 minutes per week ($SD = 43.3$) with a supervisor (61% male; 35% female; 4% unreported by researchers). Researchers found the psychology trainees' perceptions of the bond between themselves and their supervisor was related to satisfaction in supervision. Additionally, the psychology trainees' perception of the bond over time was related to how favorably they rated their supervisors and their own behaviors in supervision. Supervisees who reported a strong bond also reported that they were more comfortable in supervision. In contrast, when psychology trainees reported the

bond to be weak, they perceived their supervisors and themselves less favorably and were less comfortable in supervision over time. This study, although important, features some limitations. First, although this study identified a relationship between satisfaction and the bond between supervisor and psychology trainee, the researchers recommended future studies to gain a more nuanced understanding of the linkages between these two variables. For example, they highlighted the need to explore how evaluations might impact perceptions of the relationship. Nonetheless, this study concluded that when psychology trainees perceived a strong supervisory relationship, they were more satisfied in supervision, rated their supervisors more favorability, and expressed increased comfort in supervision.

In a mixed-method study conducted by Ladany et al. (2013), 128 participants (100 females, 27 males, 1 unidentified) from multiple psychology graduate programs (57.8% clinical psychology, 28.9% counseling psychology, 4.7% school psychology, and 8.6% from unidentified degree programs) were asked to disclose the effective and ineffective behaviors of their “best supervisor” and their “worst supervisor” (pp. 30-31). The average age of participants was 35.4 years old (52 participants did not report age) and most identified as European American/ White (85.2%) (the remainder were 6.3% Hispanic/Latino(a), 3.9% African American/ Black, 2.3% Asian American/ Pacific Islander, 1.6% identified as other, and < 1% did not report a race). Participants were at various levels of training (2.3% beginning practicum, 17.2% advanced level of practicum, 30.5% internship, 5.5% beyond internship, 42.2% post doctorate, and 2.3% did not identify experience level. Those who were then enrolled in a training program reported they had been so for 4.36 years on average ($SD = 1.52$). With respect to the 128 “best supervisors,” participants reported that the majority were White (85.2%) (the remainder were 3.9% Hispanic/Latino(a), 3.1% African American/ Black, 1.6% identified as other, and < 1% did not

report a race). The majority of supervisors identified were females (56.3%), while 41.4% were male (the remaining 2.3% were not reported by researchers). Most had obtained a doctoral degree (87.6%), while the rest had a master's degree in counseling or social work (12.6%).

With respect to the 128 “worst supervisors” identified by participants, the majority (86.7%) were White (4.7% were Hispanic/Latino(a), 2.3% were African American/ Black, 2.3% were Asian, and the race of 5 supervisors was not reported). Half of supervisors were reported as females (50%) compared to males (47.9%), with four supervisors not reporting gender (3.1%) (total more than 100% due to rounding). Most supervisors had a doctoral degree (82.0%) and the rest had a master's in counseling or social work degree (18.0%). Ladany et al. (2013) indicated that the best supervisors (23.4%) focused on building the relationship with their CIT, compared to the worst supervisors for whom the mentor-mentee relationship seemed comparatively less important (7.1%). Interestingly, the researchers conducted a series of multiple regression analyses where the demographic variables were the independent variables and the variables of interest were the dependent variables. None of the demographic variables were significant in any of the analysis.

Similar Ladany et al.'s (1999) earlier study, for both the best and worst supervisors, a weaker supervisory relationship was related to negative perceptions of supervisory style, bond, and reduced disclosure by participants. One limitation of this study is that participants were asked to recall information about their best or worst supervisor from memory. Moreover, it is unclear how the word “best” or “worst” was interpreted—i.e., what behaviors constituted that descriptor. Finally, many psychology trainees may have had experiences in supervision that would not be reflected based on their perceptions of the “best” or “worst” supervisor. Despite these drawbacks, this study is significant in that researchers confirmed that psychology trainees

perceived supervision to be more effective when the supervisor worked to develop a strong supervisory relationship. Additionally, the perceptions of the relationship appeared to have an impact on perceptions of satisfaction, bond strength, and disclosure by psychology trainees. Again, these findings are consistent with Ladany et al. (1999) who found that supervisory satisfaction is related to psychology trainees' perception of the supervisory relationship.

The previous two studies examined supervisees' perceptions of supervision and how that was related to positive outcomes in supervision. Researchers have also reported that supervisors also perceive the quality of the supervisory relationship as being important to quality supervision. Nelson et al. (2008) conducted a qualitative study that looked at supervisors' perceptions of conflict in supervision and how they best addressed conflict when it occurred. Researchers interviewed eight female and four male participants who had extensive supervision experience (7 to 30 years). Eight were therapists who provided supervision in a clinical setting, and four were faculty members at an academic institution. The participants had varying training backgrounds: seven were licensed psychologists, four were licensed professional counselors with doctorates, and one was a licensed clinical social worker. The number of supervisees that the participants had supervised ranged between 7 and 230. During a semi-structured interview participants discussed conflict in supervision and how they addressed conflict with supervisees. The researchers concluded that all participants viewed conflict as a natural part of the supervision process. Additionally, they identified a number of factors that contributed to conflict, including *agency context and challenges* (e.g., paperwork), *relational factors* (e.g., evaluation process, power differential), *supervisor factors* (e.g., supervisor anxiety), and *supervisee factors* (e.g., resistance). Based on participant responses, the researchers confirmed that the supervisory relationship was critical to reducing or mitigating conflict in supervision.

Participants reported that developing trust and openness early with supervisees was important to addressing conflict later when it inevitably occurred. Some specific strategies for dealing with conflict productively included discussing the power differential, reviewing the evaluation process, and strategizing now to reduce anxiety. One limitation of this study is that the participants were recruited and interviewed because they were seen as “wise supervisors” (p. 172). The participants in this study had extensive experience in supervision practices and provided valuable recommendations for avoiding or reducing conflict; in other words, they seemed adept at developing a strong supervisory relationship with their supervisees. However useful the study, the experiences of this cohort cannot be considered representative of all supervisors—many of whom are unlikely to be as knowledgeable of best supervisory practices. Additionally, it is unclear how supervisees perceived these relationships and whether they viewed the level of openness or trust expressed by participants in the same way. Moreover, it is unclear what happens when a supervisee does not view the relationship as productive. Despite these cautions, this study provides valuable evidence about how supervisors perceive the importance of the supervisory relationship in reducing or mitigating conflict in supervision.

Among the three studies reviewed—Ladany et al. (1999), Ladany et al. (2013), and Nelson et al. (2008)—all indicated positive outcomes for maintaining a quality supervisory relationship in supervision. Similarly, Patton and Kivlighan (1997) reported a link between psychology trainees’ perceptions of the supervisory relationship and clients’ perceptions of the therapeutic relationship. This study investigated the participants’ first experience counseling clients. The counselors in this study (70.1% females and 29.3% males; does not equal 100% due to rounding) were students enrolled in a pre-practicum course. The counselors identified their race as 85.3% European American and 14.6% African American, and their average age was

27.21 ($SD = 10.24$; range 22 to 51 years old). The supervisors in this study were 25 doctoral students (72% female and 28% male), all of whom identified as European American. The average age of the supervisors was 32.30 ($SD = 5.10$; range 27 to 41 years old). The supervisors reported a range of 200 to 1000 hours of counseling experience ($M = 412$, $SD = 154$), and a range of 0 to 300 hours of supervisory experience ($M = 103$, $SD = 5.10$). Each supervisor supervised three counseling students. The clients for this study were 75 undergraduate students who volunteered to meet with a beginning counselor. The clients were 78.7% female and 21.3% male; they were predominately European American (92%) with some African American (8%). Counselors met with clients for four 50-minute counseling sessions. Supervisors provided both live supervision and weekly supervision (50-minutes) to the psychology trainees. After each session the clients rated the quality of the therapeutic relationship; similarly, the psychology trainees rated the supervisory alliance after each supervision session. Independent coders also reviewed the counseling sessions and then rated the use of specific skills by the counselors using the Vanderbilt Therapeutic Strategies Scale (VTSS). The VTSS has two subscales: Psychodynamic Interview Style and Time-Limited Dynamic Psychotherapy Specific Strategies.

The researchers noted a significant relationship between the counselor trainees' perceptions of the supervisory relationship and clients' perceptions of the therapeutic relationship. Additionally, researchers found a relationship between the psychology trainees' perceptions of the supervisory relationship and the Interviewing Style subscale, but not the Time-Limited Dynamic Psychotherapy Specific Strategies subscale. Given that the interviewing style subscales measures relationship-building skills, the researchers postulated the relationship-building skills psychology trainees were learning in supervision were also being applied in their relationships with clients. It should be noted that the psychology trainees received a high level

of supervision in this study. Specifically, the researchers noted that the supervisors provided live supervision through a one-way mirror and would enter the counseling room to “provide feedback to the counselor trainee and to model appropriate intervention skills for use with the client” (p.110). However, it is unclear if the client’s evaluation of the therapeutic relationship had been influenced by the presence of the doctoral supervisors or their direct feedback. Another limitation of this study is that it is unlikely that psychology trainees would receive this level of supervision in other settings (e.g., via onsite supervision). Finally, the psychology trainees utilized a manualized treatment protocol in this study, and were subsequently given feedback about how they implemented the manualized treatment. This study feature could have limited the generalizability of these findings. Nonetheless, this study concluded that there is a positive association between psychology trainees’ perceptions of the supervisor relationship and the clients’ perceptions of the therapeutic relationship.

Summary of Positive Outcomes Related to Supervisory Relationship

In conclusion, the supervisory relationship is related to several positive outcomes in supervision such as supervisory satisfaction (Ladany et al., 1999), perceptions of effective supervision (Ladany et al., 2013), and reduced and mitigated conflict in supervision (Nelson et al., 2008). The supervisory relationship is also related to positive outcomes in the counseling relationship, such as a client’s perceptions of the therapeutic relationship (Patton & Kivlighan, 1997). Therefore, it appears that the quality of the supervisory relationship has a positive influence on outcomes in the supervisory process and counseling process.

Despite this finding, several problems continue to challenge onsite supervisors. First, they are not only responsible for supervising a CIT’s clinical work and facilitating professional development, but they must also evaluate the CIT’s quality of work (CACREP, 2009). The

duality of these roles may impact the quality of the supervisory relationship. In fact, in the Ladany et al. (2013) study previously referenced, the authors reported that one of the most ineffective strategies utilized by the “worst” supervisors was emphasizing evaluations in supervision. When these supervisors did so, the participants perceived (a) the bond to be weaker, (b) the supervisory style to be less favorable, and (c) the feedback process to be less effective. Therefore, being both responsible for a CIT’s development and his or her evaluation presents a significant challenge. Another challenge is the limited time a supervisor has to get to know his or her CIT. Internships typically require 600 hours of experience during a year over the course of a 30-week period (typically two 15-week semesters or three 10-week trimesters). This timeframe represents an average of 20-hours of onsite activity a week over the course of a year for CITs enrolled in an internship. To summarize, onsite supervisors face a number of difficult challenges in navigating the sometimes-competing roles of facilitating development and evaluating clinical skills, while at the same time attempting to strengthen the supervisory relationship with one or more CITs over a relatively short period of time.

There are also pressing challenges for CITs in onsite supervision. As noted previously, Rønnestad and Skovholt (2003) reported that most CITs in internships are in the Beginning phase or Advanced Student phase of development. CITs in these phases—although striving to excel with every client—are likely experiencing feelings of being inept, overwhelmed, and confused. In short, the need for supervision in these phases of development is high (Rønnestad & Skovholt, 2003). CITs require guidance, reassurance, and modeling from supervisors. However, an internship by design requires the onsite supervisor to evaluate the quality of a CIT’s clinical work. In referring to supervising a CIT in the Advanced Student phase, Rønnestad and Skovholt (2003) wrote, “The dependency of the intern, and the need to meet the expectations of

the graduate program combined with the aspirations to be autonomous, may contribute to the ambivalence that many advanced students report ” (p.15). Thus, there are difficult challenges for both the supervisor and CIT in onsite supervision.

Despite these hurdles, supervision is essential for facilitating the development of a CIT’s professional identity, clinical competence and ethical practices, multicultural competence, and professional wellness. Additionally, as highlighted by the studies reviewed herein, a strong supervisory relationship is important to quality supervision, to positive supervisory outcomes, and to positive client-related outcomes.

Statement of the Problem

Studies confirm that the quality of supervision is strongly influenced by the nature of the supervisory relationship (e.g., Rønnestad & Skovholt, 2003). This relationship is complex and there are numerous factors that have the potential to impact its quality. As noted earlier, counseling researchers tend to operationalize the supervisory relationship using the supervisory working alliance. While this is one factor that should be scrutinized, there are other factors that also impact the quality of the supervisory relationship (Pistole & Watkins, 1995). The following section details three of these elements: (1) the social perceptions a CIT has about his or her supervisor, (2) the supervisory working alliance, and (3) attachment styles in supervision.

Social Perceptions

Due to the propensity of people to evaluate others rather quickly, we often make generalized assessments that may or may not be accurate (Cuddy et al., 2011). This process may be automatic and unconscious (Dijksterhuis & Bargh, 2001). However, researchers have found that social perceptions play a significant role in how individuals and groups of people are evaluated (Cuddy et al., 2011; Fiske, Cuddy, Glick, Xu, 2002; Wojciszke, Bazinska, & Jaworski,

1998). Often, the global assessment of another person is based primarily on our perception of that person's morality, sociability, and competence (Wojciszke, n.d.). Fiske, Cuddy, and Glick (2007) noted that a person's perceptions of another are largely explained by how he or she interprets that person's intentions (morality and sociability) and his or her ability to act on those intentions (competence). Therefore, in order to understand how perceptions impact evaluation and judgements made about persons or social groups, it is important to explore the dimension of social perceptions.

Dimensions of Social Perceptions

Contemporary scholars understanding of social perceptions are influenced by earlier studies of personality and perceptions of personality. In a series of studies, Asch (1946) concluded that certain personality traits influenced the global perceptions of people more than other traits. In Study 1, a sample of undergraduate participants were given a written series of personality characteristics of a person and asked to describe that individual. The participants were divided into two groups (90 participants in Group A and 76 in Group B; no other demographic information was provided other than the author indicated that the participants were mostly females). Group A was read a series of personality traits (intelligent, skillful, industrious, warm, determined, practical, and cautious), while the Group B was read a different series of traits (intelligent, skillful, industrious, warm, determined, practical, and cautious). The author replaced only one word in the series "warm" with the word "cold," and left all other characteristics the same. Despite the one-word change, the two cohorts had a significantly different impression of the individual being described. Asch (1946) concluded that people's global impressions others were impacted more by certain traits than others. Since that time, numerous researchers have built on Asch's (1946) findings and have concluded that two

dimensions play a significant role in how people perceive other individuals and social groups (Fiske et al., 2002; Rosenberg, Nelson, Vivekananthan, 1968; Wojciszke & Abele, 2008). This two-dimensional understanding of social perceptions has in large part been agreed upon...until recently. This shift has been largely influenced by recent findings that sociability should be differentiated from morality (Brambilla, Rusconi, Sacchi, & Cherubini 2011; Leach, Ellemers, & Barreto, 2007). Brambilla and Leach (2014) suggested that sociability was contained in earlier definitions of morality; however, sociability should be considered as distinct from morality. Brambilla and Leach (2014) defined sociability as “being benevolent to people in ways that facilitate affectionate relations with them (e.g., friendliness, likeability, kindness), morality refers to being benevolent to people in ways that facilitate correct and principled relations with them (e.g., honesty, trustworthiness, sincerity)” (p. 398). Even though there is evidence that social perceptions are best examined using three dimensions, research on the two dimensional approach is foundational. Therefore, the next section will review three key studies that led to the development of the two dimensions of social perceptions: (1) Rosenberg et al. (1968), (2) Wojciszke (1994), and (3) Fiske et al. (2002). Reviewing this literature will help to justify the rationale for adapting the two-dimensional model of social perceptions into a three-dimension structure.

Based on the findings of Asch (1946), Rosenberg et al. (1968) sought to develop a multidimensional model of personality. The researchers selected 112 undergraduate students from a sociology class to participate in this study (no additional demographic information was provided). Participants were divided into two groups of 69 and 43. The first group of 69 participants was asked to “describe a number of people they knew in terms of the traits” based on

a list of 64 traits provided by the researchers (p. 285). More specifically, these participants were given the following instructions:

“We are interested in finding out which traits you think are likely to go together in the same individual and which traits seldom, if ever, go together in the same individual. Your task is to put those traits which tend to go together in the same individual into the same category.” (Rosenberg et al., 1968, p. 286)

The other 43 participants were asked to rate the list of 64 traits on one of three 10-point Likert scales, which were randomly assigned to participants. The first scale was *good to bad*, the second scale was *soft to hard*, and the third scale was *active to passive*. The researchers examined which traits were consistently rated higher or lower by participants. The researchers synthesized the responses by looking for commonalities in trait groupings and the rating of importance of certain traits. Based on responses, the researchers developed a two-dimensional scale of impressions. The first dimension, *social desirability*, measured as bad-social (e.g., unhappy, vain, cold) versus good-social (e.g., honest, modest). The second dimension, *intellectual desirability*, measured as bad-intellectual (e.g., foolish, frivolous) versus good-intellectual (e.g., scientific, persistent). Several study limitations must be noted. First, the authors noted that while the study was designed to help researchers capture common features of a person’s perceptions of another individual, it is possible that the inclusion of other dimensions could have led to different results. Additionally, this study utilized a sample of college undergraduate students, making the results ultimately only be generalizable to that population. These researchers encouraged others to test their dimensions in other samples and to search for the possible presence of other dimensions. Despite the limitations, the significance of this study

is that researchers identified a multi-dimensional understanding of people's perceptions of individual's personality.

Building on the earlier work of social perceptions, Wojciszke (1994) hypothesized that observable behaviors could be interpreted on two independent dimensions that he referred to as *morality* and *competency*. The first dimension, morality, is defined as deciding “whether or not an action is moral”; an example of morality would be “rescuing a drowning person” (p. 223). In contrast, the second dimension, competency, is defined as the “efficacy of goal attainment” (p. 223). Wojciszke developed two studies to test the morality versus competency dimensions. In the first study, 120 undergraduate students (60 males and 60 females) were asked to read eight short scenarios and then to describe, in one word, the action of the person in that scenario; they then were required to write a short evaluation for why they chose that one-word descriptor. Independent raters assessed results for the presence of morality and competency in participant responses. The significance of this study is that researchers identified morality and competency as two independent dimensions that can be used to assess an individual's behavior. A limitation identified by the author is that participants may have considered how the actor might benefit from his or her behavior rather evaluating the actor's behavior. Additionally, the author noted that the scenarios may not represent real-life situations.

Based on these limitations, in his second study Wojciszke (1994) asked the undergraduate participants to evaluate incidents from their past. Similar to the first study, two independent judges evaluated participant responses for the presence of morality and competency. The significance of this study is that the internal consistency of the independent judges' ratings of the multi-dimensions was similar to the first study—despite the different methods of data collection. Therefore, the morality and competency dimensions proved to be useful dimensions

for rating both one's own behavior and the behaviors of others. This second study, too had limitations. The data for both studies were collected in a sample of undergraduate students; therefore, results can only be generalized to this population. Additionally, the use of scenarios and personal recollection to collect data may not have mimicked real-life interactions. Despite these limitations, approximately 75% of the episodes reviewed by the judges proved to be related to the morality and competency dimensions. Additionally, the two dimensions developed for this study are consistent with prior literature (e.g., Rosenberg et al. (1968) and Asch (1946)).

Fiske et al. (2002) used two dimensions to examine the perceptions of differences in stereotypes of 23 different social groups and social classes (e.g., females, Jews, Black professionals, rich people). In this series of studies, the dimensions were named "warmth" and "competence," but features of these dimensions were similar to Rosenberg et al. (1968) and Wojciszke (1994). In Study 1, the participants included undergraduate students and nonstudents. There were 74 undergraduate participants (50 women, 23 men, and 1 unidentified gender; 78% White or Caucasian, 8% Black or African American, 5% Asian, 4% multiethnic, 3% European, and 1% unknown; mean age = 19.4) who were recruited from psychology courses. The undergraduate participants recruited the nonstudents locally. There were 50 participants (25 women, 13 men, and 12 unidentified gender; 66% identified as White and 34% of participants race was not identified by researchers; mean age = 35.2), although the responses of 12 participants were omitted because "respondents failed to follow the instructions" (p. 884). The participants were asked to rate how warm or how competent they thought society (American culture) viewed a particular social group. Of the 23 social groups investigated, 16 were classified into four unique clusters of warmth and competence (e.g., low warmth and high competence versus low warmth and low competence). The authors noted that the significance of this study is

that it provides context to how various social groups are perceived or stereotyped in culture, as well as how that impacts the way they are treated (stereotypes of groups will be explained further in the following section). As it relates to the current study, warmth and competence were again used as the core dimensions of social perceptions, which is consistent with previous literature.

In conclusion, Rosenberg et al. (1968), Wojciszke (1994), and Fiske et al. (2002) all used different names for the two dimensions. However, the key terms and definitions are very similar. Wojciszke (n.d.) recently developed his Questionnaire 21, an instrument that measures social perception based on three dimensions (morality, sociability, competence). This instrument is largely based on recent findings that sociability can be differentiated from morality (Brambilla et al., 2011; Leach & Brambilla, 2014). Leach et al. (2007) investigated the role of morality, competence, and sociability in how individuals form impressions about their own social group. In Study 1, they asked 84 males and females college students from the Netherlands (mean age = 21; $SD = 4.29$) to rate how important it was “for the groups to which they belonged to process a list of traits” (Leach et al., 2007, p. 12). These traits corresponded to the three dimensions under scrutiny. The internal reliability of these scales were acceptable (morality = .80, sociability = .69, and competence = .86). A three-factor model was the best fit in this study. The researchers concluded that morality, sociability, and competence represented important dimensions for how individuals shape their perceptions about their own social groups.

Similar to Leach et al. (2007), Brambilla et al. (2011) utilized a two-phase study to examine how the formation of initial impressions are based on perceptions of morality, competence, and sociability. In Study 1, 60 college students (34 females and 26 males) in Italy were provided demographic information (picture, name, age, and nationality) for one of two people. A second control group was not provided any demographic information. Participants

were asked to rate how relevant a set of traits would be to their formation of an impression of that person. These traits corresponded to the three dimensions (morality, competence, and sociability). The researchers concluded that regardless of the treatment group, participants were most interested in gathering information about traits that were related to morality. Additionally, a three-factor analysis was the best fit model. The Cronbach's alpha for all scales, morality ($\alpha = .88$), sociability ($\alpha = .76$), and competence ($\alpha = .89$), indicated good internal reliability.

Based on these findings and related studies, Wojciszke developed an instrument that operationalized social perceptions by the three dimensions (morality, sociability, and competence). This instrument, the Questionnaire 21, will be further discussed in Chapter 3. In the next section, however, studies examining social perceptions, as operationalized by just two dimensions—morality and competence—will be reviewed. (To reiterate, for the current study, social perceptions was operationalized by three dimensions: morality, competence, and sociability.)

Social Perceptions of Groups of People

Two conceptual models of stereotypes have emerged: (a) the social content model (SCM; Fiske et al., 2002), and (b) the BIAS map (Cuddy et al., 2007). As noted in Study 1, Fiske et al. (2002) developed the SCM through a series of studies in which they examined how perceptions of warmth and competence impacted stereotypes of social groups. (The demographic information for the undergraduate and nonstudent participants is provided above.) The researchers found that group stereotypes were differentiated by warmth (morality) and competence. In fact, perceptions of warmth and competence were often mixed, as evidenced by the fact that some social groups were perceived as low (or high) warmth and low (or high) competence. Four clusters emerged: (1) high warmth-high competence (e.g., women, Christians, Whites), (2) high warmth-low

competence (e.g., elderly, disabled), (3) low warmth-high competence (e.g., rich, men, professionals, Asians), and (4) low warmth-low competence (e.g., poor, homeless, welfare recipients). In conclusion, Fiske et al. (2002) found that perceptions of social groups could be differenced, and this was largely influenced by perceptions of warmth and competence. Despite the importance of these results, there are limitations. Fiske et al. (2002) note that while participants were asked to respond to how they believed society perceives a social group, it is possible that they provided answers about their own perceptions. Additionally, the majority of study participants were White, which might have skewed the results. However, these results led Fiske and her colleagues (2002) to hypothesize that perceptions of warmth and competence might explain historical prejudice against particular social groups and how groups are treated in society. Later researchers have also explored how an individual's perceptions of social groups might impact an emotional response or behavior, as detailed in the following section.

