Is it all grist for the mill?:

Supervisor experiences with supervisee personal self-disclosure in supervision.

A Dissertation
SUBMITTED TO THE FACULTY OF THE FACULTY OF THE
UNIVERSITY OF MINNESOTA
BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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August, 2014

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Acknowledgments

This dissertation would not have been completed without a number of people who gave their time, energy, support, guidance and understanding, allowing me to produce this project. I would like to formally acknowledge these individuals as follows:

My interview participants, without which these words could not exist, for openly and thoughtfully contributing their time and stories, many of whom treated me like a colleague rather than a trainee.

My research team member, Jenipher Carrasquel, for her commitment and dedication, providing such amazing insight and great ideas.

My adviser, Pat McCarthy Veach, who has helped me over the years develop my abstract thoughts into concrete topics of discussion in such a fantastic and fun way. Our conversations have always left me feeling energized and excited and feeling like I'm more insightful than I ever gave myself credit for. This dissertation would not have happened without your constant support and guidance. And personally, your support and encouragement has meant more to me than you realize. Thank you.

Frances Lawrenz, Caroline Burke and Bonnie LeRoy, my committee members, for their support and their great feedback and insight.

My fellow intern cohort at the CWC, Amanda, Desiree, Ju-ri and Kayi, for the support, laughter and shoulder to cry on when needed.

My CWC family who provided me the time away from work to finish my dissertation and support and care way beyond what my expectations could imagine.

Dan and Adam for just being there, without question or reason, and being supportive every step of the way.

My family for having no idea what I was writing about but providing encouragement and support to get it done.

And last, but never least, I have to thank my husband, Matti, for his constant support, humor, and frequent trips to buy me doughnuts and pastries. Kiitos paljon kulta ja rakastan sinua!

Dedication

This dissertation is dedicated to my grandparents and all the many shoulders I stood upon to reach this point. I am because we are…

Abstract

Clinical supervision goals include encouraging supervisee professional development and safeguarding the client welfare. These goals are partially met by supervisee disclosure of personal and professional content to their respective supervisors. Feelings of shame and fear of poor supervisory evaluations, however, have been reported to be contributing factors to supervisees choosing to actively refrain from disclosing information to their supervisors. In response to reports of non-disclosure, the present study investigated how supervisors approach supervisee personal disclosures in supervision including their opinions of what constitutes appropriate disclosure, factors contributing to their views of appropriateness, and how they respond to supervisee personal self-disclosures. Experienced supervisors were invited to participate through email invitations distributed via training directors of local training sites as well as through list-serv postings to professional clinical practice online forums. Nine participants who met inclusion criteria were invited to participate in an individual semi-structured interview lasting approximately 45-minutes to 1-hour. The interview protocol investigated five research questions focusing on: definitions of personal self-disclosures, supervisor classifications of the appropriateness of different examples of supervisee personal self-disclosure, factors influencing their categorizations, actions supervisors take or opt out of taking towards such disclosures, and their recommendations for managing personal self-disclosures. Consensual qualitative research methodology was used to analyze interview data and draw conclusions (CQR; Hill, 2012). Results revealed participants as a whole struggled to separate purely personal disclosures from professional, clinical references. Also, most supervisee personal disclosures were

regarded as generally appropriate. Discussion of supervisor expectations concerning personal disclosures in supervision primarily occurred indirectly either through supervisor modeling of self-disclosure or by discussing personal disclosures as they occurred. The results of this study support the need for supervisors to articulate their expectations regarding personal self-disclosure and for further research to clarify various types of supervisee self-reference.

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Chapter 1: Introduction

To ensure delivery of competent, ethically sound client care, counseling supervisees are required to engage in formal clinical supervision to discuss the concerns and issues of their clients (Bernard & Goodyear, 2009). Research suggests, however, that supervisee non-disclosure of potentially significant information to their supervisors is a common occurrence (Ladany, Hill, Corbett, & Nutt, 1996; Mehr, Ladany, & Caskie, 2010; Yourman & Farber, 1996). The nature of such non-disclosed information includes clinically relevant experiences with clients, personal feelings towards one's supervisor, and content from the supervisee's personal life that may influence her or his professional functioning. Supervisee shame, a poor supervisory working alliance, perceiving the information as too personal, and fear of poor supervisor evaluations have been reported as contributing factors in non-disclosures (Ladany et al., 1996; Mehr et al., 2010; Yourman, 2003; Yourman & Farber, 1996). Researchers also cite the imbalance of power and resulting trainee anxiety as contributing factors to the exclusion of personal matters in counseling supervision (Ladany et al., 1996; Mehr et al., 2010).

By contrast, little is still known about the nature and extent of supervisees' disclosure of personal information to their supervisors and whether and how supervisors address these concerns in supervision. For practitioners in training, the highest reported sources of stress have included personal matters such as reports of their academic programs, financial strain, lack of sleep, boundaries/multiple relationships, and lack of time for recreational pursuits (Jungbluth, Macfarlane, McCarthy-Veach, & LeRoy, 2011; Myers et al., 2012). With age and experience, additional stressors also tend to occur for mental health practitioners including marriage dissatisfaction, physical illness in one's

self or a close family member, mental illness and personal distress, and emotional exhaustion and fatigue (Guy, Poelstra, and Stark, 1989; Udipi, McCarthy-Veach, Kao, LeRoy, 2008; Sherman & Thelen, 1998). Such occurrences in one's personal life have the potential to impact their professional delivery of services to clients (Guy et al., 1989), and contribute to experiences of burnout for the professional (Sherman and Thelen, 1998).

Supervisor responsibilities include serving as gatekeepers for the field, managing legal and ethical liability concerns, ensuring a standard of client care, and promoting supervisee professional development (Bernard & Goodyear, 2009). Thus, supervisors would appear to have a responsibility for addressing personal concerns in a supervisee's life outside of their clinical work. Given the supervisors' responsibilities, it is imperative to explore how counselor supervisors manage the personal concerns of novice supervisees in clinical supervision. Accordingly, the purpose of the present study is to investigate supervisors' experience with supervisee personal self-disclosure in clinical supervision.