Cuddy et al. (2007) conducted a series of four experiments to examine how stereotypes impact emotional responses and behaviors towards social groups based on perceived warmth and competence. In Study 1, participants were recruited through a telephone survey of English-speaking adults in the continental U.S. The response rate was 25%, leaving a total sample of 571 (62% female and 38% male; mean age 43.5 years old, $SD = 17.6$). The researchers noted that the sample was representative of the U.S. population in terms of race (77% White, 6% Black, 9% Latino, 1.5% Asian or Pacific Islander, and 1.5% Native American); educational achievement (7% did not finish high school, 24% graduated from college, 30% attended some college, 22% graduated college, 13% had advanced degrees); religion (34% Protestant, 25% Catholic, 2% Jewish, 24% did not report a religious affiliation, and 15% agnostic or atheist); income (24% earned less than \$25,000, 31% earned \$25,000 - \$49,999, 18% earned \$50,000 - \$74,999, 14%

earned \$75,000 - \$99,999, and 13% earned more than \$100,000); and geographic location (20% from Northeast, 24% from Midwest, 36% from South, and 21% from West). The researchers found that a person's behavior toward a social group tended to be impacted by their emotional response towards that group and was guided by perceptions of warmth (morality) and competence.

The researchers defined behavioral outcomes in four different ways: (1) *active facilitation* (e.g., opening doors, assistance programs); (2) *active harm* (e.g., verbal or sexual harassment, bullying); (3) *passive facilitation* (e.g., hiring someone from an outgroup, working on a group project with someone from a group presumed to be smart); (4) *passive harm* (e.g., excluding, ignoring, avoiding eye contact, being dismissive). They concluded that perceptions of a social group's warmth and competence impacted how people behaved towards them. For example, groups who were perceived to be high-warmth received more active facilitation and less active harm than groups perceived to be low-warmth. Similarly, groups perceived to be high-competence tended to induce more passive facilitation and less passive harm from others in comparison to groups perceived to be low-competence. The significance of this study is that it provides insight into how particular social groups may experience biases in their day-to-day lives based on perceptions of warmth and competence.

The authors cautioned readers that this study investigated individuals' perceptions of social groups—not perceptions at the individual relationship level. There are still questions that pertain to how social perceptions, operationalized by the dimensions morality and competence, affect emotional responses and behavioral reactions in individual relationships. Therefore, it is important to review studies that have examined perceptions of warmth and competence, and how those impact individual relationships. This literature is reviewed in the next section.

Social Perceptions in Individual Relationships

In developing the BIAS map, Cuddy et al. (2007) provided a theoretical construct of how social groups might be impacted in society based on perceptions of morality and competence. However, as noted previously, this research did not account for how the perceptions of morality and competency affect the judgements of individuals or in individual relationships. There are three key studies in this area: Wojciszke et al. (1998), Abele and Wojciszke (2007), and Wojciszke and Abele (2008), each of which is reviewed in the next section.

Wojciszke et al. (1998) investigated the degree to which morality and competency could be used to explain a participant's global assessment of important people in their lives. For Study 3, the authors recruited a sample of 33 male and 40 females university students from Poland and determined that approximately 82% of the variance in global assessment could explain morality (52.99%) and competency (29.26%), and that this model was significant ($F = 8.45, p < .005$). However, there are limitations associated with this study. First, participants were asked to evaluate people who they knew well; it is possible, therefore, that certain dimensions—and particularly morality—were inflated given the relationships they had with these people. Additionally, this study was conducted at a Polish university; results in other countries or cultural groups could lead to different results. Despite the limitations, this study is foundational to how the morality and competency dimensions can be used in order to understand perceptions of individuals in relationships.

The findings from a series of studies conducted by Abele and Wojciszke (2007) are significant to our understanding of how competence and morality are related to perceptions of individuals. In Study 2, 61 Polish undergraduate students (27 men and 34 women; no other demographic information provided) were asked to “recall and describe in detail an event that had

influenced the actor's self-evaluation in a positive or a negative way" (p. 755). Participants were also asked to recall and describe an event about themselves and another person. When independent raters reviewed the responses, higher ratings of perceived competence were associated with statements about themselves, and higher ratings of perceived morality were associated with statements about other people. In Study 4, involving a sample of 62 German undergraduate students (30.6% men and 69.4% female; mean age = 25.16, SD = 5.12), the participants were divided into two groups. Each was asked to rate the importance of morality and competence for themselves and for other relationships. Both groups were asked to rate the importance of morality and competence for themselves. One group, however, was asked to rate the importance of the two dimensions for a relationship with a close friendship, and one group was asked to rate the importance of the two dimensions in a relationship with a fellow student. The importance of the morality dimension was rated higher than the competence dimension in both groups. Therefore, authors concluded that in interpersonal relationships, an individual's perceptions of another person's morality is more important than competence. The first limitation of this study is that participants were asked to rate the importance of competence and morality. It is possible that other factors were also important. Second, participants were allowed to think about whomever they wanted; therefore, the nature of the relationship could have affected the results. Third, similar to any study involving human-subjects, results could have been affected by self-reported data. Fourth, these studies were conducted in Poland and German, which limits their generalizability to cohorts from other countries or cultures. Nonetheless, the authors encouraged future research to examine how morality and competency might impact one's perceptions of another individual or how their perceptions were related to important outcome

variables. For the current study, CITs' perceptions of the supervisory relationship and how that impacts nondisclosure in supervision was assessed.

The final study—and the one most relevant to the current investigation—Wojciszke and Abele (2008) investigated the degree to which morality and competence impacted employees' perceptions of their supervisor. In this study, 162 employees (65 men and 96 women, mean age = 35.93, SD = 11.08) who were either employed at a financial organization or a government organization, were asked to evaluate their supervisors. Participants were asked to globally assess how well their supervisor completed his or her job, as well as to rate their perceptions of that person's competence and morality. Researchers concluded that regardless of the employment site, morality and competency explained 67% ($F = 79.17, p < .001$) of the variance in the global assessment of the supervisor's ability to complete their jobs. One limitation of the study is that neither demographic information about the supervisors, nor information about length of relationship with the supervisor, was included. Therefore, it is possible that demographic characteristics and/or the nature of the relationship could have impacted findings. Despite these limitations, this study is germane to the current study in that it provides evidence that morality and competence are importance dimensions to consider when examining counseling trainee-supervisor relationships.

To summarize, social perceptions are important to examine when looking at individual relationships. It appears that while competence, sociability, and morality can explain impressions or social perceptions, morality appears to be the best explanatory dimension of overall impressions (Wojciszke & Abele, 2008). In support of this assertion, Brambilla et al. (2011) reported that participants were most interested in learning more about a person's morality when seeking information to formulate an impression of that person. This association has

important implications for the current investigation, which examined factors of supervision and the impact on nondisclosure in supervision. While social perceptions have not specifically been examined in the counseling literature, researchers have referenced many of the tenets associated with the dimensional understanding of social perceptions. Therefore, the next section will review foundational studies relevant to social perceptions in counseling.

Social Perceptions in Counseling Literature

While social perceptions have not been examined in counseling literature, Rogers (1959) wrote of the importance of empathy, unconditional positive regard, and genuineness in a client-counselor relationship. These skills, which Rogers (1959, 1980) defined as client-centered skills, align closely with that of morality (e.g., friendliness, care, empathetic, honesty). While examined in a different context, Cuddy et al. (2011) noted the importance of social perceptions, even early in a relationship. An individual's judgments based on the social perception of another individual play an important role in how that person is viewed. For example, in evaluations or promotions (Cuddy et al., 2011). Rogers theorized that the use of client-centered skills is particularly important during the early stages of developing a therapeutic relationship (1946). Additionally, the quality of outcomes in counseling tends to hinge on a clinician's ability to use client-centered skills (Rogers, 1980). To test Rogers's hypothesis, Truax, Wittmer, and Wargo (1971) investigated the relationship between the observed use of client-centered skills (e.g., accurate empathy, nonpossessive warmth, genuineness) by clinical psychologists in a hospital group setting by noting changes in client functioning. There were 16 groups made up of 10 clients in each group, each of which was facilitated by 15 different therapists. The researchers noted that the therapists came from different training programs (3 social workers, 2 psychiatrists, and 10 psychologists), and that they were "relatively highly experienced in individual and group

psychotherapy” (p. 138). Twelve undergraduate students observed 692 three-minute samples taken from the beginning, middle, and end of each session (10 weeks of sessions) and rated the presence of client-centered skills. Additionally, 116 clients completed pre- and post-treatment assessments to measure the changes in their functioning. They concluded that high use of client-centered skills in group therapy was related to more positive outcomes in therapy. Limitations of this study include the fact that the sample was composed of individuals diagnosed with psychotic disorders who were currently engaged in prolonged inpatient group therapy. Therefore, this sample should not be considered to be representative of relationships wherein one person does not have a serious and chronic mental illness. However, this study does support the importance of client-centered skills in counseling.

Summary of Social Perceptions

In conclusion, impressions of individuals or groups of individuals are largely influenced by social perceptions (Cuddy et al., 2011). Initially, researchers found that two dimensions, morality and competence, were powerful predictors of the social perceptions made of groups (Fiske et al., 2002) and individuals (Wojciszke, 1994). In fact, Wojciszke and Abele (2008) found that supervisees’ assessments of the abilities of their bosses were largely influenced by their perceptions of their bosses’ morality and competence. Recently, however, researchers have redefined the operationalization of social perceptions by including a third dimension—namely, sociability (Brambilla & Leach, 2014; Leach et al., 2007). Based on these findings, Wojciszke (n.d.) developed his Questionnaire 21 to investigate these three dimensions. To date, though, no study has been developed to examine social perceptions, operationalized by perceptions of morality, competence, and sociability in dyadic supervision. Given the previous findings, examining CITs’ social perceptions of their supervisors is warranted.

Supervisory Working Alliance

The supervisory relationship is most often operationalized as the supervisory working alliance in counseling literature (Bernard & Goodyear, 2014). Originally, Bordin (1979) coined the term *working alliance* to describe the process that occurs within the counselor-client relationship. Bordin (1983) argued that developing a strong working alliance between the client and the counselor is the mechanism by which change occurs in the therapeutic process. The model of the working alliance, which Bordin (1983) described as a “collaboration for change” process, is based on three components: (1) the mutual agreement on *goals* between the supervisee and supervisor; (2) the mutual agreement on the *tasks* in order to reach those goals; and (3) the *bond* between supervisee and supervisor. Noting the similarities between the counselor-client relationship and the supervisee-supervisor relationship, Bordin (1983) theorized that the model of the working alliance could be applied to the supervisory relationship; he called this alliance the *supervisory working alliance*. In the next section, the three components of the supervisory working alliance will be briefly reviewed.

Bordin (1983) described a strong supervisory working alliance as the process by which change occurs in the supervisory relationship. In the supervisory relationship, change is defined as the facilitation of the professional development of a supervisee (Bordin, 1983). Therefore, the goals of supervision should be grounded in the individual needs of the supervisee. The primary goals of the supervision process, according to Bordin, are to enhance counseling skill, to develop an enriched understanding of clients, to engage in personal reflection, and to facilitate research. To accomplish these goals, Bordin (1983) noted the importance of the tasks in supervision. Specifically, the supervisors should review the supervisees’ clinical work (e.g., case presentations, direct observations, oral and written reports) and provide systematic feedback

relevant to the supervisees' goals and level of professional development. Additionally, supervisees should be engaged in the process by identifying skills accomplished or problems related to the achievement of their goals. Above all, there should be collaboration between the supervisor and the supervisee during all stages of the relationship. Finally, in regards to the bond in supervision, Bordin (1983) stated that the bond in the supervisory working alliance "typically falls somewhere between those of teacher to class members and therapist to patient" (p. 38). The bond represents the means by which the tasks are implemented and the goals are accomplished. The bond between supervisor and supervisee is the emotional connection developed between them (Bordin, 1983). In conclusion, the mutual agreement on goals between the supervisor and the supervisee, the agreement on the tasks necessary to accomplish those goals, and the bond between them are components to developing a strong supervisory working alliance and facilitating the professional development of the CIT.

Summary of Supervisory Working Alliance

The supervisory working alliance is a theoretical model to describe the supervisory process. Thus, it is critical to have instruments that can test Bordin's (1983) theoretical model. Numerous researchers have found that a strong supervisory working alliance is linked to positive supervisory outcomes and client-related outcomes. These outcomes include perceptions of effective supervision (Ladany et al., 2013), supervisory satisfaction (Ladany et al., 1999), avoidant or reduction of conflict in supervision (Nelson et al., 2008), and perceptions of a strong therapeutic alliance between the client and the counselor (Patton & Kivlighan, 1997). (Findings from these studies were reviewed earlier in Chapter 2.)

Attachment in Supervision

The individual attachment style of CITs also may affect how they perceive the quality of the supervisory relationship. Attachment styles describe the connection, bond, or security an individual feels towards another whom “is usually conceived as stronger and/or wiser” (Bowlby, 1977, p. 203). While observing mothers and children interacting, Bowlby (1977) observed four different attachment styles: (a) *secure* (child has a strong bond with the mother): (b) *anxious attachment* (e.g., nervous to develop an attachment), (c) *compulsive self-reliance* (e.g., child decides to act independently for fear of abandonment, and (d) *compulsive caregiver* (e.g., most likely to be in role of caregiver in all relationships). He postulated that attachment styles that emerge in early childhood will last from “cradle to grave” (1977, p. 203).

Subsequent researchers have also examined how an individual’s attachment style later manifests itself in adult relationships. Pistole and Watkins (1995) observed that the supervisory relationship mimics the hierarchical relationship of a parent-child relationship. CITs attempt to maintain closeness to, or security with, their supervisors (Pistole & Fitch, 2008). In a conceptual article, Pistole and Watkins (1995) detailed how Bowlby’s original attachment styles could be applied to the supervisee-supervisor relationship. Much like Bowlby’s secure attachment styles, Pistole and Watkins (1995) maintained that the primary goal of supervision is for the supervisee to develop a *secure base* in the supervisory relationship, which simply means that the supervisee knows that he or she is supported by the supervisor. When supervisees experience a secure base, they are more likely to engage in *exploratory behaviors* (Pistole & Watkins, 1995), which results in incorporating new techniques into their own practice and developing their own theoretical orientation. In such instances, a supervisee feels empowered to try new things or take risks because the supervisor is responsive to his or her needs and is available to be called on for

guidance if needed (Pistole & Fitch, 2008). However, not all supervisee-supervisor relationships develop a secure base. Pistole and Watkins (1995) described three insecure supervisory attachment styles of the supervisee that may be present in the supervisory relationship: (a) *compulsively self-reliant supervisee*, (b) *anxiously attached supervisee*, and (c) *compulsive caregiving supervisee*. The authors postulated that a compulsively self-reliant supervisee is likely to reject or at least challenge the supervisor's feedback, while an anxiously attached supervisee may seek constant feedback from the supervisor. The compulsive caregiving supervisee believes he or she does not need help and offers assistance to the supervisor (e.g., "I'll be glad to take care of that for you"; Pistole & Watkins, 1995, p. 472). Pistole and Watkins (1995) noted that examining attachment styles in supervision is not intended to replace existing theory, but rather to build on what is already being examined in the supervisory relationship. Therefore, they postulated that a CIT's individualized perception of attachment in supervision may be important when examining the supervisory relationship.

Attachment Styles and the Supervisory Working Alliance in Supervision

As noted previously, in the counseling literature the supervisory relationship is most often operationalized by the supervisory working alliance. Therefore, researchers examining attachment styles in supervision have typically investigated how this construct is related to the supervisory working alliance. However, findings from studies investigating the relationship between CITs' attachment styles and the supervisory working alliance in supervision are mixed. Four key studies have looked at the relationship between the supervisory working alliance and attachment styles in supervision: (1) Bennett et al. (2008); (2) Gunn and Pistole (2012); (3) White and Queener (2003); and (4) Dickson et al. (2011). The first two studies identified a significant relationship between CIT attachment styles and the supervisory working alliance; the

latter two, however, did not identify a relationship. The findings of these four research studies will be reviewed in the next section.

Investigating supervisees' perceptions of their onsite supervisors, Bennett et al. (2008) identified a relationship between social work trainees' perceptions of their general attachment styles, their attachment styles in supervision, and the supervisory working alliance in supervision. Participants for this study were 72 first-year master's students enrolled in a social work program. Data was collected over a two-year period. Demographic information was only collected for participants in the first year. There were 32 participants in the first year (26 female, 5 male). The majority of participants identified as White (77.4%), while the remainder identified as African American/Black (6.5%), as Asian or Pacific Islander (6.5%), or as "other" (9.7%) (Bennett et al., 2008). On average, participants were 32.48 years old ($SD = 9.54$). Several notable findings emerged from this study. First, the researchers found that the supervisees' avoidance (e.g., "fear of opening up") in supervision was significantly correlated with the perceptions of the bond, the agreement on tasks, and the agreement on goals in supervision. Additionally, supervisees' anxiety (e.g., "fear of abandonment") in supervision was significantly correlated with agreement in task and bond, but not with agreement on goals. Second, utilizing multiple regression, researchers found that avoidance by a supervisee was a significant predictor of the agreement on tasks ($t = -8.17, p < .01; F = 19.4, p < .01$), bond ($t = -11.12, p < .01; F = 43.47, p < .01$), and agreement on goals ($t = -5.88, p < .01; F = 9.21, p < .01$) in a model that included supervisees' general attachment styles, both avoidant and anxious, and supervisees' attachment styles in supervision, both avoidant and anxious. Additionally, anxious attachment style was a significant predictor of the bond in supervision ($t = -2.32, p < .05; F = 43.47, p < .01$). This study features several limitations that are germane to the current investigation. First,

the participants in this study were master's students enrolled in one social work program, and only the demographic information for roughly half of the participants was provided. Thus, it is unclear how the participants' degree program or demographic characteristics might have influenced the results. Second, the researchers examined supervisees' general attachment styles and supervisory attachment styles together in all their models. While all the models were significant, it is unclear how good of a predictor attachment styles in supervision is of the supervisor working alliance alone. Even with these limitations, Bennett et al. (2008) confirmed a relationship between social work students' perceptions of attachment in supervision and their perceptions of the supervisory working alliance.

Gunn and Pistole (2012) also identified a relationship between the supervisory working alliance and attachment to supervisors. Specifically, the researchers found a relationship between the psychology trainees' perception of the supervisory working alliance and perceptions of the attachment in supervision. (A review of the findings related to nondisclosure is provided in nondisclosure section.) The sample for this study included 480 master's and doctoral psychology trainees (81.9% female and 16.7% male; percentage does not equal 100 due to rounding) from various training programs (49.0% clinical psychology doctoral students, 24.0% counseling psychology doctoral students, 2.8% counseling doctoral students, 16.9% counseling master's students, and 5.4% clinical psychology master's students). With respect to race/ethnicity, the majority of study participants identified as Caucasian (83.1%); the remainder identified as African American (3.5%), Asian American (3.1%), Latino/a (2.3%), International (1.3%), Biracial (1.7%), or other (2.9%) (totals equal 97.9% as researchers did not report race/ethnicity for the remaining 2.1% of the sample). Participants were 29.8 years of age on average ($SD = 6.6$). Participants were asked to provide information about their experiences in supervision,

which ranged, on average, for 6.4 semesters ($SD = 4.5$); the median number of supervisors was 4.0 (2.0 median numbers of semesters with supervisors). Participants were then asked to report their perceptions of their relationship with one supervisor, which was operationalized by the supervisory working alliance and the attachment to the supervisor. They were then required to report on “their ‘most important’ supervisor, who they regarded as a mentor and as having a dramatic impact on their clinical training” (Gunn & Pistole, 2012, p. 233). 56.0% of participants reported on their past supervisor, 43.3% reported on a current supervisor, and .7% did not report the status of the supervisor. Subsequent data revealed significant correlations between the psychology trainee’s perceptions of attachment to supervisor and perceptions of the supervisory working alliance. Using structural equation modeling, Gunn and Pistole (2012) found that attachment security explained 75% of the variance in rapport ($\beta = .89, p < .01$). Based on these findings, the researchers concluded that supervisors should address the psychology trainee’s attachment style in supervision in order to strengthen the supervision bond. In the same structural model, attachment style explained 29% of the variance in tasks/goal subscale ($\beta = .54, p < .01$). The researchers concluded that psychology trainees who perceive a strong attachment to their supervisor are very likely to believe that their supervisor is helping them to become more effective in working with clients. Despite the importance of these findings, several limitations must be noted. The participants in this study were asked to report on the “most important” supervisor, which would seem to have a positive connotation. However, it is unclear how participants interpreted the phrase, which could have skewed findings. Additionally, participants reported on both current and past supervisors, leading to possible problems of recall. Despite these limitations, this study was significant in identifying a link between a counselor trainee’s

perceptions of attachment in supervision and their perceptions of the supervisory working alliance.

As indicated earlier, two studies failed to identify a significant relationship between the two constructs. White and Queener (2003) examined the relationship between supervisees' self-reported ability to form healthy attachments with other adults, social provisions (e.g., level of social support), and the supervisory working alliance. Participants for this study were 59 master's-level students and 8 doctoral-level students from three CACREP programs (67 total; 56 women and 11 men). White and Queener (2003) utilized a matched dyad design; therefore, they also examined supervisor perceptions of their ability to develop relationships and the supervisory working alliance. There were 67 supervisors (47 women and 20 men) in this study, of which 55 were licensed professionals providing onsite supervision; 12 were doctoral students enrolled in a supervision class. The researchers were unable to conclusively correlate supervisees' perceptions of attachment styles and social provisions as predictors of their perceptions of the supervisory working alliance ($R^2 = .09$; $F = 2.17$; $p = .11$). Several limitations of this study are relevant to the current investigation. First, the researcher examined the supervisees' perceptions of forming healthy attachment styles with adults. However, they did not examine the supervisory relationship directly. The examination of attachment styles in adult relationship versus the supervisory relationship may explain the insignificant relationship between attachment styles and the supervisory working alliance. Second, the researchers conducted a simultaneous regression by including both social provisions and attachment styles as predictors of the supervisory working alliance. They did so because there was no "strong basis for order entry of the variables" (White & Queener, 2003, p.210). However, the studies conducted by Bennett et al. (2008) and Gunn and Pistole (2012) did provide a theoretical justification for examining

supervisees' perceptions of attachment and the supervisory working alliance independently. It is possible that the inclusion of the variable, "social provisions," in the regression model influenced the findings.

White and Queener (2003) were not alone in their inability to identify a relationship between attachment styles in supervision and the supervisory working alliance. In their study of attachment styles in supervision using a cohort of clinical psychologist trainees from Britain. Dickson et al. (2011) also were unable to positively correlate the two constructs. The researchers recruited participants by contacting directors of 28 clinical psychology programs in Britain. The sample consisted of 259 individuals; 88.4% identified as women, 9.7% identified as men, and 2.0% did not identify a gender (percentages greater than 100 due to rounding). The majority of participants identified as White (71%), but the race of other participants not reported. The average age was 28.6 years of age ($SD = 4.0$; range 23 to 48). In terms of level of experience, 104 were in their first year, 81 were in their third year, 70 were in their third year, 1 was in the fourth year, and 3 participants did not report their level of experience. More than two-thirds (72%) were supervised by women and 26% were supervised by men. Utilizing a multivariate analysis of variance, Dickson and coworkers (2011) could not positively correlate the trainees' perceptions of their own attachment styles and perceptions of the supervisory working alliance. In contrast, the trainees' perceptions of their supervisors' attachment styles was related their perceptions of the supervisory working alliance ($F(3,229) = 18.24$; $p < .001$). To better understand the relationship between the variables of interest, the researchers utilized Path modeling. They developed a path model of parental indifference to compulsive self-reliance attachment style to perceived supervisor attachment to the working alliance ($\chi^2(3) = 4.38$, $p = 0.22$). They noted that the attachment pattern of compulsive self-reliance attachment pattern was

related to a poor working alliance. They postulated that a person with this attachment style may find the feedback and interactive nature of supervision to be difficult (Dickson et al., 2011). The limitations of note are as follows. First, this study was conducted using a cohort of clinical psychology students from Britain. It is possible that results with a different sample of participants could lead to different findings. Second, similar to White and Queener (2003), the researchers in this study examined perceptions of general attachment styles rather than examining the perceptions of attachment styles within the supervisory relationship. Despite reporting that a trainee's perceptions of his or her attachment style was not related to perceptions of the supervisory working alliance, Dickson et al. (2011) concluded that examining attachment styles in supervision may be helpful to a researcher's understanding of the supervisory relationship. Thus, this study is critical to future research on attachment patterns in supervision.

Attachment Style Summary

In summary, four key studies examined the relationship between attachment styles and the supervisory working alliance—but with mixed results. Bennett et al. (2010) and Gunn and Pistole (2012) both reported a positive relationship between the two constructs; in contrast, White and Queener (2003) and Dickson et al. (2011) did not. The inconclusiveness of these studies warrants further exploration into the relationship between these two constructs. As it relates to the current study—which examined CITs' perceptions of attachment styles in supervision—the studies that specifically looked at attachment styles in supervision (rather than attachment styles in general) did identify a relationship between the two constructs. Therefore, it may be that when examining the relationship between attachment styles and the supervisory working alliance, one must examine attachment styles within the supervisory relationship exclusively. Perhaps there is something unique about the supervisory relationship that should be

examined, rather than focusing on CITs' general attachment styles. In fact, the findings from Bennett et al. (2010) indicating that general attachment was not a significant predictor of the supervisory working alliance—while attachment styles in supervision was a significant predictor of the supervisory working alliance—are instructive. Therefore, the lack of consensus between attachment styles, the type of attachment style, and the supervisory working alliance in supervision is sufficient evidence to warrant additional insights into the relationship between these two constructs.

Nondisclosure in Supervision

The social perceptions made by CITs about their supervisors, the supervisory working alliance, and the attachment styles in supervision are all factors that appear to affect the quality of the supervisory relationship. A strong supervisory relationship has been found to be related to numerous positive supervision outcomes and client-related outcomes (Ladany et al., 2013; Ladany et al., 1999; Nelson et al., 2008; Patton & Kivlighan, 1997). One additional, and important, outcome of supervision that is impacted by the quality of the supervisory relationship is nondisclosure in supervision. In this section, nondisclosure in supervision is reviewed and key studies in this content area are examined.

In supervision, CITs are responsible for deciding what they want to bring to supervision (Bordin, 1983). CITs often present audio or videotapes of their work, which identify strengths, questions, and opportunities for growth (Bordin, 1983). This inherent structure of supervision requires CITs to play an active role in their professional development (Bordin, 1983). Given how important supervision is to their professional development (ACA, 2014), is important that they share as much of the experience as possible. In contrast, their professional development is likely to be hindered by withholding relevant information (Ladany et al., 1996). Interestingly,

however, Ladany et al. (1996) indicated that 97.2% of psychology trainees reported having withheld information from their supervisors in supervision. The sample for Ladany et al.'s (1996) study included counseling psychology trainees (63%) and clinical psychology trainees (21%) (16% were not identified). A majority (80.5%) identified as European American, 4.6% identified as Hispanic Americans, 3.7% identified as African Americans, 3.7% identified as Asian Americans, .09% identified as Native American, and 6.5% did not identify race (percentages do not equal 100 due to rounding). The majority identified as female (80%) while 19.4% identified as male, and .09% did not identify gender (percentages do not equal 100 due to rounding). Most participants were master's candidates (33%) or doctoral candidates (65%) (2% did not report their status). Participants were at various levels of training (33% beginning practicum, 32% advanced practicum, 26% internship, 4% unspecified). Trainee participants reported on average they had 21.41 months of prior counseling experience ($SD = 24.40$) and had seen 15 clients previously ($M = 72.59, SD = 207.59$). Participants received a median of 60 minutes per week of supervision ($M = 105.50, SD = 11.54$). The supervisors were mostly males (58%), with 42% not reported. Race was reported as follows: 89 identified as European Americans, 4 identified as African Americans, 2 identified as Hispanic Americans, 2 identified as Native Americans, 1 identified as Asian American, 11 did not identify their race.

To reiterate, Ladany et al. (1996) examined the rates of nondisclosure in supervision, reasons for nondisclosure, and the psychology trainees' self-reporting of how important they believed nondisclosure was to their ability to be a counselor. As noted previously, a high rate of psychology trainees self-reported that they had withheld information during supervision (97.2%). The type of nondisclosures included (a) concerns about the supervisory relationship or the supervisor, (b) negative experiences in counseling, and (c) information determined to be too

personal (e.g., sexual orientation, current family issues). Participants self-reported the types of information that they most commonly withheld: (a) negative feelings direct towards their supervisor (90%), (b) personal issues (60%), (c) clinical mistakes (44%), (d) concerns about the supervisor's evaluation (44%), (e) general observations about the client (43%), (f) negative reactions towards the client (36%), (g) positive feelings about the supervisor (25%), (h) issues of countertransference (22%), (i) supervision setting issues (23%), (j) reactions to supervisor appearance (18%), (k) issues of attraction between supervisee-supervisor (9.0%), and finally (l) positive reactions towards the clients (5.0%). The psychology trainees in this study also identified reasons for nondisclosure. Most often they withheld because they deemed the disclosure was too personal (73%), was unimportant (62%), negative feelings (e.g., shameful; 51%), "deference" (55%), perceived a poor working alliance (50%), did not want to be perceived negatively (46%), believed it was the supervisor's agenda (35%), believed it was pointless (32%), "political suicide" (29%), perceived the supervisor to be incompetent (21%), and unclear if they should disclose (16%) (Ladany et al, 1996, p. 16). Additionally, 48% of participants indicated that they avoided disclosing information by changing the subject when prompted by a supervisor; while 19% reported they refused to discuss something when prompted by a supervisor. These findings suggest that a high rate of CITs withheld information in supervision because of concerns about supervision, reactions towards their supervisor, or issues they had with their clients. Additionally, the reasons for nondisclosure were related to CITs' perceptions of the working alliance and the supervisory process.

This study presents several limitations. First, although the participants self-reported that they had withheld information, it was unclear if the psychology trainees had purposefully done so. Additionally, Ladany et al. (1996) found evidence that both types of nondisclosures and

reasons for nondisclosures were related to the supervisory relationship. However, because the researchers only collected frequency data further exploration is needed to examine the link between nondisclosure and the supervisory relationship. Nonetheless, this investigation represents a landmark study in its exploration of CIT nondisclosure. Given that the types of nondisclosures were related to professional development (e.g., improved clinical skills, personal wellness) and to the quality of the supervisory relationship (e.g., negative feelings about supervisor, concerns about evaluation), Ladany et al. (1996) made it clear that nondisclosure in supervision could impact a CIT's professional development. Therefore, this research spurred other researchers to examine nondisclosure in supervision.

In a quantitative study, Yourman and Farber (1996) sought to more closely examine nondisclosure in supervision—namely, to examine if supervisees intentionally withheld from supervisors. The sample consisted of 93 psychology trainees (72% female, 28% male), most of whom (97.8%) were enrolled in a clinical psychology program (2.2% not reported). The participants had a mean age of 31.2 ($SD = 6.2$). In terms of race, 74.2% identified as Caucasian, 11.8% identified as Hispanic American, 5.4% identified as African American, 4.3% identified as Asian American, 2.2% identified as foreign, and 1.1% identified as Native American (one participant did not identify a race). Participants, who were asked to reflect on one of their current supervisors, had been in supervision for, on average, 11.2 months ($SD = 6.7$). Just over half (50.5%) of the supervisors were female, and the remainder (49.5%) were male. Roughly a third of the supervisors worked as core program faculty (33.3%) and 31.2% were identified as adjunct faculty. The remaining 35.5% of supervisors were categorized as other (e.g. private practice) or the data was missing. Yourman and Farber (1996) utilized a 7-point Likert scale (1 = *never*, 4 = *sometimes*, 7 = *always*) to record the participants' level of disclosure in supervision.

Their findings indicated that while not all participants intentionally distorted or withheld information from their supervisors, there was a substantial percentage that did. For example, 51.6% of participants responded that they sometimes distorted information when they thought their supervisor might “disapprove” of what they had to say. Similarly, 47.3% of participants reported they sometimes told their supervisor what they wanted to hear. Additionally, 39.8% of participants reported moderate to high levels of withholding information from their supervisor regarding a clinical error they made. Researchers also found that supervisory satisfaction was a significant predictor of nondisclosure in supervision ($F(11, 74) = 12.57, p < .001$). Similar to Ladany et al. (1996), Yourman and Farber (1996) reported that CITs routinely withheld information in supervision. While Ladany et al. (1996) identified that nondisclosure did occur in supervision, Yourman and Farber (1996) reported that a substantial number of CITs indicated that they at least sometimes intentionally withheld information from their supervisors in supervision. Despite the importance of these findings, there are limitations. Namely, it is still unknown how much the participants withheld, the seriousness of the withholding, and the reasons that prompted them to withhold. One possibility discussed by Yourman & Farber (1996) is the relationship between CIT satisfaction and nondisclosure. In other words, it appears that a CIT’s perception of the quality of the supervisory process is related to nondisclosure in supervision.

Both Ladany et al. (1996) and Yourman and Farber (1996) concluded that nondisclosure by CITs in supervision does occur. Additionally, Yourman and Faber (1996) found that CITs may intentionally withhold from their supervisors. These findings suggest that there may be a link between the quality of the supervisory relationship and nondisclosure in supervision.

Ladany et al. (1996) indicated that participants in their sample pointed to a poor working alliance

as a reason for nondisclosure. Similarly, Yourman and Farber (1996) found supervisee satisfaction was a significant predictor of nondisclosure in supervision. These findings prompted other researchers to examine the connection between a CIT's perception of the supervisory relationship and nondisclosure in supervision, and three seminal articles will be reviewed in the next section: (1) Hess et al. (2008), (2) Mehr, Ladany, and Caskie (2010), and (3) Gunn and Pistole (2012).

The Supervisory Relationship and Nondisclosure in Supervision

Hess et al.'s (2008) qualitative investigation of nondisclosure and factors impacting predoctoral intern nondisclosure involved 14 counseling interns (13 from counseling psychology programs, 1 from clinical psychology program) who were interviewed at nine counseling centers in the U.S. In terms of race, 10 identified as European American, White [non-Latino], 2 identified as African American, and 2 identified as Asian American. Regarding sexual orientation, 10 identified as heterosexual, 2 identified as lesbian, 1 identified as bisexual, and 1 identified as gay. The mean age of participants was 31.21 ($SD = 3.68$). Participants also provided demographic information about their supervisors: (1) 9 were female and 5 were male; (2) 11 were European American, White [non-Latino], 1 was African American, and 2 were Asian Americans; (3) they ranged in age from 34 to 55 years old; and (4), 11 identified as heterosexual, and the sexual orientation of 3 supervisors was unknown. Participants were asked to describe an incident of nondisclosure in supervision, the factors that led to the nondisclosure, the perceived impact of the nondisclosure both professionally and personally, and what they envisioned could lead to their disclosure in the future. Using an iterative qualitative process of analysis, they identified two categories of supervisory relationship: (a) good and (b) problematic. Researchers identified a difference between the types of nondisclosures that occurred in good supervisory

relationships versus problematic supervisory relationships. In good supervisory relationship, nondisclosures were typically related to the psychology trainees' work with clients. In contrast, in problematic supervisory relationships, the participants tended to report reasons for nondisclosure that were related to the supervisory relationship (e.g., power differential, demographic variables, difference in theoretical orientation).

This study features some limitations. First, the small sample size ($n = 14$) limits its generalizability to a larger population. Additionally, although researchers utilized a well-established analysis protocol, the categorization of data based on a "good" versus "problematic" supervisory relationship is somewhat indistinct, which could have influenced the analysis. Despite these two limitations, this study points to the likelihood that a problematic supervisory relationship may increase the possibility for nondisclosure. Therefore, this study heightens the need for further research examining the connection between a CIT's perception of the supervisory relationship and nondisclosure.

The second major study of interest in this area is Mehr et al.'s (2010) quantitative investigation of the relationship between trainee anxiety, trainee nondisclosure, and the perceptions of the supervisory working alliance. Their study cohort consisted of 204 therapists-in-training (84.3% female, 13.7% male, and 2% unidentified gender) from counseling psychology (23%) or clinical psychology (67%) training programs. Regarding race, 88.7% identified as European American or White, 3.5% identified as Asian American or Pacific Islander, 2.5% identified as Hispanic/ Latino(a), 1.0% identified as African American, 1.0% identified as American Indian or Alaskan Native, 2.0% identified as "other," and 1.5% did not identify a race (percentages over 100 due to rounding). The mean age of participants was 29.35 years old ($SD = 7.41$). Participants' level of training ranged from beginning practicum (29%), to

advanced practicum (36%), to internship (31%) at college counseling centers (28%), community mental health centers (21%), and hospitals (21%) (placement sites for the remaining 30% not reported by researchers). The mean experience of participants was 24.24 months with a median of 16 months (standard deviation not reported). Participants reported they had worked with a mean of 109.92 clients (standard deviation not reported), although the median was only 25 clients. Participants also provided information about their supervisors and experiences in supervision. Most of the supervisors were female (53%) (47% not reported) and 87.25% identified as European American, “seven African Americans, seven Asian Americans, six Hispanic/Latino (a) Americans, two ‘Other’” (Mehr et al., 2010, p. 105). Participants reported they had been in supervision with their current supervisor for an average of 20.62 sessions; 74% were being evaluated in some capacity by their supervisors (the remaining 26% not reported). Participants were asked to report incidents of nondisclosure in their most recent supervision session with their supervisor. Researchers found that 84.3% of trainees in this study reported that they had withheld information from their supervisors. While the percentage of self-reported nondisclosure was slightly lower in comparison to Ladany et al.’s (1996) study, these findings suggest that a large percentage of trainees withhold in supervision. Additionally, researchers concluded that psychology trainees’ perceptions of the working alliance were related to nondisclosures in supervision. Specifically, when trainees perceived a strong working alliance, nondisclosure occurred less frequently. The utilization of quantitative measures provides a more detailed understanding of the relationship between the supervisory working alliance and nondisclosure in supervision (Mehr et al., 2010). Several study limitations must be noted. First, the authors indicated that this study was performed around the time of end-of-year evaluations. Prior research confirms that CITs have pointed to concerns about their academic evaluation as a

reason for nondisclosure (Ladany et al., 1996; Hess et al., 2008). Therefore, the authors noted the timing of this study could have influenced the findings. Another limitation of this study is that the sample was largely made up of counseling psychology and clinical psychology students, making its findings generalizable only to this sample. Despite these several limitations, Mehr et al.'s (2010) quantitative investigation provided a greater understanding of the relationship between CITs' perceptions of the supervisory working alliance and nondisclosure in supervision.

As outlined previously, the supervisory relationship is complex and can be operationalized in many ways (Bordin, 1983; Pistole & Watkins, 1995). Pistole and Watkins (1995) postulated that examining attachment in supervision could help researchers grasp the complexity of the supervisory relationship. Nearly two decades later, Gunn and Pistole's (2012) used a quantitative approach to investigate the link between CITs' perceptions of the supervisory working alliance and attachment in supervision to CIT nondisclosure. The demographics of the sample can be found in the attachment section on page 56.) Participants were asked to report on "their 'most important' supervisor, who they regarded as a mentor and as having a dramatic impact on their clinical training" (Gunn & Pistole, 2012, p. 233). The majority of participants reported on their past supervisor (56.0%), 43.3% reported on a current supervisor, and .7% did not provide that information. Using structural equation modeling, the researchers found that 28% of the variance in nondisclosure could be explained by attachment to supervisor, compared to 18% explained by rapport. Additionally, the relationship between attachment to supervisor and nondisclosure was stronger and partially mediated by rapport. Gunn and Pistole (2012) found that the trainees' perception of attachment to supervisor could explain a substantial portion of the variance in the supervisory working alliance (74% of rapport, 29% of client focus).

When trainees perceived a strong attachment, they were more likely to report a strong bond with their supervisor in comparison to those who reported a weak attachment.

Another key finding of this study is related to the relationship between attachment, the supervisory working alliance, and nondisclosure. Gunn and Pistole (2012) tested multiple models of nondisclosure in supervision. In the first model, rapport explained 94% of the variance in nondisclosure when attachment was not included. However, when attachment was added, rapport explained only 18% of the variance in nondisclosure. Therefore, the researchers concluded that examining attachment is critical to understanding nondisclosure in supervision. Additionally, nondisclosures occurred less frequently when trainees perceived a strong attachment to their supervisors. In the model that included attachment, rapport significantly mediated the relationship between attachment and nondisclosure; in contrast, client-focus needs (task and bond) were not significant. Gunn and Pistole (2012) interpreted this outcome to mean that trainee nondisclosure is more likely to occur when a supervisor only addresses the client-focus needs of the trainee and neglects to develop a bond with the trainee. Therefore, supervisors who focus on attachment in supervision may help to strength the supervisor relationship and increase the likelihood of nondisclosure in supervision.

While these findings are critical to research on nondisclosure and the supervisory relationship, some limitations must be noted. First, participants were asked to respond based on their “most important” supervisor. It is unclear how participants might have interpreted the term, “most important.” In fact, it could have either a positive or negative connotation in terms of their professional development. Regardless how the participants interpreted the phrase, the nature of the link between nondisclosure and the supervisory relationship could have been impacted by this wording. Second, participants in this study were predominately from clinical and counseling

psychology backgrounds. It is possible that the results using a different sample could yield different results. Finally, the researchers only examined nondisclosure in supervision. It is unclear if the nondisclosures were intentional. Based on prior research indicating that a CIT's intentional withhold of information is potentially problematic (Yourman & Farber, 1996), such a study warrants further investigation. In conclusion, Gunn and Pistole (2012) found that CITs' perceptions of the supervisory working alliance and attachment to supervisor are predictors of nondisclosure in supervision. Therefore, when examining factors impacting the supervisory relationship and nondisclosure in supervision, it is important to examine both attachment styles in supervision and the supervisory working alliance.

Summary of Nondisclosure in Supervision

To summarize, nondisclosure by CITs in supervision is common—according to Ladany et al. (1996) as high as 97.2%. Yourman and Farber (1996) echoed this finding, concluding that CITs intentionally withheld information during supervision. Additional findings from these two studies suggest that nondisclosure in supervision may be linked to the supervisory relationship. Later researchers examined how factors of the supervisory relationship impact nondisclosure in supervision. Hess et al.'s (2008) qualitative findings indicated that when CITs perceive a quality supervisory relationship, nondisclosures are more often related to their work with clients; in contrast, a poor supervisory relationship tends to lead to nondisclosures related to the supervisor-supervisee power differential and differences in theoretical orientation. A subsequent quantitative study conducted by Mehr et al. (2010) found an inverse between the quality of supervisory relationship and nondisclosure by CITs—i.e., when a CIT perceived a strong supervisory relationship, nondisclosure occurred less frequently. Gunn and Pistole (2012) also examined CITs' perceptions of supervisory relationship and how that impacts nondisclosure in

supervision, as operationalized by attachment styles in supervision and the supervisory working alliance. They concluded that attachment styles in supervision were a predictor of the quality supervisory working alliance. Additionally, both the attachment styles and the supervisory working alliance were predictors of nondisclosure in supervision. In conclusion, nondisclosures not only regularly occur in supervision, but CITs may intentionally withhold information from their supervisors, in part due to the quality (or lack thereof) of the supervisor relationship.

Summary of Literature

Quality supervision is important to a CIT's professional development (Rønnestad & Skovholt, 2003). During internship, CITs must uphold the values of a professional counselor and develop professional competencies through clinical experiences (ACA, 2014). Components of being a professional counselor include fostering a unique professional identity (Mellin, Hunt, & Nichols, 2011); increasing clinical competence and ethical practices (ACA, 2014); expanding multicultural competence (ACA, 2014), and learning professional wellness (Lawson & Myers, 2011). Facilitating professional development can be especially challenging during the internship given that CITs are also being evaluated for a grade (CACREP, 2009). In short, developing a quality supervisory relationship is critical for navigating the complexities of supervision (Bordin, 1983; Borders, 2014).

Given the importance of the supervisory relationship, researchers have investigated how CITs perceive factors that impact its quality, including the social perceptions made by the CIT about his or her supervisor, the supervisory working alliance, and the attachment styles in supervision. Wojciszke and Abele (2008) found the social perceptions made by employees were crucial to their global assessments of the supervisor. In the counseling literature, the supervisory relationship is most often operationalized by the supervisory working alliance. Based on this

construct, researchers have positively correlated the quality of the supervisory relationship to positive outcomes in supervision—namely, (a) increased supervisory satisfaction (Ladany et al., 1999), (b) favorable perceptions of effective supervision (Ladany et al., 2008), (c) reduced and mitigated conflict in supervision (Nelson et al., 2008), and (d) positive perceptions of the therapeutic relationship by clients (Patton & Kivlighan, 1997).

The current study investigated the degree to which attachment style (i.e., the connection, bond, or security an individual feels towards another who is viewed as “stronger and/or wiser” (Bowlby, 1977, p. 203) impacts the supervisory relationship. Twenty years ago Pistole and Watkins (1995) postulated that examining attachment styles in supervision might help researchers better understand the complexity of the supervisory relationship, typically involving the linkages between the supervisory working alliance and attachment patterns in supervision. However, findings from four key studies have been mixed. Both Bennett et al. (2008) and Gunn and Pistole (2012) identified a positive relationship between the two constructs; in contrast, White and Queener (2003) and Dickson et al. (2011) did not. The inconclusiveness of these studies warrants further exploration into the relationship between the supervisory working alliance and attachment styles in supervision. Additionally, no previous study has examined these two constructs in relation to social perceptions. Thus, the current investigation scrutinized the impact of these three factors (social perceptions, the supervisory working alliance, and supervisee attachment style) on the supervisory relationship, thereby filling a gap in the literature.

Finally, one additional and critical outcome of supervision that is impacted by the quality of the supervisory relationship is nondisclosure, which according to researchers occurs all too frequently (Ladany et al., 1996; Yourman & Farber, 1996). The supervisory process is a

multilayered experience—both facilitating professional development and advancing the advisee in his or her degree program (CACREP, 2009). Therefore, there may be pressure to withhold information in supervision to avoid a negative evaluation or to appear incompetent (Ladany et al., 1996; Yourman & Farber, 1996). Nondisclosure, however, is likely to stifle a CIT's professional development and the quality of services provided to clients (ACA, 2014; Ladany et al., 1996), making the practice particularly problematic. In contrast, studies indicate that nondisclosures by CITs occur less frequently when there is a strong supervisory relationship (Gunn & Pistole, 2012; Mehr et al., 2010). Therefore, it is essential to examine the factors of the supervisory relationship that impact nondisclosure in supervision—e.g., the social perceptions made by a CIT about his or her supervisor, the supervisory working alliance, and attachment styles. Therefore, the primary purpose of the current study was to examine factors in supervision that impact intentional nondisclosure by counselors-in-training. Based on the fact that no study to date has yet to examine CIT intentional nondisclosure in an adequate sample of counselor education trainees, the current study addressed this critical gap in the literature.

CHAPTER THREE

METHODOLOGY

The purpose of this quantitative study was to examine factors of supervision and the impact on intentional nondisclosure by counselors-in-training. These factors include: (1) the social perceptions made by a CIT about his or her supervisor, (2) the supervisory working alliance, and (3) supervisee attachment styles. The participants for this study were master's-level students enrolled in internship at a CACREP-accredited counselor education program. This chapter will review the research design, participant selection, recruitment, instruments, data analysis, and research questions.