Significance of the Problem

Two primary goals of clinical supervision are encouraging the professional development of supervisees and safeguarding the welfare of clients under the supervisees' care (Bernard & Goodyear, 2009). Supervisees bear some responsibility for realizing these supervisory goals; specifically they are expected to be open with their supervisors about their needs, concerns and desires for supervision. Due to the imbalance of power between the two parties, however, the ability to be open and knowing what to disclose, when to disclose, and with whom can be challenging for supervisee without

experiencing some degree of anxiety (Ladany et al., 1996; Mehr et al., 2010). Indeed, some guidelines recommend limits to supervisee self-disclosure. For instance, according to the APA Code of Conduct (2002), "Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others" (7.04). There are exceptions to this standard, however, in the event 1) a program explicitly states self-disclosure as a requirement or 2) if it is suspected that a student's personal concerns are interfering with their professional performance and potentially causing harm to clients, students or other (APA, 2002, 7.04). Provided below is an example a statement of expectation regarding student self-disclosure from an APA approved psychology training program in counseling psychology in response to the above stated APA ethics code,

> *"Because (1) and (2) above apply to our program, we require self-disclosure in our academic program. In summary, we require that our students be willing to engage in self-examination (i.e., to disclose personal information in an academic context), and to learn to interact in an ethical and facilitative manner with individuals who are both culturally similar as well as different from themselves, in terms of both demographics and values."* (University of Minnesota, Counseling and Student Personnel Psychology Handbook, 2013-2014)

In addition to one's academic requirements, supervisors need to acquire information on an "as needed basis" both to assist clients and contribute to supervisee development as a therapist (Yourman & Farber, 1996). Naturally, certain types of

personal information such as a supervisee's gender identity and cultural background, are often topics of discussion in supervision both to foster a positive supervisory working alliance (Ladany, 2004) and to assist in processing reactions to clients and the development of the "self" in one's role as a professional (Ladany et al., 1996). It is also likely that during one's years as a student in a doctoral program other personal concerns will arise that might contribute to or interfere with her or his clinical performance. Inquiring about personal matters concerning a supervisee's behavior, emotions, or reactions poses challenges, even if the supervisor's intentions are focused on meeting the needs of supervisees and clients.

Challenges may arise, for example, concomitant with formative and summative feedback and evaluation, two essential ingredients of supervision (Bernard & Goodyear, 2009). Both supervisees and supervisors are expected to discuss the supervisee's strengths and limitations on an on-going basis. Such conversations are common during practicum and internship interviews and during mid- and end of the year evaluations of practica and internships. Recognition of one's strengths and limitations can greatly assist supervisees in their professional development. There is a risk, however, that a supervisor might exploit the expressed weakness of a supervisee and/or the supervisee might experience anxiety and shame. Such risks might prevent one or both parties from engaging in open discussion of the supervisee's areas for growth.

Another example of a challenge concerns a supervisee recognizing a personal emotional reaction towards a client that may interfere with his or her work with that particular client. Such countertransference responses (Hofsess & Tracey, 2010) are often rooted in the supervisee's identification with personal client characteristics such as a

shared family background or significant event (Ladany et al., 1996). Disclosure of this reaction in supervision could help the supervisee effectively manage their countertransference (cf. Hofsess & Tracey, 2010) but likely would require discussion about the supervisee's personal life and the "trigger" event since theoretically it is the source of her or his reaction towards the client (see Footnote 1).

Lastly, personal life events that occur outside the borders of one's training site or professional experience, usually labeled as "private," may influence a supervisee's professional functioning. Some examples include family problems, the supervisee's own mental health issues and concerns, and religious or political affiliations and activities. In the event that a supervisee's private circumstances interfere with her or his professional work (e.g., missing appointments, coming in late, providing substandard therapy) there is little direction provided to supervisors for addressing these issues other than pointing out the problematic performance, reviewing expected performance standards, and discussing possible strategies for supervisee improvement.

Issues of liability pose further complications considering supervisors are responsible for the actions of their supervisees, even if they are not aware of the actions themselves (Bernard & Goodyear, 2009). In the most extreme cases, this vicarious liability places supervisors at risk for malpractice. Direct liability, on the other hand, is less common but can be the result of a violation in the supervisory relationship or something specific the supervisor does to cause harm to the supervisee.

With so much at risk, supervisees may avoid disclosing personal information, and supervisors may be averse to discussing such information. One or both parties may engage in avoidance as a form or self-protection. Conversely, one or both parties may

lack clear boundaries regarding supervisee disclosure; supervisees may "over-disclose," and supervisors may press for disclosure and/or respond ineffectively. Intuitively, it seems that a certain amount of supervisee self-disclosure is necessary to promote the goals of clinical supervision. Yet empirical evidence about this phenomenon is lacking.

Empirical investigation of how supervisors respond to supervisees' personal concerns can provide insights into how their reactions impact supervision processes and outcomes. Supervisee anxiety regarding self-disclosure might be curtailed by learning how personal information is used. Additionally, current supervisors might benefit from learning how other professionals in the field handle counseling supervisees' disclosure of personal concerns, emotions, and experiences. They might learn new ways to approach these matters in their own delivery of supervision. Lastly, the present study's findings have educational value for the training of future supervisors and contribute to further research about the phenomenon of interest.

Definitions

For the purpose of the present study, the following definitions of key terms are used. *Experienced clinical supervisors* are licensed psychologists with at least five years of practice delivering clinical supervision to counseling and clinical trainees. *Personal self-disclosures* are events, problems, stressors and/or celebrations within the context of the supervisee's personal, professional or academic life outside of the practicum setting as distinguished from their professional life (i.e., work with clients and the clinical supervision relationship). Items could include, but are not limited to, supervisee demographic characteristics (e.g., relationship status, sexual orientation, cultural background); attitudes and opinions on a variety of matters (e.g., religion, politics,

lifestyle decisions); family dynamics and conflicts; romantic issues and celebrations (i.e. engagement, marriage, anniversaries, separation or divorce); medical issues, illness and death; hobbies; problems and accomplishments in one's academic program; major life events, current or in the past; etc. (McCarthy Veach, 2011; Ladany et al., 1996; Mehr, Ladany, & Caskie, 2010).

McCarthy Veach (2011) recommends definitively separating *personal disclosure* statements from *self-involving* statements (i.e., feelings and reactions in the here and now towards the other party in the supervision relationship), although researchers often have grouped these behaviors under the single term of *self-disclosure* (cf. Knox, Edwards, Hill, & Hess, 2011*).* In the present study, participants make reference to supervisee self-involving statements (i.e., supervisee revelations of their feelings about/reactions to their supervisor, such as anger or sexual attraction) and these statements are classified as *self-involving statements* rather than as self-disclosure. In addition, *countertransference* is term referencing the therapist's feelings, cognitions and behaviors that occur in response to dynamics occurring in the counseling relationship that stem from either the therapist's unresolved issues or from the maladaptive behaviors elicited by the client (Gelso & Hayes, 2007).