Research Design

A quantitative, cross-sectional research design was utilized for this study, which enabled the researcher to describe the data, explore the relationships between variables, and examine the predictions of variables. The purpose of this quantitative study was to examine factors of supervision and the impact on intentional nondisclosure by CITs. Therefore, this study utilized multiple quantitative analyses. First, descriptive analyses were utilized to examine the frequency of intentional nondisclosure by CITs. Second, in order to examine these factors as predictors of intentional nondisclosure, it was critical to first examine the relationship between the theorized constructs of interest. As explained in the literature review, the relationship between the supervisory working alliance and attachment styles in supervisor is unclear. Bennett et al. (2008) and Gunn and Pistole (2012) found a relationship between attachment styles in supervision and supervisory working alliance while White and Queener (2003) and Dickson et al. (2011) did not. Thus, it is possible that collinearity exist between attachment styles and the bond subscale of the supervisory working alliance. Additionally, no study to date examined social perceptions in

supervision despite findings that judgements of morality, competency, and sociability play a role how individuals are assessed. Therefore, to explore the relationship between these constructs of interest, and the corresponding factors of these constructs, explanatory factor analysis was utilized. One index of sample adequacy for an exploratory factor analysis is the Kaiser-Myer-Olkin measure which should be greater than .5 (Williams, Brown, & Onsmann, 2012). In current study, the Kaiser-Myer-Olkin value was .855 which indicated an adequate sample size for the analysis. Additionally, the Bartlett's Test of Sphericity indicates if there are extractable factors. This value should be less than .05 (Williams, Brown, & Onsmann, 2012). In the current study, the p-value was .000. This indicated that factors could be extracted in the dataset. Finally, multiple regression was utilized to examine how factors of supervision explain intentional nondisclosure by CITs. The factors of supervision include social perceptions, the supervisory working alliance, and supervisee attachment styles. Each factor is indicated by two or three subscales which sums to seven predictive variables that were utilized in the analysis. The necessary sample size to achieve a desired power of .80 with seven predictive variables is 103 ($p < .05$).

Participants

The participants for this investigation were master's-level students enrolled in internship at a CACREP-accredited counselor education program. There are twelve types of CACREP accredited programs: (1) addictions, (2) career, (3) clinical mental health, (4) college, (5) community, (6) counselor education and supervision, (7) gerontological, (8) marriage, couples, and family, (9) mental health, (10) school, (11) student affairs, (12) student affairs and college. CACREP requires a standardized number of onsite internships hours (600 hours) and direct client contact hours for internship students (240 hours) (CACREP, 2009). Similarly, onsite supervisors are required to provide one hour of supervision per week to CITs (CACREP, 2009).

The selection master's students enrolled in internship at CACREP-accredited counselor education program ensured some consistency in the nature of the internship supervision.

Recruitment of Participants

The recruitment of participants for this study was accomplished via the assistance of key informants. Although more typically utilized in qualitative investigations, the use of key informants can also be employed for quantitative survey research (Philips, 1981). Key informants are useful because they have specialized knowledge about the target population and they are able to communicate with the researcher (Campbell, 1955). The informants were recruited for based on two criteria: (1) they were currently serving as counselor education faculty at CACREP-accredited institutions, and (2) they had a working relationship with either this researcher or his dissertation committee members. The key informants had access to the targeted population that may be difficult to access. In the 2013-2014 academic year there were 639 CACREP-accredited programs with a total enrollment of 37,648 (CACREP, 2015). However, it is unclear how many of those students were currently enrolled in an internship course. Heckathorn (1997) recommended the utilization of key informants when attempting to sample a population where the total size is unknown. To summarize, key informants assisted this researcher in accessing a targeted population by serving as a point of contact.

After gaining approval from the Virginia Tech Institutional Review Board (IRB), this researcher contacted the key informants at selected colleges and universities by email. The email to key informants is Appendix A. The Virginia Tech IRB approval letter is Appendix B. In order to obtain the necessary sample size of at least 103 participants; this researcher contacted faculty members at 20 institutions. The email solicitation notified potential key informants of the purpose of the study, the desired population for this study, the voluntary nature of the study (for

them and participants), the university IRB approval, and the plans for research dissemination. It also outlined the responsibilities of the key informant as follows: (1) to serve as a point of contact for the study, (2) to provide a working mailing address to mail instrument packets, (3) to assist in distributing the packets to potential participants, and (4) to identify one student to collect all materials and mail them back. This researcher included copies of all researcher materials utilized for this study for the key informants review.

Sampling Procedure

The informants provided step-by-step instructions for how to distribute the materials. The instructions are included in Appendix C. The informants distributed envelopes containing paper-and-pencil instrument packets to the targeted population during their class. The rationale for the paper-and-pencil administration is that participants were only solicited to participate in the study once. Kongsved, Basnov, Holm-Christensen, Hjollund (2007) reported that the initial response rates of participants were higher for the paper-and-pencil administration compared to web-based administration. Participants were asked to respond about the current supervision provided at their internship sites. The request to reflect about their onsite supervisor served two purposes. First, supervision undoubtedly vary from university to university; some may receive individual or triadic supervision from doctoral students, while others only receive group supervision from program faculty in accordance with accreditation standards (CACREP, 2009). Students are required to receive at least one hour per week of individual or triadic onsite supervision (CACREP, 2009). Variables of interest such as the supervisory working alliance, attachment styles in supervision, and social perceptions were developed based on individual or triadic relationships. Therefore, this study intentionally focused on onsite supervision because CITs were most likely to have similar contact time with supervisors. Second, it was important to

ensure total anonymity for participants when investigating sensitive material (Pryor, 2004). Therefore, it must be stressed that no participant who agreed to take part in this study was asked to respond about their university supervisor who might also have been serving in the role of key informant.

The survey packet included eight items in the following order: (1) instructions to complete the survey packet, (2) the informed consent notifying participants of the purpose of the study, the voluntary nature of the study, the university IRB approval, the estimated time of completion for this study, and the plans for research dissemination, (3) Questionnaire 21 (Wojciszke, n.d.), (4) the Supervisory Working Alliance Inventory-Supervisee (Efstation et al., 1990), (5) the Experiences in Supervision Survey (Gunn & Pistole, 2012, adapted from the Experiences in Close Relationships Scale; Brennan, Clark, & Shaver, 1998), (6) a modified version of the Disclosure in Supervision Scale (Gunn & Pistole, 2012), (7) four open-ended questions developed by this researcher about intentional nondisclosure, and (8) a Demographic Questionnaire developed by this researcher for this study. See Appendix D for the participant instructions and Appendix E for the participant informed consent.

It took approximately 15-20 minutes for participants to complete the battery of instruments. As outlined in the instructions, each participant put their completed packets in the original envelope and sealed the envelopes. During the same class period, the key informant identified one student to collect all the completed instrument packets and placed them into a large addressed folder. This folder was mailed back to the researcher by the student volunteer. Upon retrieval of the packets, the researcher entered the data into SPSS data management software. Hard copies of data were stored behind two locked doors in accordance with Virginia Tech IRB guidelines.

Instruments

The follow instruments were utilized in this study: the Questionnaire 21 (Wojciszke, n.d.), the Supervisory Working Alliance Inventory-Supervisee (Efstation et al., 1990), the Experiences in Supervision Survey (Gunn & Pistole, 2012), Disclosure in Supervision Scale-Modified (Gunn & Pistole, 2012), four open-ended questions developed by this researcher about intentional nondisclosure, and the Demographic Questionnaire which was developed by the researcher that is designed to gather personal and professional information. There were a total of 114-items in this instrument packet, each of which will be reviewed below.

Questionnaire 21

The Questionnaire 21 (Wojciszke, n.d.) is a 21-item questionnaire developed to measure the perceptions one has of an individual or a group on three dimensions (1) morality, (2) competence, and (3) sociability. Using a 7-point Likert-type scale (1 = *definitely not* to 7 = *definitely yes*), respondents are asked to their perceptions of a cultural group based on 21 different traits. For example, in a study in Italy respondents were asked to rate “how much each trait describes a typical Italian” (Wojciszke, n.d.). Averaging participants’ responses for the seven traits derives the total score for each dimension. The total score for the morality dimension is derived by averaging the scores for the following traits: sincere, respectful, moral, honest, fait, righteous, trustworthy. The competence dimension is derived by averaging the scores for these descriptors: efficient, active, capable, energetic, competent, skillful, and intelligent. The total score for the sociability dimension is derived by averaging the scores for these traits: warm, friendly, helpful, supportive, kind, social, and likeable. These three dimensions are not totaled together. It should also be noted that although preliminary psychometric data has yet to be published, Wojciszke noted that initial results based on a sample

from Poland and Italy indicated a three-factorial structure in principal component analyzes (personal communication, May 19, 2015). He also reported the internal reliability for each dimension of .80 or greater. Utilizing this measure could provide psychometric data to further validate this measure. While this instrument is intended to capture perceptions of various social groups, it can be adapted to capture perceptions of a single person (Wojciszke, personal communication, May 19, 2015). For the current study, participants were asked to respond about their current onsite supervisor. For the adapted version of the instrument see Appendix F and for the original version of the instrument see Appendix G.

Supervisory Working Alliance Inventory-Supervisee

The Supervisory Working Alliance Inventory-Supervisee (Efstation et al., 1990) measures the perceptions of the quality of the supervisory working alliance based on Bordin's (1983) model of the supervisory working alliance. The 19-item self-reported instrument asks respondents to rate the frequency of behaviors in supervision on a 7-point Likert Scale (1 = *almost never* to 7 = *almost always*). The Supervisory Working Alliance Inventory-Supervisee has two scores—one for rapport and one for client-focus. These two factors correspond with Bordin's (1983) initial model in that bond corresponds to rapport, and the task/goals correspond to client-focus. A total score for rapport is derived by computing the mean of the 12-items which correspond to rapport. A total score for client-focus is derived by computing the mean of the 7-items which correspond to that scale. Higher scores indicate higher levels of rapport and client focus in supervision. These scores are not added together. In the initial study, Cronbach's alpha coefficients were .90 for rapport and .77 for client-focus (Efstation et al., 1990). In follow up studies Cronbach's alpha ranged from .93 to .95 for rapport and .86 to .90 for client-focus (Gunn & Pistole, 2012; White & Wheeler, 2003). In the initial study by Efstation et al. (1990), the

client-focus scale was moderately correlated ($r = .52$) with the task-oriented scale of the Supervisory Styles Inventory (Friedlander & Ward, 1984). The client-focus scale also had low correlations with the attractive subscale ($r = .04$) and interpersonally sensitive subscale ($r = .21$) of the Supervisory Styles Inventory. The rapport scale was moderately to highly correlated to the attractive scale ($r = .78$) and the interpersonal sensitive scale ($r = .66$) of the Supervisory Styles Inventory (Friedlander & Ward, 1984). There was also a low correlation between the rapport subscale and the task-oriented subscale ($r = .12$). This provides evidence of convergent and divergent validity for the Supervisory Working Alliance Inventory- Supervisee. See Appendix H for this instrument.

Experiences in Supervision Survey

The Experiences in Supervision Survey (Gunn & Pistole, 2012) is a measure of attachment styles in supervision that they adapted from an original measure: Experiences in Close Relationships Scale (Brennan et al., 1998). The Experiences in Close Relationships Scale is a 36-item self-reported measure that assesses an individual's level of the avoidant and anxiety attachment styles in romantic relationships. The Experiences in Close Relationships Scale is designed to capture attachment *patterns* of an individual as opposed to a single relationship (Brennan et al., 1998). The Experiences in Close Relationships Scale has two dimensions: avoidance and anxiety. Participants are asked to respond indicate how much they agree or disagree with a statement on a 7-point Likert scale (1 = *disagree strongly*; 7 = *agree strongly*). Higher scores indicate higher levels of avoidance or anxiety for each dimension. Cronbach's alpha for anxiety was .91 and for avoidance .94 (Brennan et al., 1998).

Like the Experiences in Close Relationships Scale, the Experiences in Supervision Survey is a 36-item self-reported instrument. For each item, respondents report their level of

agreement with statements regarding their experiences with their supervisors using a 7-point Likert scale (1 = *disagree strongly*; 7 = *agree strongly*). Also like the Experiences in Close Relationships Scale, the Experiences in Supervision Survey has two dimensions: anxiety and avoidance. A team of researchers including graduate students and a faculty advisor, all of whom were experts in attachment theory, developed the two dimensions for the Experiences in Supervision Survey through an iterative process (Gunn and Pistole, 2012). The target pronoun of each item was changed to “supervisor” and items were amended the items to reflect experiences typical in supervision (Gunn, 2010). In the Gunn and Pistole (2012) study, the Cronbach’s alpha for anxiety was .89 and avoidance was .91; additionally, the avoidance and anxiety subscales were moderately correlated ($r = .50, p < .01$). There is evidence of discriminant validity between the Experiences in Supervision Survey and Supervisory Working Alliance Inventory-Supervisee. The anxiety dimension of the Experiences in Supervision Survey was correlated moderately with the rapport subscale ($r = .53, p < .01$) and client-focus subscale ($r = .31, p < .01$). The avoidance dimension was moderately to highly correlated with the rapport subscale ($r = .70, p < .01$) and moderately correlated with the client-focus subscale ($r = .43, p < .01$).

The completed Experiences in Supervision Survey has two scores: a score for the anxiety dimension and a score for the avoidance dimension. Items are reverse scored. The score for the anxiety dimension is derived by adding the 18-items that correspond to that scale. The score for the avoidance dimension is derived by averaging the 18-items that correspond to that scale. The higher score for each scale, which are not added together, indicate lower levels of anxious and avoidance attachment styles. See Appendix I for this instrument.

Disclosure in Supervision Scale-Modified

The Disclosure in Supervision Scale (Gunn & Pistole, 2012) is a 10-item self-reported measure of nondisclosure by supervisees in supervision. The Disclosure in Supervision Scale is comprised of two scales taken from previous studies of nondisclosure (1) Yourman and Farber (1996) and (2) Ladany et al. (1996). Eleven items are from a subscale of the Supervisory Questionnaire (SQ, Black, 1987). Yourman and Farber (1996) utilized this subscale to examine intentional nondisclosure, purposeful distortion, and discomfort disclosing in supervision. Using a 7-point Likert-type scale, participants were asked to report the frequency of a given event (1 = *never* to 7 = *always*). In the study by Yourman and Farber (1996) the Cronbach's alpha coefficient was .74. Gunn and Pistole (2012) developed the remaining nine items used on the qualitative findings from Ladany et al. (1996). The researchers revised the findings from Ladany et al. (1996) to mirror the structure of questions utilized in Yourman and Farber (1996). These questions were also scored using the sample 7-point Likert-type scale (1 = *never* to 7 = *always*).

For the study conducted by Gunn and Pistole (2012), they completed a principal axis factor analysis on the 20-items. Based on this analysis, they determined a 2-factor solution was the best fit for the data (Gunn & Pistole, 2012). Items with poor loadings were removed and this resulted in a 10-item measure. The first factor, "Client-Personal Disclosure," was a 6-item scale that explained 45.62% of the variance (Gunn & Pistole, 2012). This scale was comprised of disclosure related to clients or personal information. The second factor, "Supervisor Disclosure," was a 4-item scale that accounted for 15.31% of the variance (Gunn & Pistole, 2012). The correlation between the two factors was .52. Both factors had acceptable levels of internal reliability ($\alpha = .82$ for Client-Personal Disclosure; $\alpha = .84$ for Supervisor Disclosure; Gunn & Pistole, 2012). Given that this instrument has been used in a key research study in this

field, the present study utilized a modified version of the original 20-item instrument. For the original measure, there is one score derived from the two subscales. A higher score indicates more disclosure. These items are measured on a Likert scale (1 = *never* to 7 = *always*). This instrument was designed to measure nondisclosure by trainees' in allied professions of counselor education. However, counselors have a unique training model (CACREP, 2009) and professional identity (ACA, 2014). Therefore, a modified version of the Disclosure in Supervision Scale was utilized to best address unique needs of CITs enrolled in a counselor education program. For the current study, the scale was adapted to measure the participants' level of agreement with the statements (1 = *strongly disagree* to 7 = *strongly agree*). See Appendix J for the original instrument and Appendix K for the modified version. It should also be noted that as part of a larger research agenda, this researcher added four qualitative questions that are not included in the stated research questions. Those questions can be found in Appendix L.

Demographic Questionnaire

The demographic questionnaire utilized was a 15-item questionnaire designed to collect relevant demographic information about the participants and their supervisors, including age, gender, and ethnicity/race. The necessity of this background information has been informed by previous findings that cultural differences between the CIT and supervisor may influence nondisclosure in supervision (Hess et al., 2008; Ladany et al., 1996). Participants were asked to state their programmatic status: (a) if they are currently in an internship course (yes or no), (b) and program track (e.g., community, school, clinical mental health, etc.). Given the study examined nondisclosure by master's students enrolled in an internship course, these questions were intended to confirm that those responding to the survey meet the criteria. Participants were

also asked to report the average number of hours of onsite supervision per week they receive. A rationale for the study was that counselors have not been adequately represented in the literature on nondisclosure. Therefore, it is important that participants received the required number of hours of supervision per week as mandated by CACREP accreditation. Participants were asked report the average number of hours per week at internship site, how long they have been at this internship, how long they have worked with current supervisor, current supervisors' credentials, and current supervisors' discipline. These questions allowed this researcher to examine any effects of internship site and length of time in supervision. Participants were asked to report information about their supervisors. Ideally, the supervisor would have self-reported this information; however, given the design of the current study, this was not be feasible. Therefore, participants were asked to report the gender, age, and race/ethnicity about their supervisor "to the best of their knowledge." Appendix M contains the demographic questionnaire.

Research Questions

This study was designed to examine factors in supervision and their impact on nondisclosure in supervision. These factors include the social perceptions made by CITs about their supervisors, the supervisory working alliance, and the attachment styles in supervision.

This quantitative study addressed the following research questions:

1. What are the self-reported rates of intentional nondisclosure in supervision by counselors-in-training?
2. How do the observable indicators of each factor correspond to the theorized constructs of interest? These factors and corresponding theorized constructs include morality, competency, and sociability which correspond to social perceptions; rapport

- and client-focus which correspond to the working alliance; and avoidant attachment and anxious attachment which correspond to supervisee attachment styles.
3. How do the variables (1) the social perceptions of the supervisor, (2) the supervisory working alliance, and (3) attachment styles in supervision explain intentional nondisclosure by counselors-in-training?

Data Analysis

Described below are the data analysis strategies for addressing each research question. Specifically, this section will review the data analyses, the rationale for the analyses, and the assumptions that must be met for each analysis.

Q1: What are the self-reported rates of intentional nondisclosure in supervision by counselors-in-training?

To address Q1, a descriptive analysis was utilized to examine the measures of central tendency and measures of variability. Descriptive analyses include calculating means, standard deviations, and frequencies for each item, and the total score of the Disclosure in Supervision Scale-Modified. The Disclosure in Supervision Scale-modified is measured using an interval scale (1 = *strongly disagree* to 7 = *strongly agree*). Thus, higher incidents of nondisclosure are indicated by a lower score on the scale.

Q2: How do the observable indicators of each factor correspond to the theorized constructs of interest? These factors and corresponding theorized constructs include morality, competency, and sociability which correspond to social perceptions; rapport and client-focus which correspond to the working alliance; and avoidant attachment and anxious attachment which correspond to supervisee attachment styles.

The purpose of this quantitative study was to examine factors of supervision and the impact on intentional nondisclosure by counselors-in-training. In order to examine these factors as predictors of intentional nondisclosure, it was critical to first examine the relationship between the theorized constructs of interest. The relationship between the supervisory working alliance and supervisee attachment styles, and their corresponding factors, remains ambiguous due to the mixed findings. Gunn and Pistole (2012) found a relationship between the supervisory working alliance and supervisee attachment styles while Queener and White (2003) did not. One possibility is that collinearity exists between attachment styles and the bond subscale of the supervisory working alliance. In addition to this ambiguity, no study has examined the connection between these two constructs in relation to social perceptions. There is evidence that social perceptions, operationalized by morality, competency, and sociability, play a meaningful role in how individuals are evaluated. Thus, examining CITs perceptions of supervisors was warranted. Yet, prior to this study, social perceptions of supervisors, the supervisory working alliance, and supervisee attachment styles had not been examined collectively as factors of supervision in counseling literature. Therefore, the relationship between the theorized constructs of interest, and their corresponding factors, remained unclear. In order to examine how the observable indicators of each factor corresponded to the theorized constructs of interest, the

recommended method of analysis was an exploratory factor analysis (Suhr, 2006). Beaver et al. (2013) states an exploratory factor analysis are “statistical methods used for examine the relationship within a group of observed variables, as measured through questions or items” (p. 1). Using an exploratory factor analysis, the shared variance and the unique variance between items and factors can be examined to better understand their relationships (Beaver et al., 2013). To use an exploratory factors analysis, there are assumptions that must be met. Most notably, the measure of data is interval or ratio, the data is normally distributed, and the relationship between variables is linear (Suhr, 2006). The findings of exploratory factors analyses are influenced by several methodological characteristics including sample size, reliability of measures, and sampling techniques (Suhr, 2006). A plan for how each of these concerns was addressed is included in the sample procedure and instrument sections of Chapter 3.

Q3: How do the variables (1) the social perceptions of the supervisor, (2) the supervisory working alliance, and (3) attachment styles in supervision explain intentional nondisclosure by counselors-in-training?

To address Q3, the method of analysis is multiple regression analysis. Multiple regression analysis is an extension of linear regression where two or more independent variables, categorical or continuous, act as predictors of the dependent variable (Keith, 2006). A primary advantage is the intercorrelation between independent variables is accounted for in the analysis (Kline, 1998). The data in this study was at the interval level. The subscale scores for each constructs, computed from the mean all corresponding items, were used for this method of analysis. Thus, the data collected met the assumptions of multiple regression analysis. Notably, it is assumed that there was a linear relationship between the independent variables (social perceptions, supervisory working alliance, and supervisee attachment styles) and the dependent

variable, nondisclosure in supervision (Keith, 2006). Additionally, each participant's response was independent of one another (Keith, 2006). Given sample size, it was assumed that the data was normally distributed (Keith, 2006). This study utilized a simultaneous regression analysis. In explanatory research, simultaneous regression is used to “determine the extent of the influence of one or more variables on some outcome” (Keith, 2006, p. 76). This is the case in the current study as the researcher is interested in examining multiple factors as explanatory variables of nondisclosure in supervision.

Summary

The purpose of this quantitative study was to examine factors of supervision and the impact on intentional nondisclosure by counselors-in-training. The factors include social perceptions made by a CIT about his or her supervisor, the supervisory working alliance, and attachment styles. Participants completed the Questionnaire 21 (Wojciszke, n.d.), the Supervisory Working Alliance Inventory-Supervisee (Efstation et al., 1990), the Experiences in Supervision Survey (Gunn & Pistole, 2012), and the Disclosure in Supervision Scale -Modified (Gunn & Pistole, 2012), four qualitative questions and a demographic questionnaire that were designed by this researcher. To analyze this quantitative data, this researcher utilized multiple methods of analysis including descriptive analysis, correlations, multiple regression, and exploratory factory analysis. Results from this study are reviewed in Chapter Four. A discussion and implications of this research as well as opportunities for future research are discussed in Chapter Five.

CHAPTER FOUR

RESULTS

The purpose of this quantitative study was to examine these factors in supervision and their impact on intentional nondisclosure decisions by counselors-in-training. In chapter four, the sampling of participants, reliability of the instruments, and the data cleaning process are reviewed. Also, included in this chapter are the results for each of the following three research questions:

1. What are the self-reported rates of intentional nondisclosure in supervision by counselors-in-training?
2. How do the observable indicators of each factor correspond to the theorized constructs of interest? These factors and corresponding theorized constructs include morality, competency, and sociability which correspond to social perceptions; rapport and client-focus which correspond to the working alliance; and avoidant attachment and anxious attachment which correspond to supervisee attachment styles.
3. How do the variables (1) the social perceptions of the supervisor, (2) the supervisory working alliance, and (3) attachment styles in supervision explain intentional nondisclosure by counselors-in-training?