Chapter 2: Review of Literature

Trainee Non-disclosure

Most research on supervisees' disclosure behaviors has focused on the non-disclosure of clinical data from interaction with clients, information about their experience as a trainee including their opinion of the relationship with their supervisor, and personal information that might influence the supervisees' work as a therapist (Ladany, Hill, Corbett, & Nutt, 1996; Yourman & Farber, 1996). Reasons for counseling supervisees to withhold information from their supervisors include perceived unimportance, shame, fear of judgment, and receiving poor evaluation on one's skills as a counselor (Ladany et al., 1996; Mehr, Ladany, & Caskie, 2010; Yourman, 2003; Yourman & Farber, 1996). Quality of and satisfaction with the supervision relationship appear to be primary factors affecting whether or not supervisees disclose potentially negative information to their supervisors (Knox, Edwards, Hill, & Hess, 2011; Ladany et al., 1996; Mehr et al., 2010; Yourman, 1996; Yourman & Farber, 1996).

Yourman and Farber (1996) investigated the intentional non-disclosure of information by doctoral level clinical supervisees ($N = 93$), most of who were from clinical psychology programs. Using a 66-item Supervision Questionnaire, the researchers found a large percentage of their participants (30-40%) reported withholding information at a moderate to high frequency. Participants completed a survey focusing on frequency of non-disclosure and factors predictive of non-disclosure for one of their current supervision sessions. The supervisees generally reported providing an "honest picture" of their interactions with clients to their supervisors, with 60.2% endorsing "never" or "only infrequently" to "failing to inform supervisors of their perceived clinical

errors." Regarding more personal feelings towards one's supervisor, however, 59.1% of participants reported they "never" or "infrequently" felt comfortable discussing negative feelings with their supervisor. Factors associated with this category included "embarrassment about how one's supervisor might react," and "discomfort in expressing negative feelings" towards one's supervisor. Additionally, close to 50% of participants reported moderate ranges of frequency in "telling supervisors what they wanted to hear." These results suggest supervisees are more comfortable admitting mistakes in client management and delivery of counseling services (e.g., self-disclosure statements) than expressing personal feelings towards one's supervisor or about the supervision relationship (e.g., self-involving responses).

Yourman and Farber (1996) further found two factors most strongly associated with less frequent incidents of non-disclosure by supervisees were: more frequent discussions of countertransference by supervisors, and more frequent discussions of supervisee satisfaction. However, "treating supervision like therapy" was negatively associated with supervisee satisfaction, though little relationship existed with frequency of non-disclosure. These results provide evidence of the existence and importance of personal discussions in supervision, but they contribute little with respect to the type of information included in these discussions or what prompts supervisors to address such concerns. It also is unclear how supervisors discuss countertransference responses and how these conversations differ from those that involve "treating supervision like personal therapy."

The findings of the Yourman and Farber (1996) study suggest supervisees withhold information from supervisors. They generally indicate less frequent non-

disclosure (e.g. intentional withholding of information) concerning patient care, with relatively greater frequency of non-disclosure of events connected to the supervision relationship and supervisee feelings towards their supervisor. Qualitative investigations would yield richer descriptions of instances of personal disclosure as well as how supervisors manage personal discussions with supervisees.

Yourman (2003) proposed that those supervisees experiencing greater amounts of shame towards their supervisor would be less likely to self-disclose information during supervision. Yourman discussed experiences of shame using as case examples, four vignettes provided by two supervisors and two supervisees. Experiences of shame discussed from the supervisees' vantage point involved supervisors who used "Why" questions, citing this form of questioning as being "intense" and leading to experiences of "frustration" and "discomfort." In addition, experiences of shame were present for supervisees who were "afraid to risk the supervision relationship." Yourman (2003) cited the potential "value of the supervisory relationship" as causing these feelings of shame. Similar to Yourman and Farber (1996), discussions of client concerns continued to be the primary focus of supervisory interactions, and the supervisees who provided the vignettes reported less resistance to discussing client interactions than difficulties in the supervisory dyads.

One vignette from the vantage point of the supervisor addressed a situation where the supervisor's supervisee found herself making a potential boundary violation with a client by offering additional sessions during a given week. In addition, the supervisee rejected the client's psychiatrist's opinion that the client needed medication and reported to the supervisor that it was her job to "save the client." The supervisor in this exchange

reported confronting the supervisee's behavior and that her confrontation was met with resistance. The supervisor described the experience as creating a rupture in their supervision relationship. The supervisor further reported being unable to identify other approaches for managing the supervisee's actions or ways to maintain the supervisory relationship. This case illustrates the continual need of supervisors to address the personal behavior, thoughts, and feelings of supervisees in counseling supervision. In this case, it is likely the supervisee was experiencing an element of countertransference by interjecting her personal views towards medication in her treatment of this client. However, the supervisor was unable to effectively confront the supervisee on her behavior.

The second vignette demonstrated the importance of attending to the supervision relationship to support supervisee disclosure and openness about clinical concerns. Henry, the supervisee, had to switch in-patient units in the middle of a training year in addition to an unexpected change in supervisors. Henry was described by his new supervisor as being "upset" with the new adjustment; however he reported that he "was looking forward to supervision with [his new supervisor]" (p. 605). Rather than discuss the policies and procedures of the new unit or his experience needing to switch supervisors, the new supervisor assumed Henry was well schooled and prepared for the new environment and took his word that he was excited about the new supervision experience. Over the next few months Henry struggled to complete treatment plans on time, left on vacation without finishing his paperwork and was routinely late for work. He also made poor clinical decisions about patient care which the supervisor agreed to, only to reprimand Henry after the fact when learning the decisions were based upon

personal experiences in his life (e.g., countertransference responses). Attempts to address these concerns in supervision were met with "resistance," according to the supervisor, and both supervisor and supervisee viewed the supervisory relationship as "frustrating." The lack of personal discussion possibly led to some of Henry's professional errors.