Sampling

The participants for this study were master's-level counselors-in-training enrolled in internship at a CACREP-accredited counselor education program. In the 2013-2014 academic year there were 639 CACREP-accredited programs with a total enrollment of 37,648. Some of those students were enrolled in internship and some are not and there is no central contact list for students or programs. Therefore, this study utilized key informants; a recommended recruitment

strategy when the total population is unknown (Heckathorn, 1997). This researcher initially contacted 30 potential key informants at 20 institutions by email to request them to serve as a key informant for this study. If the potential key informants did not respond after the initial contact, this researcher sent two follow-up emails. Of those 30 potential key informants initially contacted, 20 individuals at 18 institutions responded this researcher's request. Ten potential key informants either did not respond to the request to serve as a key informant or responded stating they did not have any contact with the target population, and referred this researcher to a colleague at their institution who did not respond to the email request. Of the 20 potential key informants that responded, five stated they did not have contact with the target population, but encouraged this researcher to contact them again in the future if necessary. Two key informants from the same institution agreed to participate. These key informants had access to separate groups of the same target population at their university. The current study utilized 15 key informants at fourteen institutions. Survey packets from 11 of the 14 participating institutions were returned. Thus, 40.0% of the potential key informants at 55.0% of the institutions who were contacted participated in the current study. The aggregate institutional profiles of the eleven institutions as indicated by the Carnegie Classification of Institutions of Higher Education (2014) are included in Table 1. It should be noted that three of the universities were religious-affiliated and eight were not.

Table 1
Institution Profiles of Participating Institutions Reported in Aggregate as Percentages

Profile Characteristic	Percentage of Institutions (N=11)
Level	
4-year or above	100.0%
Institution Type	
Public	45.4%
Private	54.5%
Enrollment Profile	
Majority Undergraduate	27.2%
High Undergraduate	54.5%
Very High Undergraduate	18.1%
Size ²	
Small Four-year	36.3%
Medium Four-year	27.2%
Large Four-year	36.3%
Geographic Setting	
Rural	63.6%
Urban	36.3%
Institutional Focus	9.1%
Bachelors' Level	
Master's Level	54.4%
High Research	18.1%
Very High Research	18.1%
Geographic Location	
Mid-Atlantic	36.3%
Northeast	45.4%
Southeast	18.1%

Note. ¹ = Some percentages do not equal 100% due to rounding

² = University enrollment range 1,674-32,172 ($M = 12,537.64$, $SD = 11,803.33$)

The key informants were asked to share the number of students present in their class on the day that the survey packets were distributed so a response rate could be calculated. The 15 key informants reported that there were 120 eligible students present in class on the day of the administration. Of the 120 students who met the criteria to participate in the current study, 116 agreed to participate. Therefore, the in-class response rate was 96.67%. After a thorough data cleaning process to check for missing or incomplete data, which is described below, the final sample was 112.

Instruments

Include in this section is a review of the four instruments utilized in this study: (1) Questionnaire 21 (Wojciszke, n.d.), (2) the Supervisory Working Alliance Inventory-Supervisee (SWAI-S; Efstation et al., 1990), (3) the Experiences in Supervision Survey (ESS; Gunn & Pistole, 2012, adapted from the Experiences in Close Relationships Scale; Brennan, Clark, & Shaver, 1998), (4) the Disclosure in Supervision Scale-Modified (DSS; Gunn & Pistole, 2012.. A brief description of each instrument, the scoring procedures, and the internal reliabilities is included below.

Questionnaire 21

The Questionnaire 21 (Wojciszke, n.d.) is designed to measure the perceptions one has of an individual or a group on three dimensions (1) morality, (2) competence, and (3) sociability. Participants were asked to respond using a polytomous 7-point Likert scale from 1 = (*definitely not*) to 7 = (*definitely yes*). A total score is derived by calculating the mean of the items that represent each dimension. Higher scores indicate higher levels of perceived morality, competence, and morality. The three dimensions are not added together for a total score. The internal consistency was strong for all subscales, as the Cronbach alphas for morality was ($\alpha = .934, n = 112$), for sociability was ($\alpha = .957, n = 112$), and for competence ($\alpha = .914, n = 112$). This is consistent with Wojciszke's original validation study as he noted the internal reliability for each dimension of .80 or greater (personal communication, May 19, 2015).

Supervisory Working Alliance Inventory-Supervisee

The Supervisory Working Alliance Inventory-Supervisee (Efstation et al., 1990) measures the perceptions of the quality of the supervisory working alliance based on Bordin's (1983) model of the supervisory working alliance. Respondents were asked to rate the frequency

of behaviors in supervision on a 7-point Likert Scale from 1 = (*almost never*) to 7 = (*almost always*). The Supervisory Working Alliance Inventory-Supervisee has two scores—one for rapport and one for client focused. A total score is derived by calculating the mean of the items that represent each dimension. The two dimensions are not added together for a total score. Higher scores indicate a stronger rapport and client-focus activity in the supervisory working alliance. The internal consistency for the rapport subscale was strong ($\alpha = .966, n = 112$). The internal reliability was also strong for the client-focus subscale ($\alpha = .939, n = 112$). These findings are consistent with previous studies. In the initial study conducted by Efstation et al. (1990), Cronbach's alpha coefficients were .90 for rapport and .77 for client-focus. In the study by Gunn and Pistole (2012) the Cronbach's alphas were .93 for rapport and .86 for client-focus. Similarly, the Cronbach's alphas were .95 for rapport and .90 for client-focus in a study conducted White and Queener (2003).

Experiences in Supervision Survey

The Experiences in Supervision Survey (Gunn & Pistole, 2012) is a measure of attachment styles in supervision that was adapted from a related measure: Experiences in Close Relationships Scale (ECR; Brennan et al., 1998). Participants were asked to indicate their level of agreement with 36 statements on a polytomous 7-point Likert scale from 1 = (*disagree strongly*) to 7 = (*agree strongly*). The completed Experiences in Supervision Survey has two scores- a score for the anxiety subscale and a score for the avoidance subscale. Higher scores indicate higher levels of secure attachment. A subscale score is derived by calculating the mean of each dimension. The two dimensions are not added together for a total score. The anxiety subscale had good internal consistence ($\alpha = .939, n = 112$). Similarly, the internal consistence for

the avoidance subscale was also high ($\alpha = .900, n = 112$). These reliability estimates are consistent Gunn and Pistole (2012) as they were .89 for anxiety and .91 for avoidance subscales.

Disclosure in Supervision Scale-Modified

The Disclosure in Supervision Scale was developed by Gunn and Pistole (2012) to measure self-reported rates of nondisclosure in supervision. The current study utilized a modified of the 20-item Disclosure in Supervision Scale as participants were asked to respond with their level of agreement with statements using a 7-point Likert scale from 1 = (*strongly disagree*) to 7 = (*strongly agree*). There was significant missing data for item 6 ($n = 20$ omitted) and item 8 ($n = 34$ omitted) so these items were removed from the analyses. No additional evidence of reliability of the full Disclosure in Supervision scale is available for comparison. In the analyses for the current study, a total score was utilized. This total score was calculated from the mean of the eighteen items. Higher scores indicate lower levels of intentional nondisclosure. The internal reliability of the total scale was acceptable ($\alpha = .887, n = 112$).

Data Cleaning

There were 120 potential participants invited to participate in this study on the day the key informants distributed materials. Of those, 116 participants agreed to participate. The final sample was 112 participants following the data cleaning process that is described below.

The current study utilized four instruments: (1) the Questionnaire 21, (2) Supervisory Working Alliance Inventory-Supervisee, (3) Experiences in Supervision Survey, and (4) the Disclosure in Supervision Scale-Modified. The mean scores, total score, or the instrument subscale scores were utilized in the analysis below to address each research question. To ensure the quality of analyses, a thorough and systematic data cleaning process was utilized. As noted previously, a modified version of the Disclosure in Supervision Scale was utilized as two items

were deleted due to substantial missing data. After deleting these items, any participants who did not complete at least 75% of each subscale were deleted from the analysis. Schafer and Graham (2002) noted at 75% complete data that there is minimal change in the mean and standard deviation when the data is missing completely at random or missing at random. There were four participants who did not complete at least 75% of the data and their scores were removed from all analysis, which reduced the usable sample from 116 to 112. A Little's Test for MCAR revealed that the missing data from the overall data sample was missing completely at random as evidenced by a Chi-square score of 3506.751 ($df = 3514, p = .531$).

Of the remaining 112 participants, this researcher utilized expectation-maximization, a maximum-likelihood method, to impute missing values. Bennett (2001) notes this is a more rigorous imputation method compared to mean imputation as this method utilizes an algorithm to impute the most likely data point. This imputation method results in "good estimates of variability" compared to other methods (Bennett, 2001, p. 468). The imputed items were based on each subscale. A more specific explication of the imputation procedure is to follow.

For the Questionnaire 21 morality subscale, only one case was modified using the expectation-maximization method for item 6, 'helpful'. For the competency subscale, three cases were modified. Each case had a missing value for one of three items, item 5, 'active', item 9, 'capable', and item 17, 'intelligent'. Participants completed all the items for the sociability subscale. There was no detectable pattern for missing values.

For the Supervisory Working Alliance Inventory-Supervisee rapport subscale, three cases were modified as there were two missing values for item 9, 'I understand client behavior and treatment technique similar to the way my supervisor does', and one missing value for item 12, 'In supervision, I am more curious than anxious when discussing my difficulties with clients'.

For the Supervisory Working Alliance Inventory-Supervisee client-focus subscale, six cases were modified. Item 17, 'My supervisor helps me work within a specific treatment plan with my clients', was the most commonly skipped item ($n = 5$ omitted). Item 18, 'My supervisor helps me stay on track during our meetings', was omitted twice. Item 15, 'My supervisor's style is to carefully and systematically consider the material I bring to supervision', and item 16, 'When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client' were both skipped once. There is no clear pattern for these missing values.

For the Experiences in Supervision Survey avoidance subscale, eight cases were modified. Two items were omitted twice, all other items that were omitted only once. These two items were item 4, 'I prefer not to show my supervisors how I feel deep down', and item 6, 'I want to get close to my supervisor, but I keep pulling back'. For the Experiences in Supervision Survey anxiety subscale, eight cases were modified. Missing values were imputed for eight of the eighteen items; however, only three of the items were omitted more than once (2 cases omitted each). These items are item 15, 'I worry a fair amount about my supervisor not being available when needed', item 25, 'My desire to be very close sometimes scares my supervisors away', and item 33, 'I often want to merge completely with supervisors, and this sometimes scares them away'. There is no identifiable pattern for this missing data.

As noted previously, items 6 and 8 were removed from the Disclosure in Supervision Scale-Modified. Both of these questions dealt with interpersonal attraction- item 6 referenced client attraction while item 8 referenced attraction to a supervisor. It is possible that participants were confused by these items. It is also possible that despite the measures taken to ensure participant anonymity, participants did not feel comfortable answering these questions. It is equally possible that these questions did not apply to the participants as several participants

wrote 'not applicable' in the margin. This may be especially true for school counselors who work with young children.

For the analyses used in RQ1 and RQ3, nine additional cases were removed because more than 25% of the items used to calculate the dependent variable were omitted. This left 103 cases. For the remaining items on the subscale based on the qualitative findings from Ladany et al. (1996), six cases were modified. Item 5, 'I have felt comfortable telling my supervisor about countertransference reactions to clients', and Item 2, 'I have felt comfortable telling my supervisor that I am concerned about his/her evaluation of my work', both had two missing values. For the subscale utilized in the study by Yourman and Farber (1996), seven cases were modified. The most frequently missed item was Item 18, 'I have felt comfortable letting my supervisor know my negative feelings about him/her'. This item was omitted three times. Item 12 stated, 'When I have interacted with clients in ways I thought my supervisor might disapprove of, I have been honest in describing these interactions' was omitted twice. Three other items were omitted once. Given the sensitive nature of this topic, it is possible that participants were uncomfortable disclosing this information but that cannot be confirmed in this study.

Description of Participants

A demographic questionnaire was developed for this study to collect relevant information on the participants and their supervisors, including personal characteristics, training backgrounds, and internship experiences.

Counselors-in-training. The age of the 112 participants ranged from 22-60 ($M = 29.02$, $SD = 7.55$). Nineteen (17.1%) participants were male, 85 (75.9%) were women, four identified as non-binary (3.6%), three stated they preferred not to disclose (2.7%), and one individual did not respond (.9%). Majority of participants identified as White/non-Hispanic ($n = 78$, 69.6%),

while eighteen (16.1%) identified as African American, five (4.5%) identified as Asian/ Pacific Islander, 2 (1.8%) identified as Hispanic/ Latino(a), one (.9%) identified as Native American, two (1.8%) identified as multi-racial, one (.9%) participant selected ‘none of the above categories’, four (3.6%) reported they did not want to disclose, and one (.9%) participant did not respond to the item. Regarding program type, 59 (52.7%) participants reported they were enrolled in a Clinical Mental Health program, one (.9%) participant was in a Community program, 10 (8.9%) are in a Mental Health program, 36 (32.1%) are in a School program, five (4.5%) are in a Student Affairs program, and one (.9%) did not respond. The demographic statistics are shown in Table 2.

Table 2
Demographics of Participants

Characteristic	Number of Participants N (%)
Gender	
Male	19 (17.1%)
Female	85 (75.9%)
Non-binary	4 (3.6%)
Preferred not to disclose	3 (2.7%)
Did not respond	1 (.9%)
Race	
African American	18 (16.1%)
Asian/ Pacific Islander	5 (4.5%)
Hispanic/ Latino (a)	2 (1.8%)
Native American	1 (.9%)
White (non-Hispanic)	78 (69.6%)
Multi-racial	2 (1.8%)
None of the above categories	1 (.9%)
Preferred not to disclose	4 (3.6%)
Did not respond	1 (.9%)
CACREP Track	
Clinical Mental Health	59 (52.7%)
Community	1 (.9%)
Mental Health	10 (8.9%)
School	36 (32.1%)
Student Affairs	4 (4.5%)
Did not Respond	1 (.9%)

Note. N = 112

Regarding length at their internship, 45 (40.2%) reported they had been there more than four months, 15 (13.4%) reported they had been there ‘3-4 months’, 35 (31.8%) reported they had been there ‘2-3 months’, 14 (12.5%) reported they had been there ‘1-2 months’, two (1.8%) participant reported he or she had been there ‘less than one month’, and one participant did not respond. One individual worked between ‘5-10 hours’ per week (.9%), seven worked between ‘10-15 hours’ per week (6.3%) , 28 worked between ‘15-20 hours’ per week (25.0%), 43 worked between ‘20-25 hours’ per week (38.4%), 32 reported they worked ‘more than 25’ hours per week (28.6%), and two participants did not respond (1.8%). Regarding the length of the supervisory relationship, thirty-six (32.1%) reported they worked with their current supervisor ‘More than 4 months’, 14 (12.5%) reported ‘3-4 months’, 37 (33%) reported ‘2-3 months’, fifteen (13.4%) reported ‘1-2 months’, six (5.4%) reported ‘less than one month’, and four (3.6%) did not respond to the item. Table 3 displays the internship experience and supervisory experiences of the participants.

Table 3
Current Internship Site and Supervision Experience

	Time at Internship Site N (%)	Time with Current Supervisor N (%)
Less than 1 month	1 (.9%)	6 (5.4%)
1 -2 months	14 (12.5%)	15 (13.4%)
2-3 months	35 (31.3%)	37 (33.0%)
3-4 months	15 (13.4%)	14 (12.5%)
4 or more months	45 (40.2%)	36 (32.1%)
Did not respond	2 (1.8%)	4 (3.6%)

Note. N = 112

Forty (40.2%) participants reported they found their internship site on their own, 23 (20.5%) were provided a list of internship sites to pick from, thirty (26.8%) were assigned a site after their preferences were considered, two (1.8%) were assigned an internship site without their

preferences being considered, twelve (10.7%) responded as ‘other’, and five (4.5%) participants did not respond to this item.

Supervisors. Participants were also asked to report demographic information for their onsite supervisors. The age of the supervisors ranged between 28-70 years old ($M = 43.12$, $SD = 10.24$). The participants identified eighty-eight supervisors as females (78.6%), eighteen (16.1%) males, two (1.8%) reported they ‘did not know’, one (.9%) preferred not to disclose, and three (2.7%) did not respond to the item. Regarding race/ ethnicity, participants identified seventy-seven supervisors as White/non-Hispanic (68.8%), fourteen (12.5%) as African American, one (.9%) as Asian/ Pacific Islander, three (2.7%) as Hispanic/ Latino(a), one (.9%) as Native American, three (2.7%) as multi-racial, one participant (.9%) selected ‘none of the above categories’, five (4.5%) reported they ‘did not know’, and four participants did not respond to the item (3.6%). The demographic information of the onsite supervisors is shown in Table 4.

Table 4
Demographics of Supervisors Per Participants

Characteristic	Number of Supervisors N (%)
Gender	
Male	18 (16.1%)
Female	88 (78.6%)
I don’t know	2 (1.8%)
Preferred not to disclose	1 (.9%)
Did not respond	3 (2.7%)
Race	
African American	14 (12.5%)
Asian/ Pacific Islander	1 (.9%)
Hispanic/ Latino (a)	3 (2.7%)
Native American	1 (.9%)
White (non-Hispanic)	77 (68.8%)
Multi-racial	3 (2.7%)
None of the above	1 (.9%)
I don’t know	5 (4.5%)
Preferred not to disclose	3 (2.7%)
Did not respond	4 (3.6%)

Note. $N = 112$

Forty-three (38.4%) of participants identified their supervisors training background as ‘Counselor Education’, seven (6.3%) as ‘Marriage and Family Therapy’, fourteen (12.5%) as ‘Social Work’, eight (7.1%) as ‘Counseling Psychology’, six (5.4%) as Clinical Psychology, eighteen as ‘Other’ (16.1%) (e.g., School Counselor), eight (7.1%) as ‘I don’t know’, four (3.6%) as ‘More than two’, and four (3.6%) did not respond to the question. Regarding the types of licensure possessed by the supervisors, participants reported 45 (40.2%) were ‘Licensed Professional Counselors’, five (4.5%) were ‘Licensed Marriage and Family Therapists’, twelve (10.7%) were ‘Licensed Clinical Social Workers’, two (1.8%) were ‘Licensed Psychologists’, 23 (20.5%) selected ‘Other’ (e.g., Licensed School Counselor), fifteen (13.4%) reported they ‘Did not know’, five (4.5%) selected ‘More than two’, and five (4.5%) did not respond to the item. Table 5 displays the professional backgrounds of the onsite supervisors as reported by the participants.

Table 5

Training Background and Professional Licensure of Supervisors Per Participants

Background and Licensure	Number of Supervisors N (%)
Supervisor Training Background	
Counselor Education	43 (38.4%)
Marriage and Family Therapy	7 (6.3%)
Social Work	14 (12.5%)
Counseling Psychology	8 (7.1%)
Clinical Psychology	6 (5.4%)
More than two	4 (3.6%)
Other	18 (16.1%)
Did not know	8 (7.1%)
Did not respond	4 (3.6%)
Professional Licensure of Supervisors	
LPC	45 (40.2%)
LMFT	5 (4.5%)
LCSW	12 (10.7%)
Licensed Psychologist	2 (1.8%)
More than two	5 (4.5%)
Other	23 (20.5%)
Did not know	15 (13.4%)
Did not respond	5 (4.5%)

Note. $N = 112$

In addition to participant and supervisor demographic data the participants' social perceptions of their supervisors were measured using the Questionnaire 21. For each subscale, morality, competence, and sociability, the possible range of scores is 7-49 with a higher score indicating more favorable impression of the supervisor. The descriptive statistics for the three subscales of the Questionnaire 21 are shown in Table 6.

Table 6

Descriptive Statistics for Questionnaire 21

Subscale	<i>M</i>	<i>SD</i>	Median	Min	Max
Morality	41.93	7.63	43.5	16.0	49.0
Competence	42.44	6.4	44.0	22.0	49.0
Sociability	41.51	8.59	45.0	10.0	49.0

Note. $N = 112$

Participants reported their perceptions of the quality of the supervisory working alliance using the Supervisory Working Alliance Inventory-Supervisee. The range of possible scores for this instrument is 12-84 for the rapport subscale and 7-49 for the client-focus subscale. A higher score indicates participants perceive a stronger supervisory working alliance. Table 7 displays the descriptive statistics for the rapport and client-focus subscales of the Supervisory Working Alliance Inventory-Supervisee.

Table 7

Descriptive Statistics for Supervisory Working Alliance Inventory-Supervisee

Subscale	<i>M</i>	<i>SD</i>	Median	Min	Max
Rapport	66.77	16.37	72.0	21.0	84.0
Client-Focus	36.13	9.85	37.95	10.0	49.0

Note. *N* = 112

Participant perceptions of the quality of their supervisory attachment styles, both anxiety and avoidance, were measured using the Experiences in Supervision Survey. The range of possible scores for this instrument is 18-126. Higher scores indicate higher levels of avoidance or anxiety in the supervisory relationship by the participants. The descriptive statistics for the anxiety and avoidance subscales of the Experiences in Supervision Survey are shown in Table 8.

Table 8

Descriptive Statistics for Experiences in Supervision Survey

Subscale	<i>M</i>	<i>SD</i>	Median	Min	Max
Anxiety	97.42	22.12	102.0	30.0	126.0
Avoidance	93.67	18.26	96.5	49.26	126.0

Note. *N* = 112

Lower scores indicate more anxiety or avoidance attachments

Self-reported levels of agreement with intentional nondisclosure were measured using the Disclosure in Supervision Scale-Modified. The possible range of scores for the total score of the Disclosure in Supervision Scale-Modified is 18-126. Higher incidents of nondisclosure are

indicated by a lower score on the scale. Table 9 displays the descriptive statistics for the total score of the Disclosure in Supervision Scale-Modified. Of the 112 participants, nine cases were removed due to missing data in this scale. It should be noted that a more thorough review of each item was completed to address research question 1.

Table 9

Descriptive Statistics for Disclosure in Supervision Scale-Modified

	<i>M</i>	<i>SD</i>	Median	Min	Max
Total	87.67	17.58	88.0	39.0	121.0

Note. n = 103

Finally, in a preliminary analysis, correlations between the subscales were examined. Correlations indicated that all variables were positively and significantly related. Of the 112 participants, nine were eliminated due to missing data. The range of the relationships ranged from .290 to .864 as indicated by *r*. Table 10 displays the full correlation matrix for the subscales.

Table 10

Correlations Matrix of Questionnaire 21, SWAI-S, ESS, and DSS

Measure	1	2	3	4	5	6	7	8
Questionnaire 21								
1. Morality								
2. Competence	.839**							
3. Sociability	.864**	.790**						
SWAI-S								
4. Rapport	.761**	.739**	.849**					
5. Client-Focus	.596**	.653**	.682**	.828**				
ESS								
6. Avoidance	.616**	.575**	.654**	.716**	.591**			
7. Anxiety	.290**	.256**	.432**	.419**	.388**	.500**		
DSS								
8. Total Nondisclosure	.642**	.601**	.695**	.759**	.604**	.728**	.488**	

Note. n = 103

***p* < .01

Findings

This section will review the results that corresponded to the three primary research questions. The discussion of the results including implications, recommendations for future research, and limitations will be reviewed.

Assumptions of the Analyses

The constructs of interest were examined to ensure each variable met the necessary assumptions for each of the planned analysis: (1) descriptive of intentional nondisclosure, (2) exploratory factor analysis, and (3) multiple regression. The first assumption is normal distribution of the data (Suhr, 2006). This researcher examined the skewedness and kurtosis for each of the variables of interest. Skewedness and kurtosis statistics of less than ± 2 indicate normal distribution. All variables met the assumption for skewedness and kurtosis indicating the data is normally distributed.

The second assumption is a linear relationship between the variables (Suhr, 2006). Multicollinearity is evidence that there a nonlinear relationship between the variables of interest. Keith (2006) notes that multicollinearity may exist when the correlations between the variables of interest are greater than .85. There are two relationships which may suggest multicollinearity between the variables of interest as the correlation coefficients are roughly .85: (1) sociability and morality ($r = .864, n = 103$) and sociability and rapport ($r = .849, n = 103$).

A more advanced analysis of multicollinearity can be conducted by examining the tolerance and Variance Inflation Factor (Kline, 2011). Tolerance levels less than .1 and Variance Inflation Factors greater than 10 warrant further investigation. In this dataset, all tolerance values and Variance Inflation Factor values met this assumption. The tolerance levels and the Variance Inflation Factors are displayed in Table 11. Of the 112 participants, nine were

eliminated due to missing data. Therefore, it is assumed that multicollinearity does not exist, and there is a linear relationship between the variables of interest.

Table 11
Tolerance levels and Variance Inflation Factors

Measure	Tolerance Level	Variance Inflation Factor
Questionnaire-21		
Morality	.178	5.627
Competence	.252	3.964
Sociability	.153	6.545
SWAI-S		
Rapport	.145	6.895
Client-Focus	.292	3.420
ESS		
Avoidance	.422	2.368
Anxiety	.673	1.487

Note. n = 103

Research Question 1: What are the self-reported rates of intentional nondisclosure in supervision by counselors-in-training?

The self-reported rates of intentional nondisclosure by counselors-in-training were measured using the Disclosure in Supervision Scale-Modified. The self-reported rates of level of agreement for each of the 18-items on the Disclosure in Supervision Scale-Modified are shown in Table 12. Of the 112 participants, nine were eliminated due to missing data. Lower score means indicate higher levels of intentional nondisclosure. As evidenced by the mean, the highest self-reported rate of intentional nondisclosure by counselors in training is regarding their comfort in telling their supervisor negative feelings about him or her. The next highest rate is correcting the supervisor, followed by concerns about evaluations. This is followed by expressing concerns about evaluations, then disagreeing with a supervisor, and then telling a supervisor what he or she wanted to hear.

Table 12

Self-Report Rates of Level of Agreement for Disclosure in Supervision Scale-Modified¹

	<i>M</i>	<i>SD</i>	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
1. I am comfortable sharing personal information with my supervisor	4.98	1.65	3.9%	4.9%	9.7%	14.6%	28.2%	15.5%	23.3%
2. I have felt comfortable telling my supervisor that I am concerned about his/her evaluation of my work	3.93	1.72	9.7%	13.6%	14.6%	26.2%	18.4%	7.8%	9.7%
3. I have thoughts about my clients that I do not share with my supervisor ¹	5.04	1.88	2.9%	12.6%	10.7%	6.8%	15.6%	21.4%	30.1%
4. I am comfortable sharing negative reactions to clients with my supervisor	5.23	1.58	4.9%	4.9%	4.9%	11.7%	22.3%	24.3%	27.2%
5. I have felt comfortable telling my supervisor about countertransference reactions to clients	5.26	1.62	1.9%	6.8%	2.9%	20.4%	18.4%	18.4%	31.1%
6. I let my supervisor know when I have concerns about the setting in which I am working	5.31	1.51	1.9%	4.9%	3.9%	15.5%	24.3%	22.4%	27.2%
7. I am comfortable sharing positive reactions to clients with my supervisor	5.93	1.31	1.9%	1.0%	1.9%	7.8%	14.6%	30.1%	42.7%
8. I am comfortable discussing my angry feelings toward my clients	5.26	1.81	7.8%	2.9%	4.9%	12.6%	16.5%	23.3%	32.0%
9. I am comfortable discussing my feelings of inadequacy as a clinician	5.41	1.60	2.9%	2.9%	7.8%	12.6%	16.5%	25.2%	32.0%
10. When I have interacted with clients in ways I thought my supervisor might disapprove of, I have been honest in describing these interactions	5.10	1.60	2.9%	4.9%	8.7%	16.6%	16.5%	30.1%	20.4%
11. I have felt comfortable letting my supervisor know my positive feelings about him/her	5.44	1.31	0.0%	2.9%	4.9%	16.5%	21.4%	30.1%	24.3%
12. I have felt comfortable openly disagreeing with my supervisor	4.11	1.1	10.7%	10.7%	14.6%	21.4%	18.4%	12.6%	11.7%
13. When I have thought my supervisor has been wrong I have let him/her know it	3.38	1.76	18.4%	17.5%	17.5%	19.4%	13.6%	8.7%	4.9%
14. I have felt embarrassed or afraid of how my supervisor would react to something I report about my work ²	4.62	1.90	3.9%	13.6%	14.6%	17.5%	9.7%	16.5%	24.3%
15. I have found myself telling my supervisor what I feel he/she has wanted to hear ²	4.60	2.02	9.7%	8.7%	14.6%	12.6%	11.7%	18.4%	24.3%
16. I have felt comfortable letting my supervisor know my negative	3.02	1.80	30.1%	17.5%	7.8%	25.3%	8.8%	6.8%	3.9%

feelings about him/her										
17. I have omitted describing details of my work that I have felt were clinical errors ²	5.51	1.59	2.9%	4.9%	2.9%	12.7%	15.5%	27.2%	34.0%	
18. I am less than entirely honest in letting my supervisor know my theoretical or clinical views ²	5.54	1.73	5.8%	3.9%	2.9%	7.8%	14.6%	27.2%	37.9%	

Note. $n = 103$

¹ = Percentages do not equal 100% due to rounding

² = Items reversed scored

Research Question 2: How do the observable indicators of each factor correspond to the theorized constructs of interest? These factors and corresponding theorized constructs include morality, competency, and sociability which correspond to social perceptions; rapport and client-focus which correspond to the working alliance; and avoidant attachment and anxious attachment which correspond to supervisee attachment styles.

To investigate this research question, exploratory factor analysis with an oblique rotation was conducted. Given the lack of understanding of the relationship between social perceptions, the supervisory working alliance, and attachment styles in supervision, all items from the instruments related to the constructs of interest were utilized for this analysis. There were 76 items examined in SPSS. Prior to analysis, this researcher examined the Kaiser-Meyer-Olkin measure of sampling adequacy. This metric indicates whether there is an adequate sample size to perform the exploratory factor analysis. The Kaiser-Meyer-Olkin measure of sampling adequacy should be greater than .5 (Williams, Brown, & Onsmann, 2012). For this data set, the Kaiser-Meyer-Olkin value was .855 which indicates there is an adequate sample to perform this analysis. The Bartlett's Test of Sphericity, indicates if there are extractable factors in a sample (Williams et al., 2012). The p-value should be less than .05. The p-value in this sample was significant ($p = .000$), indicating that there are factors that could be extracted.

To derive a factor solution, the researcher conducted a maximum likelihood exploratory factor analysis with a promax rotation. Promax rotation is an oblique rotation that allows for factors to correlate with one another (Costello & Osborne, 2005). This researcher examined the Eigenvalues, scree plot, and variance of the 76 items. Items that loaded onto a factor, but had a factor loadings of .3 or below were dropped as recommended by Costello and Osborne (2005). This resulted in a 12-factor model presented in Table 13.

A review of the scree plot, Eigenvalues, and factor loadings showed a four factor model was the best fit for this data set. Factor 1, explained 6.73% of the variance in the model, and consisted of 25 items. All of the 21 items from the Questionnaire 21 were captured in this factor, while the remaining four items were from the rapport subscale of the Supervisory Working Alliance Inventory-Supervisee. Factor 2, explained 37.70% of the variance in the model. All of the 22 items in this factor were from the Experiences in Supervision Survey, including all 18 from the anxiety subscale and four items from the avoidance subscale. Factor 3, explained 9.70% of the variance. Fifteen of the 16 items were from the Supervisory Working Alliance Inventory-Supervisee. Eight of the fifteen items were from the rapport subscale while the other seven were all the items from the client-focus subscale. The last item was from the avoidance subscale of the Experiences in Supervision Scale. Finally, Factor 4 was comprised of nine items from the avoidance subscale of the Experiences in Supervision survey that explained 3.58% of the variance. All other factors explained less than 2.5 percent of the variance and were eliminated. Only five items, which all happened to be from the avoidance subscale of the Experiences in Supervision Survey were excluded in the final four factor model. Table 14 shows just the first four factors. The correlation matrix of the four factor model is displayed in Table 15.

Table 13

Pattern Matrix for Exploratory Factor Analysis

Factor	1	2	3	4	5	6	7	8	9	10	11	12
Trustworthy ¹	1.005											
Honest ¹	0.95											
Respectful ¹	0.906											
Sincere ¹	0.903											
Fair ¹	0.902											
Likeable ¹	0.847											0.321
Moral ¹	0.845											
Kind ¹	0.794											0.322
Competent ¹	0.781						0.562					
Righteous ¹	0.769											
Capable ¹	0.739						0.478					
Intelligent ¹	0.736						0.389					
Skillful ¹	0.683						0.53					
Sociable ¹	0.683											
Supportive ¹	0.682											
Friendly ¹	0.675											0.529
Warm ¹	0.602											0.562

Helpful ¹	0.595		0.38
Energetic ¹	0.589		
Active ¹	0.487		0.309
I feel comfortable with my supervisor. ²	0.478		
My supervisor welcomes my explanations about the client's behavior. ²	0.444		0.303
My supervisor makes the effort to understand me. ²	0.44		
I worry a fair amount about my supervisor not being available when needed ³		0.867	
When my supervisor is unavailable, I feel somewhat anxious and insecure ³		0.845	
If I can't get my supervisor to show interest in me, I get upset or angry ³		0.823	
I worry about being alone, without as much supervision as I want ³		0.819	
I get frustrated when my supervisor is not around as much as I would like ³		0.779	
Sometimes I feel that I pressure my supervisors to show more commitment to our relationship ³		0.73	0.575
I resent it when my		0.725	

supervisor doesn't have as much time as I'd like ³			
I often wish that my supervisor's feelings for me were as strong as my feelings for him/her ³	0.694	0.367	
I get frustrated if supervisors are not available when I need them ³	0.693		
I worry about being abandoned by my supervisor ³	0.666		
I find that my supervisors don't want to get as close as I would like ³	0.619	0.439	
I want to get close to my supervisor, but I keep pulling back ³	0.606		
When supervisors disapprove of me, I feel really bad about myself ³	0.538		0.328
I worry that supervisors won't care about me as much as I care about them ³	0.522		0.447
I need a lot of reassurance that I am liked by my supervisor ³	0.506		0.437
My desire to be very close sometimes scares my supervisors away ³	0.407	0.328	
My supervisor helps me work within a specific	0.87		

treatment plan with my clients ²		
My supervisor's style is to carefully and systematically consider the material I bring to supervision. ²	0.867	
My supervisor encourages me to take time to understand what the client is saying and doing. ²	0.861	
I work with my supervisor on specific goals in the supervisory session. ²	0.847	
In supervision, my supervisor places a high priority on our understanding the client's perspective. ²	0.822	
When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client. ²	0.805	
My supervisor helps me stay on track during our meetings. ²	0.754	
My supervisor encourages me to formulate my own interventions with the client. ²	0.526	0.368
My supervisor stays in	0.512	

tune with me during supervision. ²			
I feel free to mention to my supervisor any troublesome feelings I might have about him/her. ²	0.488		0.337
I understand client behavior and treatment technique similar to the way my supervisor does. ²	0.463		
My supervisor encourages me to talk about my work with clients in ways that are comfortable for me. ²	0.455		0.382
My supervisor treats me like a colleague in our supervisory sessions. ²	0.354		0.312
I could tell my supervisor anything and s/he would not reject me ³	0.306		
I turn to my supervisor for many things, including comfort and reassurance ³	-0.354	0.709	
I feel comfortable sharing my private thoughts and feeling with my supervisors ³		0.539	
I don't mind asking supervisors for comfort, advice, or help ³		0.517	
I am very comfortable being close to supervisors ³		0.514	

I usually discuss my problems and concerns with my supervisor ³		0.509		0.306	
I try to avoid getting too close to my supervisors ³		0.505	0.433		
I find it relatively easy to get close to my supervisors ³		0.503			
I prefer not to show my supervisors how I feel deep down ³		0.335			
I feel comfortable depending on my supervisor ³					
I get uncomfortable when a supervisor wants to be very close ³			1.065		-0.3
I am nervous when supervisors get too close to me ³			0.566		
I prefer not to be too close to supervisors ³			0.511		
When my supervisor gets close to me I find myself pulling away ³	0.325		0.477		
I often want to merge completely with supervisors, and this sometimes scares them away ³	0.564			0.683	
Efficient ¹	0.45			0.519	
I worry a lot about my relationships with my	0.402				0.418

supervisors³

It helps to turn to my supervisor in times of need³

0.435

0.541

I do not often worry about being abandoned by my supervisor³

0.351

0.38

In supervision, I am more curious than anxious when discussing my difficulties with clients.²

0.364

0.582

My supervisor is tactful when commenting about my performance.²

0.495

0.51

My supervisor helps me talk freely in our sessions.²

0.328

0.335

I find it difficult to allow myself to depend on supervisors³

0.561

I don't feel comfortable opening up to supervisors³

0.337

0.402

Eigenvalue

5.11

28.65

7.37

2.72

1.78

1.35

1.44

1.15

.994

.924

.790

.979

Percent of Variance

6.23%

37.70%

9.70%

3.58%

2.35%

2.35%

1.77%

1.89%

1.51%

1.31%

1.04%

1.29%

Note. N = 112. Extraction method: Maximum Likelihood with promax rotation. Rotation converged in 34 iterations.

¹ = items from Questionnaire 21

² = items from the Supervisory Working Alliance Inventory-Supervisee

³ = items from Experiences in Supervision Scale

Table 14
Four Factor Best Fit Model

Factor	1	2	3	4
Trustworthy ¹	1.005			
Honest ¹	0.95			
Respectful ¹	0.906			
Sincere ¹	0.903			
Fair ¹	0.902			
Likeable ¹	0.847			
Moral ¹	0.845			
Kind ¹	0.794			
Competent ¹	0.781			
Righteous ¹	0.769			
Capable ¹	0.739			
Intelligent ¹	0.736			
Skillful ¹	0.683			
Sociable ¹	0.683			
Supportive ¹	0.682			
Friendly ¹	0.675			
Warm ¹	0.602			
Helpful ¹	0.595			
Energetic ¹	0.589			
My supervisor is tactful when commenting about my performance. 2	0.495			
Active ¹	0.487			
I feel comfortable with my supervisor. ²	0.478			
Efficient ¹	0.45			
My supervisor welcomes my explanations about the client's behavior. ²	0.444			
My supervisor makes the effort to understand me. ²	0.44			
I worry a fair amount about my supervisor not being available when needed ³		0.867		
When my supervisor is unavailable, I feel somewhat anxious and insecure ³		0.845		
If I can't get my supervisor to show interest in me, I get upset or angry ³		0.823		
I worry about being alone, without as much supervision as I want ³		0.819		

I get frustrated when my supervisor is not around as much as I would like ³	0.779
Sometimes I feel that I pressure my supervisors to show more commitment to our relationship ³	0.73
I resent it when my supervisor doesn't have as much time as I'd like ³	0.725
I often wish that my supervisor's feelings for me were as strong as my feelings for him/her ³	0.694
I get frustrated if supervisors are not available when I need them ³	0.693
I worry about being abandoned by my supervisor ³	0.666
I find that my supervisors don't want to get as close as I would like ³	0.619
I want to get close to my supervisor, but I keep pulling back ³	0.606
When supervisors disapprove of me, I feel really bad about myself ³	0.538
I worry that supervisors won't care about me as much as I care about them ³	0.522
I need a lot of reassurance that I am liked by my supervisor ³	0.506
My desire to be very close sometimes scares my supervisors away ³	0.407
When my supervisor gets close to me I find myself pulling away ³	0.325
I often want to merge completely with supervisors, and this sometimes scares them away ³	0.564
I worry a lot about my relationships with my supervisors ³	0.402
I do not often worry about being abandoned by my supervisor ³	0.351
I don't feel comfortable opening up to supervisors ³	0.337
My supervisor helps me work within a specific treatment plan with my clients ²	0.87
My supervisor's style is to carefully and systematically consider the material I bring to supervision. ²	0.867
My supervisor encourages me to take time to understand what the client is saying and doing. ²	0.861
I work with my supervisor on specific goals in the supervisory session. ²	0.847
In supervision, my supervisor places a high priority on our understanding the client's perspective. ²	0.822
When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client. ²	0.805
My supervisor helps me stay on track during our meetings. ²	0.754
My supervisor encourages me to formulate my own interventions with the client. ²	0.526
My supervisor stays in tune with me during supervision. ²	0.512
I feel free to mention to my supervisor any troublesome feelings I	0.488

might have about him/her.²

I understand client behavior and treatment technique similar to the way my supervisor does. ²		0.463
My supervisor encourages me to talk about my work with clients in ways that are comfortable for me. ²		0.455
My supervisor treats me like a colleague in our supervisory sessions. ²		0.354
I could tell my supervisor anything and s/he would not reject me ³		0.306
In supervision, I am more curious than anxious when discussing my difficulties with clients. ²		0.364
My supervisor helps me talk freely in our sessions. ²		0.328
I turn to my supervisor for many things, including comfort and reassurance ³	-0.354	0.709
I feel comfortable sharing my private thoughts and feeling with my supervisors ³		0.539
I don't mind asking supervisors for comfort, advice, or help ³		0.517
I am very comfortable being close to supervisors ³		0.514
I usually discuss my problems and concerns with my supervisor ³		0.509
I try to avoid getting too close to my supervisors ³		0.505
I find it relatively easy to get close to my supervisors ³		0.503
I prefer not to show my supervisors how I feel deep down ³		0.335
I feel comfortable depending on my supervisor ³		
I get uncomfortable when a supervisor wants to be very close ³		
I am nervous when supervisors get too close to me ³		
I prefer not to be too close to supervisors ³		
It helps to turn to my supervisor in times of need ³		0.435
I find it difficult to allow myself to depend on supervisors ³		0.561

Eigenvalue	5.11	28.65	7.37	2.72
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Percent of Variance	6.23%	37.70%	9.70%	3.58%
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Note. $N = 112$. Extraction method: Maximum Likelihood with promax rotation. Rotation converged in 34 iterations.

¹ = items from Questionnaire 21

² = items from the Supervisory Working Alliance Inventory Supervisee

³ = items from Experiences in Supervision Scale

Table 15

Exploratory Factor Analysis Four Factor Correlation Matrix

Factor	1	2	3
1			
2	0.306		
3	0.677	0.297	
4	0.662	0.283	0.599

Note. $N = 112$

Research Question 3: How do the variables (1) the social perceptions of the supervisor, (2) the supervisory working alliance, and (3) attachment styles in supervision explain intentional nondisclosure by counselors-in-training?

Multiple regression analysis was used to investigate social perceptions of the supervisor, the supervisory working alliance, and attachment styles in supervision as explanatory variables for intentional nondisclosure by counselors-in-training. For this analysis, the means for each subscale of the constructs were utilized. The subscales of the Questionnaire 21 (sociability, morality, competency) were utilized to measure the social perceptions of a supervisor. The subscales of the Supervisory Working Alliance Inventory-Supervisee (rapport and client-focus) were utilized to measure the supervisory working alliance. The subscales of the Experiences in Supervision Survey (avoidance and anxiety) were utilized to measure attachment styles in supervision. Finally, for intentional nondisclosure, a mean total score of the Disclosure in Supervision Scale-Modified was utilized. Of the 112 participants, nine were eliminated due to missing data. In preparation for the multiple regression analysis, linear regression analyses were completed with each of the seven subscales as independent variables of intentional nondisclosure. In each linear regression model, the independent variable was a significant predictor of intentional nondisclosure. These results are included in Table 16.

Table 16
Individual Linear Regression Models

	<i>R</i> ²	<i>F</i> - <i>statistic</i>	<i>P</i> - <i>value</i>	Standardized Coefficient	<i>T</i> - <i>score</i>	<i>P</i> - <i>value</i>
Morality	.412	70.908	.000	.642	8.421	.000
Competence	.361	57.169	.000	.601	7.561	.000
Sociability	.478	94.414	.000	.695	9.717	.000
Rapport	.576	137.071	.000	.759	11.708	.000
Client-focus	.365	58.082	.000	.604	7.621	.000
Avoidance	.530	113.972	.000	.728	10.676	.000
Anxiety	.239	31.634	.000	.488	5.624	.000

Note. *n* = 103

In the multiple regression model, 64% of the variance in intentional nondisclosure was explained by the seven explanatory variables as evidenced by the adjusted- $R^2 = .641$. This model was statistically significant ($F(7, 95) = 26.98, p = .000$). Two significant explanatory variables of the seven entered were retained in the final model. Participants' perceptions of the rapport in the supervisory working alliance was a significant predictor ($\beta = .465, p = .004$). Participants' perceptions of the avoidance attachment style was also a significant predictor ($\beta = .305, p = .001$). Both significant predictors had a positive relationship with intentional nondisclosure. This model is shown in Table 17.

Table 17
Regression Model

	Unstandardized Coefficients	<i>SE</i>	Standardized Coefficients	<i>T</i> - <i>score</i>	<i>P</i> - <i>value</i>
Constant	.525	0.453		1.158	0.250
Morality	0.074	0.125	0.083	0.591	0.556
Competence	0.034	0.126	0.032	0.268	0.789
Sociability	0.002	0.12	0.003	0.017	0.986
Rapport	0.334	0.112	0.465	2.983	0.004
Client-Focus	-0.06	0.075	-0.088	-0.802	0.424
Avoidance	0.296	0.089	0.305	3.341	0.001
Anxiety	0.111	0.057	0.142	1.957	0.053

Note. *n* = 103

Summary

There are several key findings from this analysis to summarize. First, participants in this sample reported at least some hesitancy to disclosure to their supervisors regarding supervision-related and client-related issues. The highest self-reported rates of intentional nondisclosure were for the item, “I felt comfortable letting my supervisor know my negative feelings about him/ her”. The second highest rate of nondisclosure was, “When I have thought my supervisor has been wrong I have let him/her know it”. This was followed by, “I have felt comfortable telling my supervisor that I am concerned about his/her evaluation of my work”.

Second, an exploratory factor analysis of the variables, social perceptions, supervisory working alliance, and supervisory attachment styles, resulted in a 12 factor model. A review of the scree plot, Eigenvalues, and factor loadings showed a four factor model was the best fit for this data set. These factors were renamed to better describe the items within each factor. Factor 1, renamed Perceptions of a Supervisor, explained 6.73%. Factor 2, renamed Anxiety in Supervision, explained 37.70% of the variance in the model. Factor 3, renamed the Supervisory Working Alliance, explained 9.70% of the variance. Finally, Factor 4, renamed Avoidant in Supervision, explained 3.58% of the variance. All other factors that explained less than 2.5 percent of the variance in total were removed.

Finally, multiple regression analysis was utilized in order to examine how factors of supervision, social perceptions of a supervisor, the supervisory working alliance, and attachment styles in supervision, explained intentional nondisclosure in supervision. These factors explained 64% of intentional nondisclosure by counselors-in-training. Participants’ perceptions of avoidance attachment styles and rapport in the supervisory working alliance were significant explanatory variables of intentional nondisclosure.

In chapter five, the implications of these results for counselors-in-training and counselor educators will be reviewed. The researcher will also discuss the limitations of this study as well as opportunities for future research.

CHAPTER FIVE

DISCUSSION

The results from the study will be discussed in this chapter. First, a brief overview of the rationale for this study will be reviewed. Second, the results of each research question and the implications for counselors-in-training and counselor educators will be reviewed. Finally, the limitations and recommendations for future research will be discussed.

Overview of Study

Supervision is a well-established practice to ensure counselor development and the welfare of clients (Bernard & Goodyear, 2014; ACA, 2014). In order to maximize the supervision experience and to facilitate counselor development, it is essential for supervisees to openly share about their experience in supervision and about their clinical work (Bordin, 1983). However, for CITs, supervision is particularly complex as they are also being evaluated for a grade (CACREP, 2009). Therefore, there may be pressures to withhold information from their supervisors (Ladany et al., 1996). Ladany et al. (1996) found that almost all supervisees in their study reported they do not share all of the relevant information in supervision because of internal and external reasons. One type of supervisee nondisclosure seems particularly concerning-intentional nondisclosure. This type of nondisclosure occurs when a supervisee believes that something is relevant to supervision, but still chooses not to share it with his or her supervisor (Yourman & Farber, 1996). Previous research concluded that nondisclosures occur less frequently when CITs perceive a quality supervisory relationship (Mehr et al., 2010). Therefore, the purpose of the study was to examine the factors in supervision and the impact on intentional nondisclosure by CITs. These factors of supervision were supervisee social perceptions of a supervisor, the supervisory working alliance, and attachment styles in supervision. By better

understanding these factors, supervisors and counselor educators will be better prepared to reduce the intentional nondisclosure by CITs and as a result better assist them in serving their clients.