Yourman's (2003) conclusions are based primarily on his interpretation of the four vignettes and comments from the individuals cited in each one. However, there is no information provided about how the vignettes were created or the supervisee and supervisor characteristics. The discussion appears to be a theoretically based conversation analyzing specific actions, reactions, and disclosures. Nevertheless, her interpretations may be helpful in suggesting some of the dynamics involved in supervisee disclosure to supervisors.

Ladany et al. (1996) investigated supervisees' "thoughts about the self, experiences, or problems in the context of the individual's life that may or may not be known in public contexts such as the supervision setting" (p.14). Examples of the disclosure topics they assessed are: a supervisee's sexual orientation, family crises and events, and other revelations related to one's identity, relationships and personal views. Their sample consisted of 108 supervisees in counseling doctoral programs. The researchers found the most frequent reasons for nondisclosures were sensing the disclosure as being unimportant or too personal and a poor supervisory alliance.

The Ladany et al. (1996) study is one of the few investigations of non-disclosure to include items explicitly related to the disclosure of personal issues. The researchers discussed the potential benefits of supervisees recognizing not all personal information should be disclosed to supervisors, specifically maintenance of appropriate boundaries,

and knowing what may or may not be appropriate for discussion with one's supervisor. The authors also cited the need for supervisors to know how to address personal concerns given the possibility that supervisees "may want to talk about these issues but believe that it is the supervisor's place to encourage the disclosure" (p. 19). These findings support the need for further research that explores why and how supervisors discuss personal matters with supervisees and how supervisors manage and intervene when supervisees disclose personal information.

Similar to Yourman and Farber (1996) and Yourman (2003), Mehr et al. (2010) reported a significant relationship between supervisee non-disclosure and the quality of the supervisory relationship in their study of 204 trainees. Describing their most recent supervisory experience, the supervisees who reported a greater alliance with their supervisors also indicated engaging in fewer non-disclosures. In addition, trainee anxiety, impression management, and perceived negative consequences were key reasons for supervisees not to disclose information to their supervisors. The researchers assessed three main a priori categories of nondisclosure: experiences associated with supervision, client interactions, and personal issues. While they provided clear descriptions of content related to supervision experiences (e.g., reactions to supervisor, evaluation by supervisor, and supervisor characteristics such as theoretical orientation), their descriptions of content related to interactions with clients (perceptions of client, countertransference, and clinical events) and personal issues are less distinct. Items listed under *interactions with client* included negative perceptions of client, clinical events, perceived clinical mistakes, countertransference, and clinical successes. *Personal life concerns* was defined as "events, problems, or stressors within the context of the individual's personal life [such

as] family conflict, personal romantic issue, [and] death in the family" (Mehr et al., 2010, Table 1). One remaining content area (sexual attraction issues) overlaps with the other content areas, including sexual attraction between supervisor and supervisee and supervisee-client.

Participants were asked to list thoughts, feelings, and reactions they had not disclosed to their supervisor under each of the main categories and to include an explanation of why they did not disclose. In addition, they completed the Trainee Disclosure Scale (TDS; Walker, Ladany, & Pate-Carolan, 2007) to assess their likelihood of disclosing information in supervision, as well as the Working Alliance Inventory/Supervision-Short (WAIS/S-Short; Ladany, Mori, & Mehr, 2007) questionnaire to assess their perceptions of their relationship with their supervisor. Lastly, participants completed a Trainee Anxiety Scale (TAS; Ladany, Walker, Pate-Carolan, & Gray-Evans, 2007) and a demographic questionnaire.

Of the 204 participants, 84.3% reported withholding an average of 2.68 disclosures from their supervisors in a single supervision session (Mehr et al., 2010). The content most frequently not disclosed by supervisees consisted of negative perceptions of supervision (37.8%), personal life concerns (30.9%), negative perceptions of supervisor (24%), and reaction to evaluation (24%). Impression management, deference, and negative consequences, including fear of how their supervisor would respond, were the most frequently reported reasons for nondisclosure in both the professional and personal contexts (Mehr et al., 2010).

Future study is needed in order to better understand how supervisors approach personal content discussions in supervision. Extant literature indicates supervisees have

many questions about whether they should disclose information to their supervisors and how they experience anxiety when deciding what to disclose. Moreover, the lack of empirical evidence regarding how supervisors respond or would respond to these disclosures is unknown, further complicating disclosure decisions. Clearly not all personal content is appropriate for discussion with one's supervisor. Research suggests it is the supervisor's responsibility to communicate the appropriateness of supervisee disclosure of personal content in supervision (Mehr et al., 2010). The supervisor is also responsible for providing a rationale for such disclosure, specifically, to assess and manage the disclosed information's influence on the supervisee's therapeutic work (Mehr et al., 2010).

Counselor Supervision

Supervision can be defined as, "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he or they see; and serving as a gatekeeper for those who are to enter the particular profession" (Bernard and Goodyear, 2004, p. 7). Supervision can also be described as a "rite of passage allowing trainees to explore their new professional identities in preparation for induction into their profession" (Dollarhide and Miller, 2006).

The supervision process can look different in a variety of settings and contexts. For example, in teacher education, Boudreau (1999) views supervision of student teachers to encompass the words "help, guide, advise, and encourage" (p. 456). The role

of the teacher supervisor according to Boudreau's (1999) was thought to involve a mentor-like model of five elements. These elements include integrating the student teacher into the school system, establishing a relationship of collaboration around planning projects and lessons, offering professional development opportunities, structuring the practicum experience including objectives and goals, and debriefing after a lesson through discussing successes and failures of the student teacher.

In counselor supervision, the supervisor uses some of these five elements however the focus is primarily on counselor development and client care, though the level to which each are emphasized can vary depending on the interest and skills of the supervisor (Bernard and Goodyear, 2004). For example, a student involved in a practicum may have both an individual supervisor on site as well as a university supervisor at the student's home institution. The on site supervisor might take a greater role in maintaining client care while the university supervisor might take a greater role in counselor development as a supplement to the individual supervision.

A primary aspect to how a supervisor approaches supervisee content in supervision is related to one's supervisory style often rested in a given model of supervision. Models of supervision are grounded in psychotherapy theory and are commonly discussed from both developmental and social role perspectives. For example a person-centered perspective on supervision places greater emphasis on therapeutic interventions where the personal issues of a supervisee are seen as contributing factors to clinical interactions with clients. It is thus the role of the person-centered supervisor to act in a therapeutic manner with the supervisee in understanding these personal concerns and working through the issues accordingly (Bernard & Goodyear, 2009). As an

alternative, cognitive-behavioral models of supervision are more focused on skill development resulting from completion of tasks and observable outcomes. The supervisor's role in this model is to assist trainees in working towards improved skill development in a defined manner (Bernard & Goodyear, 2009). In a more flexible approach, Bernard (1979) discusses three supervisory roles that are employed based upon the specific goals at a given moment in supervision. These roles emphasize supervisor as teacher, counselor or consultant. In the teacher-supervisor role the supervisor provides guidance and instruction on specific skills to assist with the supervisee's client's concerns, focusing on specific content from the clinical session and providing resources as necessary. In the counselor-supervisor role the supervisor attends to the personal matters that may be influencing the supervisee's work with their clients, using supervision to address these concerns. The counselor-supervisory provides the supervisee awareness of these personal influences and how they impact their clinical work. In the consultant-supervisor role the supervisor provides direct feedback to their supervisee's questions, making suggestions for additional tools and resources as requested, following the supervisee's direction and needs (Bernard & Goodyear, 2009). Within developmental models such as this the supervisor adjusts their role throughout the course of supervision based upon the supervisee's needs, their client's concerns and supervisee developmental and skill level at a specific time.

Discussion of counselor supervision and supervisory roles is important to the discussion of self-disclosure due to the relationship between supervisory style and the supervisory working alliance. For example, as mentioned previously, Ladany, et al, (1996) found a relationship between elements of supervisory style and trainee non-

disclosure. In addition, in a study of 137 counselor supervisors, Ladany, Walker and Melincoff (2011) found a significant relationship between self-reports of supervisory style, the supervisory working alliance and supervisors' frequency of supervisor self-disclosure. Participants in this study were found to believe a trusting and supportive stance towards their supervisees created a positive supervisory working alliance. Also, participants who believed they utilized more interpersonally focused methods in supervision reported greater likelihood of using self-disclosure with their supervisees.

Ladany, et al., (2011) provide additional support for the relationship between supervisory style, supervisory working alliance and aspects of self-disclosure. It is possible that emphasis on the supervision relationship through interpersonal approaches may contribute to greater trainee safety but what is still unknown is the direct communication of how a supervisor structures such conversations or the frequency in which they occur. In addition, most research using self-report data misses the voice of trainees to support claims of a positive working alliance. Considering the vast literature on trainee non-disclosure a supervisor's perspective on safety and a positive supervisory working alliance may not be entirely accurate. An approach to begin filling this hole in the literature is direct questioning about specific conversations related to disclosure of content in supervision and how supervisors address personal disclosures from trainees including reported outcomes of such conversations.

Supervisor Interventions in Supervision

Literature on how supervisors respond to the disclosure of personal content with supervisees is scarce in comparison to the number of studies on information not disclosed by supervisees. A few studies examined the use of supervisor self-disclosure as an

intervention by supervisors when confronting supervisee disclosures. Knox et al. (2011) found that supervisees perceived self-disclosure by supervisors as helpful to "normalize" their experience as supervisees in counseling and supervision. Their participants, 12 doctoral students in clinical (n = 6) and counseling (n = 5) psychology programs, and one master's level student in mental health counseling answered questions about their experience with supervisor self-disclosure. Participants were asked to describe: their past supervisor's supervision style and whether the supervision style was positive or negative; their training as supervisees about self-disclosure; the types of self-disclosure supervisors have used with them in the past; and their perceptions of the effects of this self-disclosure. All 12 participants reported minimal to no training in self-disclosure, which likely affected their ability to reflect upon or interpret their supervisors' self-disclosure. The types of self-disclosure received were primarily related to relevant clinical experiences (n = 9 responses) and personal information (n = 9); and the effect was reported as primarily positive, with participants citing the self-disclosure as helpful in normalizing or validating their experience (n = 9) and strengthening the supervision relationship (n = 8).

Knox et al. (2011) reported the experience of one participant who received a potential boundary crossing form of self-disclosure by a supervisor. This participant reported that a supervisor responded to the supervisee's difficult client situation by discussing his own mental health concerns including his difficulty managing his personal family situation at home. The participant reported being "shocked" by these disclosures and "uncomfortable with the supervision boundaries" (p. 338). Overall, this participant described the self-disclosure as helpful and comforting by being able to see the

supervisor as a "real person." Nonetheless, these results highlight the need for further investigation about the decisions supervisors make in supervision with respect to personal revelations.

Grant, Crawford, and Schofield (2012) used live observation of supervision sessions to study supervisor perspectives of supervision interventions. Sixteen senior members of the profession with experience in supervision identified four key interventions and four domains of difficulties in supervision. The four domains of supervision difficulties included: supervisee competence and ethical behavior, supervisee characteristics, supervisor countertransference, and problems in the supervision relationship. The four interventions/approaches used to manage these difficulties were grouped into relational, reflective, confrontative, and avoidant categories. By utilizing live observations of supervision sessions, the researchers provided a more valuable method of reflecting on the supervision sessions than self-report or recall, allowing the supervisors to more accurately report on specific interventions and reflect on their decisions for using each strategy as it occurred.

Relational interventions were identified as one of the primary intervention themes used by participants to both address concerns in the supervisory relationship and the feelings and attitudes supervisees had towards themselves. Primary to this theme were the use of "naming the difficulty," "validating and normalizing," and "being attuned to supervisee needs," with all participants reporting utilizing each strategy. Relational strategies, which occurred occasionally by supervisors, included, "providing support," "anticipating supervisee needs," "exploring parallel process," and "acknowledging mistakes." Also, more advanced supervisors utilized "modeling."

Describing the use of reflective strategies by these supervisor participants is a unique addition to the literature on supervision. Participants reported using *reflectivity* to explore underlying issues or as a way to follow-up on supervisee disclosures and help supervisees find clarity in their decisions with clients. Participants also reported being *mindful* about their own interactions with supervisees and monitoring their internal reactions. Participants identified this strategy as helpful in "bracketing" client concerns from supervisory actions. The use of confrontation was employed with initial tentativeness, with participants citing their desire for the feedback to be helpful and as a result not wanting to come on too strong [e.g., "How do I say this in a way that he can hear me?" (p. 534)]. Participants reported that after exhausting other possibilities, however, direct confrontation was required in some situations regarding either supervisee attitudes towards the supervisor or behaviors with clients.