Through a quantitative design, the researcher examined the self-report rates of intentional nondisclosure by counselors-in-training and the factors that impact the nondisclosure.

Participants for this study were master's level students who were currently enrolled in an internship course at a CACREP-accredited program. One hundred sixteen participants were recruited for this study through key informants who are counselor educators at institutions with a CACREP-accredited program. Key informants were utilized because they have contact with a population that is difficult to access (Campbell, 1955). Paper-and-pencil surveys were distributed to participants by the key informants in one of their courses. The survey packets included five instruments: (1) a Demographic Questionnaire designed for this study, (2) the Questionnaire 21 (Wojciszke, n.d), (3) the Experiences in Supervision Survey (Gunn & Pistole, 2012), (4) the Supervisory Working Alliance Inventory-Supervisee (Efstation et al., 1990), and (5) a modified version of the Disclosure in Supervision Scale (Gunn & Pistole, 2012). Completed survey packets were returned to this researcher by mail. Quantitative methods of analysis for this study include descriptive analysis, exploratory factor analysis, and multiple regression. The findings from these analyses were reviewed in Chapter four. The discussion and implications of these findings will be discussed in the following section.

Discussion

Intentional Nondisclosure in Supervision

The purpose of this quantitative study was to examine factors of supervision and the impact on intentional nondisclosure by CITs. Overall, participants reported at least some level of

intentional nondisclosure in supervision for all items. When ordered by the mean, the types of intentional nondisclosures could be delineated into two subtypes: client-related issues and supervision-related issues. Participants reported more hesitance in disclosing supervision-related (e.g., correcting the supervisor, concerns about evaluations) issues compared to client-related issues (e.g., sharing reactions to clients, discussing my theoretical orientation). These findings are consistent with previous findings that found nondisclosures vary by supervision-related and client-related issues (Hess et al., 2008; Sweeny & Creaner, 2014). The following sections will include a closer examination of client-related and supervision-related intentional nondisclosure, and a discussion of the significance of these findings in relation to the findings of previous studies.

Client-Related Issues

Participants in this study reported lower incidence of client-related nondisclosures compared to supervision-related nondisclosures. As noted previously, participants were asked to report their level of agreement for how comfortable they would be disclosing each incident of nondisclosure in supervision (1= *strongly disagree* to 7= *strongly agree*). A lower mean indicates less comfort disclosing and higher incidents of intentional nondisclosure. The lowest reported incidence of nondisclosure was the participants' desire to disclose positive reactions to their supervisor ($M=5.93$, $SD=1.31$). This was followed by distorting their clinical or theoretical view ($M= 5.54$, $SD= 1.73$), omitting clinical errors ($M= 5.51$, $SD= 1.59$), sharing positive feelings towards supervisor ($M= 5.44$, $SD= 1.31$), and discussing feelings of inadequacy ($M= 5.41$, $SD= 1.6$). Next was expressing concerns about one's setting ($M= 5.31$, $SD= 1.51$) and then discussing potential issues of countertransference ($M= 5.26$, $SD= 1.62$). The remaining lowest incidents of intentional nondisclosure were discussing feelings of anger towards a client ($M=$

5.26, $SD= 1.81$), sharing negative reactions to a client ($M= 5.23$, $SD= 1.58$), withholding reactions towards a client ($M = 5.1$, $SD = 1.6$), and finally withholding thoughts about a client from a supervisor ($M = 5.04$, $SD = 1.88$). Complete results are reported in Table 12. In general, participants reported similar levels of discomfort in disclosing as those participants in the study conducted by Yourman and Farber (1996). To summarize, participants reported they were most likely to disclose positive reactions they had towards their supervisors and to discuss site-related issues.

The findings that lower self-reported incidences of intentional nondisclosure regarding client-related issues by CITs compared to supervision-related issues can be understood in several ways. The dual purpose of supervision is to facilitate CIT development and to ensure client welfare (ACA, 2014; Borders et al., 2011). Additionally, as outlined in the CACREP standards, internship is important for CITs to gain valuable experience working with clients in a counseling setting (CACREP, 2009). Therefore, perhaps a lower level of client-related nondisclosures indicates that CITs recognize the purposes of supervision and internship and are willing to be vulnerable and open themselves up to that learning. By disclosing client-related issues, CITs are working to ensure client welfare and facilitate their own professional development. This is congruent with Bordin's (1983) model of the supervisory working alliance as he emphasized the importance of mutual agreement of goals and task in supervision between supervisees and supervisors. Finally, it is also important to consider the developmental stage of CITs during internship. Rønnestad and Skovholt (2003) found that CITs have a desire to perform perfectly during internship. This may allow CITs to be more open to discussing issues with their supervisor in order to ensure they are performing at a high level. Therefore, there are numerous possibilities as to why CITs are willing to disclose client-related issues. The participants' self-

reported level of comfort in disclosing supervision-related issues will be discussed in the next section.

Supervision-Related Issues

Compared to client-related nondisclosures, CITs are more likely to withhold concerns regarding their supervision experience from supervisors. In this study, the seven highest self-reported incidences of nondisclosure were all supervision-related. Again, participants were asked to report their level of agreement for how comfortable they would be disclosing each type of feedback with their supervisor in supervision (1= *strongly disagree* to 7= *strongly agree*). Lower means indicate high incidence of intentional nondisclosure. The highest reported incidence of supervision-related nondisclosures was discomfort discussing negative feelings about supervisors ($M = 3.02$, $SD = 1.8$). This was followed by correcting supervisors ($M = 3.38$, $SD = 1.76$), expressing concerns about evaluations ($M = 3.93$, $SD = 1.72$), disagreeing with supervisor ($M = 4.11$, $SD = 1.1$), telling the supervisor what he or she wanted to hear ($M = 4.6$, $SD = 2.02$), communicating embarrassment or fear associated with a clinical mistake ($M = 4.62$, $SD = 1.9$), and finally sharing personal information with supervisor ($M = 4.98$, $SD = 1.65$). Like the results related to supervision-related nondisclosures, results from the client-related items are also consistent with those from Yourman and Faber (1996).

The researcher also calculated the percentage totals for participants who responded “strongly disagree” or “somewhat disagree” for each item in order to compare the responses to previous research. The most common incidence of nondisclosure was discussing negative feelings about a supervisor. Over forty-seven percent of participants in this study reported at least some discomfort disclosing negative feelings about their supervisors. Comparatively, more

than half of participants in the study by Yourman and Farber (1996) reported they felt uncomfortable expressing negative concerns.

The second highest self-report incidence of intentional nondisclosure was correcting a supervisor when the supervisee believed the supervisor was wrong (35.9%). This finding is comparable to findings from Yourman and Farber (1996) who found that 30.1% of the participants reported comfort expressing negative feelings about a supervisor. Finally, the third highest report of intentional nondisclosure was reporting evaluation concerns (23.3%). Participants in this study were as concerned with evaluations compared to participants in previous studies that examined nondisclosure. Forty-four percent of all participants in the study by Ladany et al. (1996) reported they had withheld concerns about their evaluations.

In conclusion, participants in this sample were more likely to withhold supervision-related issues compared to client-related issues. Previous researchers examining nondisclosure also found that CITs more frequently disclosed client-related issues compared to supervision-related issues (e.g., Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996).

Social Perceptions, Supervisee Attachment Styles, and the Supervisory Working Alliance

Through this study, the researcher hoped to address a critical gap in the literature by increasing understanding of the relationship between the social perceptions of supervisors, supervisee attachment styles, and the supervisory working alliance. Previous studies had examined supervisee attachment styles and the supervisory working alliance in relation to one another, but no prior studies had included social perceptions of a supervisor. The three constructs of interest are measured using seven subscales that correspond to seven theoretical factors. The seven factors and corresponding theorized constructs include morality, competency, and sociability which correspond to social perceptions; rapport and client-focus which

correspond to the working alliance; and avoidance attachment and anxious attachment which correspond to supervisee attachment styles. The exploratory factor analysis indicated that a four factor model was the best fit for the data. These four factors were: (1) Perception of a Supervisor, (2) Anxious Attachment in Supervision (3) the Supervisory Working Alliance, (4) Avoidant Attachment in Supervision. The following sections will include an examination of the relationships between supervisee attachment styles and the supervisory working alliance, the significance of social perceptions as a factor in supervision, and a review of the overall model of the factors in supervision that included supervisory relationship that social perceptions, the supervisory working alliance, and supervisee attachment styles.

Supervisee Attachment Styles and the Supervisory Working Alliance

The means and standard deviations for the attachment styles and the supervisory working alliance were consistent with those of participants in the study conducted by Gunn and Pistole (2012). Examining the correlations, there were significant, positive relationships between the two subscales of supervisee attachment styles and the two subscales of the supervisory working alliance. See Table 10 for more information. In this study, the correlations ranged from .388 to .716 ($p < .01$), which is also consistent with the findings from Gunn and Pistole (2012). To interpret, the more secure attachment a supervisee has with his or her supervisor, the stronger they perceive the supervisory working alliance.

There is a significant, positive relationship between supervisees' perceptions of the supervisory working alliance and their attachment style. This is congruent with the findings from Gunn and Pistole (2012) and Bennett et al. (2008). In both of these studies supervisee attachment styles in supervision were specifically examined as opposed to general attachment styles. Conversely, in studies conducted by White and Queener (2003) and Dickerson et al.,

(2011), researchers did not find a significant relationship between attachment styles and the supervisory working alliance. However, in both of these studies, researchers examined general attachment styles rather than attachment patterns in supervision. Perhaps there are unique features of the supervisory relationship that necessitate examination of attachment styles in supervision specifically instead of general attachment styles.

Social Perceptions as a Factor of Supervision

A unique feature of this study was the inclusion of social perceptions as a factor of supervision. It is clear that social perceptions play a significant role in how individuals are judged by others (Brambilla & Leach, 2014; Wojciszke, 1994) but it is unclear how social perceptions impact the supervisory relationship specifically. In this study, there were significant, strong correlations between the three dimensions of social perceptions (.790 to .864, $p < .01$). Participants did not report drastic differences in their perceptions of their supervisors' morality, sociability, and competency. One consideration to make is that the Questionnaire 21 was adapted from a measure originally intended to measure social perceptions in social groups to a measure that examines social perceptions in individual relationships. That is, the original version asked participants to rate their perceptions of morality, sociability, and competence in "Italians in general" (n.p). The original purpose of this instrument was to investigate whether participants' differentiated collective national groups could be categorized differently by perceptions of morality, sociability, and competence. This instrument was adapted to investigate how participants judged morality, sociability, and competence in an individual—their clinical supervisor. Perhaps, the differences between morality, sociability, and competency are less detectable in individual relationships compared to stereotypes of social groups.

It is equally important to consider the relationship between the three dimensions of social perceptions and the rapport subscale of the Supervisory Working Alliance Inventory. There were strong, positive correlations between the rapport subscale of the supervisory working alliance and the three dimensions of social perceptions, namely sociability ($r=.849, p<.01$). The strong relationships between each dimension of social perceptions and the rapport subscale was also evidence in the exploratory factor analysis. Factor 1, Perceptions of a Supervisor, included all the items from the social perceptions instrument and four items from the rapport subscale of the Supervisory Working Alliance Inventory. This suggests there is shared variance between the social perceptions and rapport subscale. A more thorough review of the overall model is to follow.

A Model of Factors in Supervision

Prior to the current study, no previous researchers had examined social perceptions of the supervisor, the supervisory working alliance, and supervisee attachment styles as factors in the supervisory relationship. Based on research of each construct, it was theorized that seven factors would extract that corresponded to the three constructs on interest. These factors and corresponding theorized constructs include morality, competency, and sociability which correspond to social perceptions; rapport and client-focus which correspond to the working alliance; and avoidance attachment and anxious attachment which correspond to supervisee attachment styles. However, in the current study, a four factor model was the best fit. These factors were: (1) Perception of a Supervisor, (2) Anxious Attachment in Supervision (3) the Supervisory Working Alliance, (4) Avoidant Attachment in Supervision. These factors were not extracted as originally theorized. However, there are still implications that can be drawn from the results of the exploratory factor analysis. First, Factor 1, Perceptions of a Supervisor, was

comprised of all 21 items from the instrument measuring social perceptions plus four items from rapport subscale of the Supervisory Working Alliance Inventory. Given the high correlations between the original three dimensions of the social perceptions instrument and the rapport subscale of the Supervisory Working Alliance Inventory, these items loading onto one factor is expected. However, this does provide evidence that social perceptions as a construct is a unique factor from attachment styles and the supervisory working alliance; suggesting social perceptions should be more closely examined in future research. It is also important to consider that the anxious and avoidance attachment styles were extracted as factor most similarly to how it was theorized. Factors 2, Anxious Attachment in Supervision, was comprised of all eighteen items of the anxiety subscale in addition to four items from the avoidance subscale. While Factor 4, Avoidant Attachment in Supervision, were comprised of nine items measuring attachment in supervision. Finally, Factor 3, the Supervisory Working Alliance, was comprised of eight items from the rapport subscale and all seven items from the client-focus subscale of the Supervisory Working Alliance Inventory. The extraction of multiple factors provides evidence that attachment styles in supervision are unique from the Supervisory Working Alliance as originally theorized by Pistole and Watkins (1995). In conclusion, while the supervisory working alliance is how the supervisory relationship is most often operationalized in supervision (Bernard & Goodyear, 2014), this model suggests there are four factors of the supervisory relationship. These factors include perceptions of a supervisor- largely influenced by social perceptions, the supervisory working alliance, and anxious and avoidance attachment styles.

Factors in Supervision as Explanatory Variables of Intentional Nondisclosure

This study aimed to investigate how factors of supervision explained intentional nondisclosure by counselors-in-training. Factors in supervision included social perceptions of

supervisors, the supervisory working alliance, and supervisee attachment styles. These factors explained 64% of the variance in intentional nondisclosure by CITs. In this model, rapport of the supervisory working alliance, and the avoidance attachment style by supervisees were the most significant predictors of intentional nondisclosure. These findings will be discussed in the following sections.

There are several interpretations of these findings to consider. First, consistent with previous studies of nondisclosure, how supervisees perceive the quality of the relationship is related to incidences of intentional nondisclosure (e.g., Mehr et al., 2010; Gunn & Pistole, 2012; Sweeney & Creaner, 2014). Meaning, the stronger a supervisee perceives the supervisory relationship; the less likely he or she is to withhold information in supervision. Second, rapport was found to be a significant predictor of intentional nondisclosure. Previous studies found that supervisees who perceive stronger rapport with their supervisors are less likely to withhold information in supervision (Gunn & Pistole, 2012; Mehr et al., 2010, 2015). The importance of the rapport development between supervisee and supervisor is well documented as numerous studies have found that the supervisee's perception of rapport is linked to the quality of outcomes in supervision (e.g., Ladany et al., 1999; Ladany et al., 2013; Nelson et al., 2008). Ladany et al. (1999) concluded that supervisees who perceived a stronger rapport also perceived their abilities and their supervisor more favorably; resulting in greater supervisory satisfaction. The current study provides additional evidence that rapport between supervisees and supervisors is critical to the quality of outcomes in supervision like intentional nondisclosure. Finally, avoidant attachment style was also a significant predictor of intentional nondisclosure by CITs in this study. In the study by Gunn and Pistole (2012), avoidant attachment style was a significant

predictor of nondisclosure while mediating the relationship between the supervisory working alliance and nondisclosure.

In conclusion, although all seven of the subscales were significant predictors of intentional nondisclosure in the separate linear regressions, only two were retained in the final most parsimonious multiple regression model: Rapport and Avoidance. Rapport and Avoidance best capture the unique variance in non-disclosure. It is possible that due to the shared variance between rapport and the three dimensions of social perceptions, that social perceptions were eliminated as predictors of nondisclosure in the final parsimonious model. Avoidant attachment style appears to be a distinct predictor from rapport that predicts nondisclosure. This is congruent with Pistole and Watkins' (1995) original theory that attachment styles could inform supervision practices by building on what is already being examined such as the supervisory working alliance. Supervisees with avoidant attachment styles may be hesitant to engage in the supervisory relationship (Pistole & Watkins, 1995). These researchers also suggested that supervisees may reject or challenge feedback, or believe they do not need supervision. As evidenced by the findings from the current study, supervisees with avoidant attachment style who desire to remain distant from their supervisors are more likely to withhold in supervision. Overall, these findings suggest that a highly avoidant supervisee in a low rapport supervisory relationship is most likely to intentionally withhold information in supervision.

Implications

There are several implications for counselor educators, supervisors, and CITs given the results of this study on factors in supervision and the impact on intentional nondisclosure. The implications for counselor educators and supervisors will be reviewed separately from those for CITs in the following sections.

Implications for Counselor Educators and Supervisors

Intentional nondisclosure by CITs is common. Rather than asking *if* nondisclosure is occurring, counselor educators and supervisors should examine the types, frequency, and factors predicting intentional nondisclosure to minimize the negative impact on counselor development and quality of services to clients. This study found that CITs appear more willing to disclose client-related issues and more likely to intentionally withhold supervision-related issues. By monitoring the frequency of client-related and supervision-related issues, counselor educators and supervisors can offer reassurance to supervisees by normalizing these challenges. In fact, Knox (2015) recommended that supervisors normalize “hot topic” issues during the initial sessions of supervision (p.160). Beyond monitoring and normalizing nondisclosure for CITs, there are several implications for counselor educators and supervisors that will be reviewed in the following sections.

One implication for supervisors and counselor educators is the importance of promoting an environment that encourages CIT disclosure. In the current study, participants reported they were reluctant to disclose supervision-related issues (e.g., evaluation concerns, concerns with supervision). The reluctance to disclose supervision-related issues may be a result of the power differentials that exist between supervisee and supervisors. Murphy and Wright (2005) noted that power differentials are inherent in the supervisory relationship. CITs may be more vulnerable because they are being evaluated for a grade in addition to receiving supervision for professional development. Sweeny and Creaner (2014) concluded that one reason for supervisee nondisclosure was they perceived their supervisor to be an “expert”, and were concerned how the supervisor might react if they disclosed the issue (p. 216). Therefore, it may be particularly important for supervisors and counselor educators to promote an environment that encourages

disclosure by discussing power differentials. Knox (2015) suggested that supervisors who “seek to nurture an open, collaborative, and safe supervisory relationship, and attend to the supervisee/supervisor interpersonal process” are more likely to reduce nondisclosure (p.159). Perhaps creating an affirming environment that normalizes the CITs’ experiences would increase their willingness for disclosure.

It is important to specifically note implications for counselor educators and supervisors regarding CITs evaluation concerns. The findings from this study, in addition to findings from previous studies, indicate that CITs are hesitant to disclose their concerns about evaluations (Ladany et al., 1996; Mehr et al., 2005). The evaluation of CITs’ work will always be necessary component of supervision as a function of counselor development and gatekeeping. Yet, how evaluations, informal and formal, are used as metrics of performance for CITs should be discussed. Perhaps, it is important for supervisors and counselor educators to outwardly acknowledge the complexity of supervision for CITs. It might be important for supervisors to discuss their unique roles as being both the evaluator and facilitator of counselor development. It may also be important for supervisors and training programs to examine how to incorporate more collaborative evaluation approaches into supervision so that they can be used to promote counselor development rather than perpetuate nondisclosure.

A final implication for counselor educators and supervisors is the importance of considering factors of supervision in addition to the supervisory working alliance. The supervisory working alliance is the most common way the supervisory relationship is operationalized in counseling literature (Bernard & Goodyear, 2014). The importance of establishing a strong supervisory working alliance is foundational to quality supervisory outcomes (Ladany et al., 1999; Nelson et al., 2008). In the current study, supervisees’

perception of rapport was a significant predictor of nondisclosure. Meaning, the better the quality of the bond the supervisees perceived, the less likely they were to withhold information. These findings provide additional evidence suggesting the importance of a quality bond between supervisee and supervisor as a precursor for outcomes in supervision. However, findings from this study also suggest that there are additional factors to consider in the supervisory relationship that may also predict outcomes in supervision. To only focus on developing a working alliance with supervisees may be neglecting the individual differences of supervisees such as supervisee attachment styles. Bowlby (1977) suggested that attachment styles emerge in childhood and last throughout an individual's life. The individualized attachment styles (anxiety or avoidance) emerge long before a CIT enters into a counseling training program. Yet, as evidenced in this study, these attachment styles influence supervisees' willingness to disclose in supervision. It may also be important to consider the influences of the supervisors' attachment styles on the supervisory relationship. White and Queener (2003) concluded that the supervisors' attachment style was a predictor of how both the supervisee and supervisor perceived the quality of the supervisory relationship. Perhaps it is important to consider both supervisee and supervisor attachment styles when contemplating supervision pairings in order to mitigate nondisclosure. There are opportunities to investigate the influences of supervisee and supervisor attachment styles on supervision outcomes such as intentional nondisclosure.

Implications for Counselors-in-Training

There are multiple implications for CITs as a result of this study. First, intentional nondisclosure is common for CITs. Numerous studies, in addition to the current study, have concluded that CITs withhold information from their supervisors (Gunn & Pistole, 2012; Ladany et al., 1999; Mehr et al. 2010). Ultimately, the decision to share or to withhold information is

the CITs decision. When deciding to share or to not share information with supervisor, it is important that CITs examine the potential impact intentional nondisclosure may have on clients' welfare. CITs are held to the same ethical standards as professional counselors (ACA, 2014), and withholding relevant information from supervisors could impact the quality of services provided to clients (Ladany et al., 1996). CITs benefit from specific discussion on how to utilize supervision and what their ethical obligations are. Perhaps an increased understanding of ethical responsibilities may help CITs to decide to disclose despite the potential discomfort. It might also be important to explore avenues for CITs to provide their supervisor with feedback about their supervision experience. Similar to the evaluations completed by supervisors, creating a forum for CITs to provide their supervisor feedback may be beneficial. Murphy and Wright (2005) concluded that supervisees found it beneficial to evaluate their supervisors both through informal and formal reviews. Also, given that internships are temporary, there may be an opportunity for CITs to offer feedback about their onsite supervision experience upon the completion of internship. This allows them to provide feedback without the pressures of disclosing while they are being evaluated for a grade by their supervisor. It might also help counselor educators decide if they will send a future CITs to that internship site.

In conclusion, counselors-in-training, counselor educators, and supervisors have important roles in addressing the intentional nondisclosure in supervision. For CITs, they are the ones deciding what to share and what to withhold. When making the decision to withhold information, it is important that CITs consider how the nondisclosure could impact their development and the welfare of the client. It may also be critical to identify how CITs can more regularly provide feedback about their supervision experience to their supervisors. Ultimately, given the hierarchical relationship of supervision, the onus of promoting an environment that

minimizes CIT intentional nondisclosure is the responsibility of counselor educators and supervisors. There are opportunities for counselor educators and supervisors to examine how to address power differentials in supervision. There are also opportunities for them to improve training methods by monitoring and addressing client-related and supervision-related concerns in addition to providing CITs with opportunities to provide feedback about their supervision experiences. Counselors-in-training, counselor educators, and supervisors can work together in order to minimize intentional nondisclosure, improve counselor training, and ensure the quality of services delivered to clients.