Supervisors also intervened with personal matters including direct discussions about the supervision relationship, processing supervisee characteristics, and referring to personal therapy when deemed necessary. They used tentativeness around these discussions, however, and some participants reported avoiding intervening even when sensing there was something their supervisee was not disclosing. One participant stated, "I felt there was something underneath. I thought, 'we'll ride this out; I'm providing her requirements for supervision…it is going to come to an end. I think we have a personality mismatch…and probably would not be profitable to try and address'." (p. 535-536). One participant reported that addressing personal matters with younger, more novice trainees was more challenging than advanced trainees, while another reported that

intervening as a novice supervisor posed its own challenges in being confrontational or able to address personal concerns.

The findings of this study are notable as this is the only investigation to reference supervisor qualitative responses to supervisee personal disclosures, as well as supervisor thought processes in addressing non-disclosed personal matters. This study advances the literature on the responses of supervisors to supervisee disclosures by formally inquiring about the choices supervisors make in supervision and their reasoning for such decisions. The findings also demonstrate the overlap of personal and professional concerns raised in supervision and the validity of both types of content in this professional activity. One challenge in interpreting the results, however, is the location of the research. The study was conducted in Australia where cultural differences regarding use of confrontation and naming difficult interactions in supervision might not mirror similar exchanges in other parts of the world, particularly Western cultures. Also, participants in the study were recruited based on referral by the researchers' recommendation and suggestion, rather than based on referral from a larger community of practicing supervisors. Should this study be replicated using more rigorous recruitment methods to allow for more generalized results, a great deal more might be learned about supervisors' strategies, their reasoning for choice of strategy, and their perceptions of how their actions regarding supervisee personal disclosures affect their supervisees.

Role Conflicts and Multiple Relationships

As mentioned previously, a major challenge supervisors face in responding to supervisees' personal concerns is the lack of clear guidelines for managing boundaries and multiple relationships in clinical supervision. For supervisees, the potential

expectation to reveal personal matters while being within the confines of the evaluative nature of the supervisory relationship can lead to what Olk and Friedlander (1992) refer to as "role conflict" or "role ambiguity." Role ambiguity is reportedly common among novice trainees and arises from the uncertainty supervisees experience in response to behavioral expectations from their supervisor. Role conflict on the other hand results from "opposing expectations for [trainee's] behavior (Olk & Friedlander, 1992, p. 389).

Such role conflict can lead to what the APA Ethics Code of Conduct (2002) refers to as a "multiple relationship" where a psychologist maintains a professional role with an individual and simultaneously engages in another role with the same person (APA, 2002, 3.05.a). With respect to supervision, addressing personal concerns of a supervisee could entail a supervisor maintaining their professional role as supervisor while at the same time acting as the supervisee's therapist [see Footnote 1]. For psychologists, multiple relationships are deemed unethical based on the potential harm and exploitation that could result from a loss of objectivity in one's role as a professional (APA, 2002, 3.05.a).

Multiple relationships in academic and training environments are often unavoidable due to the many roles carried by supervisors and students. For instance, while a supervisor might serve as a site supervisor for a supervisee they might carry simultaneous roles of an instructor in a course, a committee member for the student's research, and potentially are a former peer colleague to the supervisee and sometimes a former or future friend.

Despite the challenges posed by multiple relationships, there would appear to be a place for a broader view of supervisor reactions to supervisee personal issues beyond a stance of "avoidance" or fear of a boundary violation. The APA Ethics Code (2002)

allows counselors to engage in a multiple relationship if there is no "reasonable risk" that such a relationship would impair their judgment or risk harm or exploitation. But, is inquiring or discussing personal matters in supervision engaging in a multiple or dual relationship? Or is a supervisor using the supervision relationship appropriately in their efforts to promote counselor development? When faced with personal concerns by supervisees, do supervisors engage in or avoid such interactions, and what experiences, education, or resources contribute to their actions? Considering boundaries and multiple relationships in supervision are a grey area and are inevitable due to the complexities of supervisor and supervisee roles, more emphasis should be placed on how to best manage these relationships to meet the needs of clients and supervisees.

Synthesis

Research on non-disclosure of information has been addressed from the standpoint of why supervisees do not disclose and their reasons (e.g., feelings of shame and fear of negative evaluations). The information they choose not to disclose includes content regarding clinical errors with clients and content from their personal lives. However, what is lacking in the research is how supervisors respond to information that actually is disclosed and how supervisors manage supervisee personal self-disclosures. Personal self-disclosures likely occur in supervision; however little empirical data exist describing the nature of information that is actually disclosed, how supervisors manage these disclosures, what motivates them to take a particular action, and how they perceive their actions affect their supervisees. A better understanding of these concepts might provide supervisors and supervisees with greater knowledge of the role personal self-disclosures play in clinical supervision and strategies for managing these disclosures.

The present study used 17 major interview questions to investigate five major research questions:

1) How do supervisors define and characterize a personal self-disclosure from supervisees in supervision?

2) How do supervisors process (i.e., react cognitively and affectively to) personal self-disclosures by supervisees?

3) What resources or factors (internal and external) do supervisors draw upon to address supervisees' personal self-disclosures?

4) What types of actions (or lack of action) do supervisors take in response to supervisee personal self-disclosures?

5) What recommendations do they provide for novice supervisors about how to manage the disclosure of personal information by supervisees?

Chapter 3: Methods

Participants

Upon receipt of approval from the University of Minnesota Institutional Review Board, an email invitation (See Appendix B) was sent to the directors of 16 training sites in a large suburban city of the upper Midwest region of the United States. The list of sites was determined from a database of training sites from this researcher's home institution and word of mouth from local psychologists. A narrow region for recruitment was deemed necessary in order to facilitate face-to-face interviews. The email asked program directors to forward an information sheet (See Appendix A) to all of their current staff members, inviting them to participate in the present study. Potential participants were told the purpose of the study was to learn how supervisors attend to supervisee disclosure of personal concerns in supervision. The invitation contained a description of the study including incentive details and criteria for participation. A follow-up invitation was sent to site directors every two to three weeks over the course of seven weeks until this investigator received no additional responses from potential participants.

Initial recruitment efforts failed to achieve the desired number of participants, so communication was also posted to list-serves associated with the Minnesota Psychological Association (see Appendix C) found at: http://www.mnpsych.org/about/membership/listservs. Potential participants were also invited to forward details of the study to colleagues; so it is possible some participants received information about this study from individuals not contacted by the primary investigator.

Individuals interested in participating in this study were instructed to contact this

researcher by phone or email. During the initial contact, potential participants were asked to confirm they: 1) are a PhD or PsyD trained psychologist, and 2) have at least five years post graduate experience supervising student trainees. Upon confirmation of their eligibility, they were sent a link to complete an online demographic survey (described in the instrumentation section of this chapter) and subsequently contacted by email to schedule a phone interview.

Of the 16 initial emails sent to local training sites, three returned as undeliverable. Of these, one was returned due to user error, and two were email addresses that no longer existed. Two individuals responded to the first email invitation and completed the online demographic survey. One of these individuals was unresponsive to follow-up emails to schedule an individual interview and therefore was excluded from the study.

A second email invitation was sent and four additional individuals responded after this invitation. Two of these individuals reported either insufficient years experience supervising trainees or not meeting the required education, so they were not asked to complete the demographic survey. Following a third email invitation, two more individuals from a single site responded, with one stating she could not participate due to not having the availability, and the other person stating she did not qualify for participation. This site was removed from further communication, as the remaining center counselors did not meet inclusion criteria concerning education received.

A fourth email invitation included two additional sites that were not part of the original list of training sites; one is a local ministry, and the other a local hospital. Both sites provide training experiences for students. Following the fourth invitation, two individuals responded, expressing interest in participating. Both completed the online

questionnaire.

Three additional potential participants responded to the list-serve postings for the Minnesota Psychological Association. One of these individuals met the inclusion criteria and was invited to complete the online demographic questionnaire and scheduled for an interview. The other individual reported education only at the master's level; however, she indicated having more than 30 years experience in practice and multiple years experience supervising student trainees. Due to the low response rate this individual was included in the final participant pool. The third individual did not meet either of the inclusion criteria.

The final sample consisted of 9 psychologists (8 doctoral level, 1 master's level) who had more than five years experience supervising student trainees. Their demographic characteristics are described in greater detail in Chapter 4.

Instrumentation

Demographic survey. This investigator developed an online survey to elicit information about participant demographics. Eight questions asked participants about their: highest degree; gender, race/ethnicity; psychological specialty (counseling, clinical); number of years delivering clinical supervision; approximate number of individuals supervised; supervisory style and theoretical orientation; and current place of employment and responsibilities (see Appendix D).

Interview protocol. This investigator developed an interview protocol for use in individual, semi-structured interviews (see Appendix F). A semi-structured approach combines the standardized open-ended method of pre-defined questions with unstructured, conversational techniques. This approach allows for a natural flow and the

interviewer to "go where the data and respondents lead" (Patton, 1990, p. 343). This researcher used the predefined questions to guide the discussion and followed up on individual responses to gather additional information, inserting questions as needed based on what was learned.

Fifteen questions explored the five major research questions of this study. The questions inquired about: supervisors' reactions to the study's definition of personal self-disclosures and how they define personal self-disclosures in their work with supervisees; their experience receiving and managing supervisee self-disclosures; how they typically respond to such disclosures and factors that influence their responses; their perceptions of how their responses have affected their supervisees; and recommendations for other supervisors regarding supervisee personal self-disclosure.

The primary researcher developed an interview protocol draft based on extant literature and consultation with her advisor. The 15 questions were intentionally open-ended with prompts to elicit detailed descriptions from participants (Patton, 1990). The questions were piloted with two doctoral level psychologists who supervised student trainees at local university counseling centers in Minnesota. Feedback from the pilot participants resulted in re-phrasing questions that either lacked clarity or contained culturally insensitive wording and the addition of one demographic question inquiring about the participants' current place of employment and current clinical responsibilities. The primary suggestion from dissertation committee members suggested these demographic questions be separate from the interview protocol and asked ahead of time. This feedback led to the creation of the online survey inclusive only of demographic information to assist in screening potential participants to interview. After receiving other

suggested revisions from dissertation committee members, this researcher piloted the interview protocol with one licensed psychologist who had practical and applied experience in ethics, supervision and training. Feedback from this pilot resulted in a slight modification to the definition of supervisee personal self-disclosure removing a word that seemed to be "redundant." There were no further changes to the interview questions.

Procedures

Interviews. Individuals who met the inclusion criteria for this study and completed the online demographic survey were invited via email to participate in one, 60-minute face-to-face individual interview with the primary researcher. All interviews were conducted between May-June 2013 at a location convenient to the interviewee. Interviews were audio recorded and subsequently transcribed verbatim by the primary researcher. Identifying information was removed, and each interview and corresponding transcript was assigned a code number.

All interviews were conducted by the primary investigator, an African American, female, advanced doctoral student in counseling psychology. At the beginning of each interview participants were reminded of their right to withdraw from the interview at any time and/or to refrain from answering any question they did not feel comfortable answering. Next this investigator provided information pertaining to confidentiality, given the participants' roles as supervisors of students in local training programs and the primary researcher's enrollment in one of those training programs. Specifically, she asked that participants not reveal the names of any supervisees.

The primary researcher had never been supervised by any of the participants but

had prior knowledge of three individuals due to participating as a trainee at their agency three years prior to the initiation of this study. This particular training site is one of the largest in the region where the study was conducted; the site has provided training to multiple graduates of the primary investigator's graduate, and thus seemed to be an appropriate agency from which to recruit study participants. This investigator discussed her prior knowledge with each of the three participants. Two of them explicitly mentioned they intended to be mindful of not revealing names of supervisees. There was little to no prior interaction with the third participant prior to this study. It did not appear this prior knowledge influenced participants' responses to the interview questions; indeed, two of the three supervisors were extremely open and candid in their responses.

Analysis team preparation. The primary data analysis team consisted, initially, of the primary investigator and two undergraduate research assistants. The primary investigator was experienced in qualitative research, having completed two graduate courses and engaging in three prior studies using qualitative data analysis methods. Both research assistants were third year, female undergraduate students majoring in psychology (one African American, one Hispanic). Prior to beginning work on the project these individuals met with the primary investigator to discuss qualitative research concepts. They were then each given information about the study and a copy of the interview questions, and asked to bracket their biases for the specific study. Details of this discussion are included below.