Limitations

There are several limitations associated with this study that must be addressed. First, previous literature has cautioned that collecting data through self-report methods may lead to potential bias (Podsakoff et al., 2003). This is particularly true for studies examining sensitive topics as was the case for the current study (Tourangeau & Yan, 2007). However, the purpose of this research was to examine CITs' perceptions factors in supervision and the impact on intentional nondisclosure in supervision. Therefore, collecting data as a self-report is the best methodology to address this question. What is more problematic for this study was despite the researcher's attempts to create anonymity for participants, it is possible that participants still did not feel comfortable sharing incidents of intentional nondisclosure. For example, two items needed to be deleted from the Disclosure in Supervision Survey-Modified version due to significant missing data. One item asked participants about attraction to clients while the other asked about attraction to supervisors. It is possible that participants were confused by these items. It is also possible that participants still felt uncomfortable responding to these questions or that they had not experienced attraction to clients or supervisors. Also, a modified version of

the Disclosure in Supervision Survey was utilized to best address the needs of counselor educators. Given that nondisclosure research has almost exclusively been conducted in allied professions, it is possible that the measure did not adequately reflect the unique developmental or training needs of CITs. For example, it is possible that the items did not adequately address the needs of school counselors. Of the 20 participants who did not respond to the item regarding attraction to clients, 13 identified as school counselors. School counselors all work with children of varying ages therefore the question could have held different meaning for them than the participants who work with adult clients. Recommendations to address the unique training needs of counselors, and for counselors specifically, will be addressed in the future research section.

There is a potential issue of selection bias created by the utilization of key informants as a recruitment method in the current study. The key informants distributed the survey materials to the target population in the classes that they were also serving as instructors of record. It is unknown whether participants were influenced by their professors to participate in this study. The researcher took numerous steps to provide anonymity for participants such as asking them to respond about their site supervisor. Additionally, several steps were taken to address potential recruitment bias of participants such as providing key informants with a script to read to students. Despite these actions taken, it is unclear why participants decided to participate in the study.

A final limitation of this study was sample size. The sample size was adequate for the exploratory factor analysis as indicated by the Kaiser-Meyer-Olkin measure, which was greater than .05 in the current study. Additionally, an a priori estimation of sample for multiple regression analysis to desired power of .80 with seven predictive variables is 103 ($p < .05$). The sample size in the current study was 103. Despite having an adequate sample size to conduct an

exploratory factor analysis and multiple regression analysis, it is recommended that a larger sample size be pursued. Recommendations to recruit a larger, more generalizable sample will be addressed in the future research section.

Future Research

While these findings have implications for counselors-in-training and counselor educators, there are opportunities for future research. Participants in this study were master's level counselors-in-training enrolled in internship at a CACREP-accredited program. There are opportunities to examine intentional nondisclosure by counselors at other developmental levels (e.g., practicum, doctoral) and by CITs at non-CACREP-accredited programs. Investigations into nondisclosure by these populations would inform training needs and training practices for counselor educators and CITs. There are also opportunities to examine intentional nondisclosure by post-masters counselors. Supervision remains an important component of counselor development for post-masters counselors (ACA, 2014). For counselors in the field, there are new external pressures that may lead to nondisclosure such as being evaluated by a supervisor for licensure or employment security. There are also unique circumstances for school counselors that may impact nondisclosure. Namely, for many school counselors their direct supervisors are the school principals who have different training backgrounds, different ethical standards, and different stakeholders (e.g., superintendent, parents). Therefore, examining nondisclosure by counselors in the field may inform supervision practices that can better serve counselors and clients.

There is an opportunity to more closely examine the multiple factors in supervision, and how these factors are being addressed in the supervisory relationships. This was the first study to examine supervisee attachment styles, the supervisory working alliance, and social

perceptions of a supervisor in one study. There were several psychometric concerns that could have influenced how these constructs were measured in the current study. However, the findings of the exploratory factor analysis suggest that there were four factors of the supervisory relationship. The supervisory relationship is most often operationalized by the supervisory working alliance in supervision literature (Bernard & Goodyear, 2014). The findings from the current suggest that there are multiple factors that should be examined. There are opportunities to further investigate these factors, the supervisory working alliance, social perceptions of a supervisor, and attachment styles in supervision predict additional outcomes in supervision (e.g., supervision satisfaction, client perceptions of counselor-client relationship).

A final recommendation is to examine how supervisee attachment styles are being accounted for in supervision by supervisors. The current study, like Gunn and Pistole (2012), found that avoidant attachment style was a predictor of nondisclosure. There is an opportunity to further investigate how supervisee attachment styles are being considered in supervision by supervisors and counselor educators. Perhaps strategies for cultivating a strong supervisory relationship need to be matched to supervisee attachment style? Supervisees with high anxiety or high avoidance may thrive under some supervisory settings and struggle in others. A tailored approach would help supervisors meet all supervisees' developmental needs. To summarize, there are numerous research opportunities based on the findings from this study. The supervisory relationship is complex and there is more to learn about what factors are impacting the quality of this relationship to inform supervision practices. Additionally, nondisclosure by CITs is an important topic that warrants further investigation.

Conclusion

The purpose of this quantitative study was to examine factors of supervision and the impact on intentional nondisclosure by counselors-in-training. This researcher found that CITs report more discomfort disclosing supervision-related concerns compared to client-related issues. This researcher also investigated the theorized relationship between social perceptions of supervisors, supervisee attachment styles, and the supervisory working alliance as predictors of intentional nondisclosure. This investigation resulted in a four-factor model: (1) Perception of a Supervisor, (2) Anxious Attachment in Supervision (3) the Supervisory Working Alliance, and (4) Avoidant Attachment in Supervision. Finally, a model that included social perceptions of a supervisor, supervisee attachment styles, and the supervisory working alliance as explanatory variables of intentional nondisclosure was significant. Avoidant attachment style and rapport were significant predictors of intentional nondisclosure.

The findings from the current study suggest that CITs experience discomfort when deciding to share or to not share concerns they have in supervision. These concerns that are not spoken of by CITs, and therefore not addressed in supervision, can have a grave impact on counselor development and the quality of services rendered to clients (Ladany et al., 1999). There are opportunities for counselor educators and supervisors to address this problem. The results of this study also indicate that how CITs perceive the quality of the supervisory relationship is related to their willingness to disclose in supervision. The development of strong rapport between supervisors and CITs appears critical to reducing nondisclosure. However, these findings also suggest that other factors reduce intentional nondisclosure; namely attachment styles. For supervisors and counselors educators to address the problem of nondisclosure, they must consider factors in addition to the supervisory working alliance. Future

studies should continue to examine how factors of supervision such as social perceptions and attachment styles are being addressed in supervision. There are also opportunities to examining intentional nondisclosure by counselors at other training levels (e.g., practicum, post-master's counselors). These studies would result in a more expansive understanding of the complexity of supervision and the role of the supervisory relationship in mitigating intentional nondisclosure by CITs. In conclusion, this study provides valuable evidence that multiple factors in supervision impact intentional nondisclosure. If counselor educators are to adequately address the issue of intentional nondisclosure, they must examine how these factors of the supervision are being considered in supervision. Developing training and supervision practices that consider multiple factors of supervision as predictors of nondisclosure may result in increased opportunities counselor development and improved quality of services rendered to clients.

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Appendix A:

Email for Key Informants

Request to Serve as a Key Informant for Dissertation Study

Dear Dr. _____,

I hope you are doing well! I am requesting your assistance with my dissertation titled, *Factors in Supervision and the Impact on Intentional Nondisclosure by Counselors-in-Training*. As you know, supervision is a critical component of counselor-in-training development. I am interested in understanding what factors in supervision may lead to supervisee nondisclosure. My focus is on onsite supervision during internship. Despite the importance of this subject, most of the available research has been done in counseling psychology programs. This study will hopefully address that gap.

In order to ensure a large sample, a high response rate, and to ensure anonymity for the participants, I have chosen to administer a paper-and-pencil survey. I am asking you distribute the survey to students in your class who are currently enrolled in internship. The survey can be done during any class, but the students must be enrolled in internship as well.

Completion of the surveys should take approximately 15-20 minutes. I will mail all the materials to you including self-addressed envelope to return the materials to me so that there is no cost to you.

I have attached the consent form and specific directions for your review. Please let me know if you are willing to serve in this capacity or if you have any questions. You can contact me at this email, rcook04@vt.edu, or by phone at 540-309-1164. You can also contact my dissertation chair, Dr. Laura Welfare at welfare@vt.edu or 540-819-7551. I know your class time is limited so your willingness to assist me in completing this study is immensely appreciated!

Thank you,

Ryan Cook, MA, LPC
Doctoral Candidate in Counselor Education and Supervision
Virginia Tech

Appendix B:

Virginia Tech Institutional Review Board Approval Letter

MEMORANDUM

DATE: September 30, 2015

TO: Laura Everhart Welfare, Ryan Michael Cook

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires July 29, 2020)

PROTOCOL TITLE: Supervision Experience of Counselors-in-Training

IRB NUMBER: 15-930

Effective September 30, 2015, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the New Application request for the above-mentioned research protocol. This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Exempt, under 45 CFR 46.110 category(ies) 2**

Protocol Approval Date: **September 30, 2015**

Protocol Expiration Date: **N/A**

Continuing Review Due Date*:**N/A**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this

requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

Appendix C:

Instructions for Key Informants

Thank you for your willingness to serve as a key informant for my dissertation research! Below are the complete instructions. Contact me anytime at 540-309-1164 or rcook04@vt.edu.

1. Enclosed with these instructions are two items (1) the X number of packets to be distributed to the students in your class and (2) the self-addressed envelope for materials to be returned in
2. Prior to distributing the materials, please read the following prompt to your students. Also, in order to provide greater anonymity for your students we are asking that you identify one student volunteer to seal the self-addressed envelope and return it to a US Postal Service receptacle.

I would like to invite you to participate in a study being conducted by Ryan Cook, a doctoral candidate at Virginia Tech. He is interested in better understanding the times when counselors are conflicted to share something with their supervisors in clinical supervision. Specifically, he hopes to better understand this experience for counselors-in-training at their internship sites. If you are currently enrolled in the internship course you may participate. Your decision to participate or not to participate will not have an effect on your internship or university evaluations. I will distribute the survey packets to everyone in class. Your responses are anonymous, meaning you do not need to share any identifying information. Please read the instructions and informed consent before you answer the questions. It should take you about 15 to 20 minutes to finish. Once you have answered all the questions, please put the survey back in the envelope it came in and seal it. Place the sealed envelopes into this large shipping envelope. Could I please have one student volunteer to seal the large shipping envelope once everyone is finished and mail it back to Ryan? Please know that this is a voluntary study and you are not required to participate and you may stop at any time. However, your participation would be greatly appreciated and help us to better understand this important topic.

3. Please answer the two questions below and place these instructions into the large shipping envelope before it is sealed:
 - a. How many students are present in your class today? _____
 - b. How many of them are currently enrolled in internship? _____

Again, thank you for your willingness to assist with my dissertation research. Should you have any questions please do not hesitate to contact me at rcook04@vt.edu or by phone at 540-309-1164.

Sincerely,

Ryan Cook, MA, LPC
Doctoral Candidate in Counselor Education
Virginia Tech

Appendix D:

Instruction for Participants

As counselors, we all have times when we feel conflicted about sharing something with our supervisors. In this study, we hope to learn more about your experiences with your site supervisor. Thank you for your willingness to participate!

Here are instructions:

1. Please read the informed consent before you begin. The informed consent is for you to keep.
2. Please answer all questions in the survey.
3. Once you have finished, place the survey back into the envelope and seal it so that no one will know how you answered.
4. Finally, place the sealed envelope into the large shipping envelope so that your classmate can arrange for it to be returned to me.

Again, thank you for your willingness to participate in this study. Should you have any questions please do not hesitate to contact me at rcook04@vt.edu.

Sincerely,

Ryan Cook, MA, LPC
Doctoral Candidate in Counselor Education
Virginia Tech

Appendix E:

Informed Consent

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants
in Research Projects Involving Human Subjects

Title of Project: Supervision Experience of Counselors-in-Training

Investigator(s):	Ryan Cook _____	<u>rcook04@vt.edu/ 540-309-1164</u>
	Name	E-mail/ phone
	Laura Welfare _____	<u>welfare@vt.edu</u>
	Name	E-mail

I. Purpose of this Research Project

Supervision is complex, particularly for counselors-in-training during their internships. Supervision is a critical part of professional development; however, interns are also being evaluated for a grade. Therefore, they may be conflicted to share or not to share something in supervision. Given the importance of supervision to counselor professional development, it is essential to examine when counselors-in-training felt conflicted to share something with their supervisors in supervision. The results of this study will be used for a doctoral dissertation and scholarly publications. No participants will be identifiable in the disseminated results.

You were recruited to participate in this voluntary study because you are a master's student who is enrolled in internship. We have a survey we would like you to complete to better understand your work with your **onsite supervisor**. Your responses will be anonymous. We will not ask for any identifying information about you or your supervisor. It will take approximately 15 to 20 minutes to complete the survey. Your decision to participate or not to participate will not have an effect on your internship or university evaluations.

III. Risks

There is a risk that you may feel uncomfortable responding to these questions. However, that is not our intention. We hope that you complete all questions in this survey, but please know that answering these questions is voluntary. You do not have to answer any question you choose not to and you may stop at any time without consequence.

It is possible that someone, including the student volunteer who seals the large shipping envelope or an individual who handles the mail, could open these sealed envelopes and access your responses. To mitigate this risk, we have taken several steps. First, we have provided an

individual sealed envelope so that your responses cannot inadvertently be viewed while sealing the large shipping envelope. Second, we have asked for a student volunteer to seal the large shipping envelope and transport it to a US Postal Service receptacle. Tampering with US Mail is a federal offense. Once the large shipping envelope is received by the researchers, responses will be stored in a secure location. Third, we have not asked for any information that would identify you or your supervisor, as described below.

IV. Benefits

There will be no direct benefit to you, but your participation is likely to help us improve clinical supervision.

V. Extent of Anonymity and Confidentiality

Your responses will be completely anonymous meaning that the research team will not know your identity or the identity of your supervisor. We are taking several steps to ensure that your responses remain anonymous. First, we will not be collecting any identifying information such as your name, supervisor's name, or internship site name. Second, we ask that you respond about your **onsite supervisor** so that your participation in this study will remain unknown to her/him unless you choose to share it. Third, we have provided an envelope in which you can enclose your responses so they cannot be inadvertently viewed when sealing the large shipping envelope. Fourth, we have requested that a student volunteer seal the large shipping envelope and transport it to a US Postal Service receptacle so that your professor does not have access to the completed surveys. Finally, in scholarly publications only summary results will be reported. Direct quotes may be used in order to provide evidence of our findings; however, no identifying information will be included.

All materials including the survey packets will be maintained by our research team in a locked setting.

The Virginia Tech (VT) Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

VI. Compensation

There is no compensation for participating in this study.

VII. Freedom to Withdraw

It is important for you to know that you are free to withdraw from this study at any time without penalty. You are free to skip any questions that you choose without penalty.

VIII. Questions or Concerns

Should you have any questions about this study, you may contact one of the research

investigators.

Should you have any questions or concerns about the study's conduct or your rights as a research subject, or need to report a research-related injury or event, you may contact the VT IRB Chair, Dr. David M. Moore at moored@vt.edu or (540) 231-4991.

IX. Subject's Consent

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent. I imply my consent by completing the survey packet.

Appendix F:
Questionnaire 21 (Adapted)

Contact Dr. Bogdan Wojciszke at the University of Social Sciences and Humanities, Sopot
Campus for more information

Appendix G:
Questionnaire 21 (Original)

Contact Dr. Bogdan Wojciszke at the University of Social Sciences and Humanities, Sopot
Campus for more information

Appendix H:

Supervisory Working Alliance Inventory-Supervisee

From Efstation, J. F., Patton, M. J., Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, 37, 322-329. Copyright © 1990 by the American Psychology Association.

Appendix I:

The Experiences in Supervision Survey

The following statements concern how you feel in this supervisory relationship. Respond to each statement by indicating how much you agree or disagree with it. Please answer about your **current onsite internship supervisor**.

	1 Disagree Strongly	2	3	4	5	6	7 Agree Strongly
1. I worry a lot about my relationships with my supervisors							
2. I am very comfortable being close to supervisors							
3. I worry that supervisors won't care about me as much as I care about them							
4. I prefer not to show my supervisors how I feel deep down							
5. If I can't get my supervisor to show interest in me, I get upset or angry							
6. I want to get close to my supervisor, but I keep pulling back							
7. I find that my supervisors don't want to get as close as I would like							
8. I get uncomfortable when a supervisor wants to be very close							
9. I get frustrated when my supervisor is not around as much as I would like							
10. When my supervisor gets close to me I find myself pulling away							
11. I get frustrated if supervisors are not available when I need them							
12. I turn to my supervisor for many things, including comfort and reassurance							
13. When supervisors disapprove of me, I feel really bad about myself							
14. I don't mind asking supervisors for comfort, advice, or help							
15. I worry a fair amount about my supervisor not being available when needed							
16. I don't feel comfortable opening up to supervisors							
17. I worry about being abandoned by my supervisor							

	1 Disagree Strongly	2	3	4	5	6	7 Agree Strongly
18. I feel comfortable sharing my private thoughts and feeling with my supervisors							
19. I worry about being alone, without as much supervision as I want							
20. I try to avoid getting too close to my supervisors							
21. I do not often worry about being abandoned by my supervisor							
22. I find it relatively easy to get close to my supervisors							
23. I often wish that my supervisor's feelings for me were as strong as my feelings for him/her							
24. I find it difficult to allow myself to depend on supervisors							
25. My desire to be very close sometimes scares my supervisors away							
26. I usually discuss my problems and concerns with my supervisor							
27. I resent it when my supervisor doesn't have as much time as I'd like							
28. I feel comfortable depending on my supervisor							
29. I need a lot of reassurance that I am liked by my supervisor							
30. It helps to turn to my supervisor in times of need							
31. Sometimes I feel that I pressure my supervisors to show more commitment to our relationship							
32. I am nervous when supervisors get too close to me							
33. I often want to merge completely with supervisors, and this sometimes scares them away							
34. I prefer not to be too close to supervisors							
35. When my supervisor is unavailable, I feel somewhat anxious and insecure							
36. I could tell my supervisor anything and s/he would not reject me							

Appendix J:

Disclosure in Supervision Scale

With **your current onsite internship supervisor**, please rate how frequently each feeling or event occurs in supervision.

	1 Never	2	3	4	5	6	7 Always
1. I am comfortable sharing personal information with my supervisor							
2. I have felt comfortable telling my supervisor that I am concerned about his/her evaluation of my work							
3. I have thoughts about my clients that I do not share with my supervisor							
4. I am comfortable sharing negative reactions to clients with my supervisor							
5. I have felt comfortable telling my supervisor about countertransference reactions to clients							
6. I am comfortable telling my supervisor that I am attracted to a client							
7. I let my supervisor know when I have concerns about the setting in which I am working							
8. When I have felt attracted to my supervisor, I have shared this with him/her							
9. I am comfortable sharing positive reactions to clients with my supervisor							
10. I am comfortable discussing my angry feelings toward my clients							
11. I am comfortable discussing my feelings of inadequacy as a clinician							
12. When I have interacted with clients in ways I thought my supervisor might disapprove of, I have been honest in describing these interactions							
13. I have felt comfortable letting my supervisor know my positive feelings about him/her							
14. I have felt comfortable openly disagreeing with my supervisor							
15. When I have thought my supervisor has been wrong I have let him/her know it							

	1 Never	2	3	4	5	6	7 Always
16. I have felt embarrassed or afraid of how my supervisor would react to something I report about my work							
17. I have found myself telling my supervisor what I feel he/she has wanted to hear							
18. I have felt comfortable letting my supervisor know my negative feelings about him/her							
19. I have omitted describing details of my work that I have felt were clinical errors							
20. I am less than entirely honest in letting my supervisor know my theoretical or clinical views							

Appendix K:

Disclosure in Supervision Scale- Modified

With **your current onsite internship supervisor**, please rate how frequently each feeling or event occurs in supervision.

	1 Disagree Strongly	2	3	4	5	6	7 Agree Strongly
1. I am comfortable sharing personal information with my supervisor							
2. I have felt comfortable telling my supervisor that I am concerned about his/her evaluation of my work							
3. I have thoughts about my clients that I do not share with my supervisor							
4. I am comfortable sharing negative reactions to clients with my supervisor							
5. I have felt comfortable telling my supervisor about countertransference reactions to clients							
6. I am comfortable telling my supervisor that I am attracted to a client							
7. I let my supervisor know when I have concerns about the setting in which I am working							
8. When I have felt attracted to my supervisor, I have shared this with him/her							
9. I am comfortable sharing positive reactions to clients with my supervisor							
10. I am comfortable discussing my angry feelings toward my clients							
11. I am comfortable discussing my feelings of inadequacy as a clinician							
12. When I have interacted with clients in ways I thought my supervisor might disapprove of, I have been honest in describing these interactions							
13. I have felt comfortable letting my supervisor know my positive feelings about him/her							
14. I have felt comfortable openly disagreeing with my supervisor							
15. When I have thought my supervisor has been wrong I have let him/her know it							

	1 Disagree Strongly	2	3	4	5	6	7 Agree Strongly
16. I have felt embarrassed or afraid of how my supervisor would react to something I report about my work							
17. I have found myself telling my supervisor what I feel he/she has wanted to hear							
18. I have felt comfortable letting my supervisor know my negative feelings about him/her							
19. I have omitted describing details of my work that I have felt were clinical errors							
20. I am less than entirely honest in letting my supervisor know my theoretical or clinical views							

Appendix M:

Demographic Questionnaire

Please answer the following questions below about **yourself** by circling or filling in a response.

1. What is your age in years? _____

2. I identify my gender as:
 1. Man
 2. Woman
 3. Trans Male
 4. Trans Female
 5. Non-binary
 6. I prefer not to disclose

3. I identify my race/ ethnicity background as:
 1. African American
 2. Asian/Pacific Islander
 3. Hispanic/Latino(a)
 4. Native American
 5. White (non-Hispanic)
 6. Multi-racial
 7. None of the above categories
 8. I prefer not to disclose

4. Are you currently enrolled in a counseling internship?
 1. Yes
 2. No

5. What counseling track are you pursuing?
 1. Clinical Mental Health
 2. Community
 3. Marriage, Couples, and Family
 4. Mental Health
 5. School
 6. Student Affairs

6. In hours, how much time do you work onsite at your internship in a typical week?
 1. 5-10 hours
 2. 10-15 hours
 3. 15-20 hours
 4. 20-25 hours
 5. More than 25 hours

7. In hours, what is the average amount of individual or triadic supervision you receive at your onsite internship each week?
 1. 0-20 minutes
 2. 20-40 minutes
 3. 40-60 minutes
 4. 60-80 minutes
 5. More than 80 minutes

8. How long have you been going to this internship site?
 1. Less than 1 month
 2. 1-2 months
 3. 2-3 months
 4. 3-4 months
 5. More than 4 months

9. In weeks, how long have you been receiving supervision from your **current onsite supervisor** at your internship?
 1. Less than 1 month
 2. 1-2 months
 3. 2-3 months
 4. 3-4 months
 5. More than 4 months

To the best of your knowledge, please answer the questions below about your **current onsite supervisor**.

10. What is your **current onsite supervisor's** age? _____

11. How does your **current onsite supervisor** identify gender?

1. Man
2. Woman
3. Trans Male
4. Trans Female
5. Non-binary
6. I do not know
7. I prefer not to disclose

12. What is your **current onsite supervisor's** ethnicity/ racial background?

1. African American
2. Asian/Pacific Islander
3. Hispanic/Latino(a)
4. Native American
5. White (non-Hispanic)
6. Multi-racial
7. None of the above categories
8. I do not know
9. Prefer not to disclose

13. What is your **current onsite supervisor's** training background?

1. Counselor Education
2. Marriage and Family Therapy
3. Social Work
4. Counseling Psychology
5. Clinical Psychology
6. Other
7. I do not know

14. What credentials does your **current onsite supervisor** possess? Please circle all that apply.

1. Licensed Professional Counselor (e.g., LPC, LPCS, LMHC, LCPC)
2. Licensed Marriage and Family Therapist
3. Licensed Clinical Social Worker
4. Licensed Psychologist
5. Other
6. I do not know

15. Which of the following best describes the selection of your internship?

1. I found an internship site on my own
2. I was provided a list of possible internship sites and I independently found one of them
3. My program assigned me an internship site based on my preferences
4. My program assigned me an internship without regard to my preferences
5. Other: _____