Both research assistants planned to attend graduate school and pursue careers in either clinical or counseling psychology. One had prior experience volunteering for a crisis line while the other had received some military training in basic medical care. As

neither had experience with qualitative research or supervision, they were given material from Hill (2012) detailing the process of Consensual Qualitative Research (CQR) as well as information on the process of supervision as explained by Bernard and Goodyear (2008). After reading through this material and discussing their questions with the primary investigator, all team members coded one of the three pilot interviews and discussed their findings in order to help illustrate the process of CQR.

After four meetings as a team, one member had difficulty attending the group meetings and completing the demands required for participation as a research assistant. Hill (2012) discusses how to proceed in this situation,

> *Occasionally a team member may have problems (i.e. does not do the work, does not attend meetings, engages in hostile interactions). When concerns arise and multiple group discussions have been futile in an attempt to resolve the concerns, then the PI might have to gently inform the person that it is not working out and ask the person to drop out of the team (p.56).*

Due to this team member no longer being able to participate fully, she was asked to leave the team. The remaining research assistant had taken the necessary steps to prepare for participation on the team and was only available during the current academic year. For that reason, and given the work already completed, searching for a new team member was not feasible. Therefore, the data analysis utilized for this study involved a modified CQR method, involving two research team members as data analysts, rather than three, and a single outside auditor (a licensed psychologist experienced in supervision and in the use of CQR methods).

Biases and Expectations

Hill (2012) asserts that awareness of one's assumptions and expectations regarding the data, commonly referred to as biases, can assist in a diverse perspective on the data beyond what one may hope to find. Articulation of one's biases can also provide information to readers about the primary investigator's viewpoint, which potentially sheds light on the resulting interpretations and conclusions put forth. Hill also contends that discussing one's biases contributes to increased methodological rigor.

Members of the research team identified the following biases and expectations for this study. Both members discussed their beliefs about supervisees knowing what to disclose in supervision. There was disagreement in that the research assistant expected supervisees to know how to disclose and to know what was appropriate in supervision, while this primary researcher considered it the responsibility of a supervisor to instruct trainees on what is appropriate for supervision and to create a frame regarding self-disclosure. Both team members discussed being raised in homes where rules were enforced and there was little question about knowing the right way to behave. This influenced their expectation of trainees, however, this primary researcher's experience as a supervisor for beginning counselors contributed to her belief that novice trainees do not always know what is appropriate to disclose.

Both team members expressed surprise that there was no specific definition already available for supervisee "personal self-disclosure," but both discussed an expectation that no participant would provide a definitive statement to explain this phenomenon. Both team members tried to identify all of the potential ways this term could be defined, and they discussed the overlap of personal and professional content,

especially personal values. Both team members identified an expectation that supervisors would be able to recall specific conversations about personal self-disclosure with their trainees. This researcher also had an expectation that participants would have numerous stories about "questionable" disclosures or disclosures that may not be appropriate. This expectation came from her experience as a trainee and recalling her own multiple personal disclosures she chose to discuss in supervision as well as hearing stories from supervisors who have had prior difficult supervisory relationships with trainees.

Finally, both team members discussed an expectation that all participants would be able to describe multiple experiences of being trained as supervisors, including either formal classes or informal experiences. The research assistant discussed a belief that all supervisors receive formal training before they become supervisors. This primary investigator discussed her understanding that formal training is not mandatory, and expressed an expectation that all participants would mention experiences of receiving supervision of their supervision, frequent discussions with colleagues, or some ongoing professional development experiences. And, lastly, both members discussed an expectation for all supervisors to welcome any supervisee personal disclosure as way to express care for the trainee. The research assistant stated, "How can you work with someone who doesn't really care and is just there to do a job? That person has to have some personal issues who doesn't care." This primary researcher agreed strongly with this statement.

Data Analysis

Descriptive statistics (*n*'s, medians) were calculated for demographic variables. Qualitative data were analyzed using a modified version of CQR (Hill, 2012; Hill, Knox,

Thompson, Williams, Hess & Ladany, 2005; Hill, Thompson, & Williams, 1997). This method was chosen for its ability to explore in depth a complex phenomenon, specifically, the often broadly defined topic of self-disclosure as well as supervisors' descriptions of how they cognitively process their reactions to self-disclosures and consider potential actions vis a vis supervisees and supervision.

Researchers using CQR, employ discovery oriented methods to approach data in an inductive manner. Steps in CQR include dividing data for each participant (referred to as a *case)* into *domains* (rationally-derived topic areas), abstracting *core ideas* (summaries) from each domain, and analyzing for consistency in the core ideas within domains across cases (cross case analysis) (Hill et al., 1997). A hallmark characteristic of CQR is its emphasis on description rather than explanation so as to understand phenomena through the eyes of participants and the themes that emerge from the data. Data within domains are further classified into *categories* (more specific topics with a given domain). Another hallmark is the use of discussion by the data analysts and data auditor to achieve consensus.

Data analysis involved the research team first coding content from the interview transcripts (*cases*) into domains (*major topic areas*) by combining similar responses into groups of data. Team members conducted this process independently for each transcript before coming together to create a consensus list of domains and preliminary list of categories upon which both members could agree. After conducting this process on the first three transcripts, the primary investigator sent the preliminary domains and categories to the data auditor to review for clarity and to achieve further consensus about the data analysis results. Re-coding took place as necessary based upon discussions

between the data analysts and discussions between this researcher and the auditor feedback. The remaining transcripts were then coded and assigned to domains.

Next, categories were identified within each domain to help illustrate the core ideas of the domains. Cross analysis procedures were then utilized to tabulate the frequencies across domains and categories. Each domain was then given a label to denote the relative frequency of responses. According to Hill (2012), categories that apply to all but one or two of the cases are considered to be *general*. Those that apply to more than half of the cases but less than the general amount are *typical*, those that apply to two or more cases but less than those for typical are *variant*, and those that applied to one case are *rare*.

Each of the two research team members coded each transcript independently and then came together to discuss their analysis and challenge each other in their decisions in order to reach consensus. Together, the team worked to finalize core ideas and to classify core ideas within domains. They continued this process, together, until all transcripts were coded. Throughout the coding, they used a consensus process to make revisions to domain and category names and to reclassify data, as necessary. The primary researcher compiled the domains, categories, frequencies, and participant quotations into one document for review by the auditor. Any disagreements were resolved by discussion to reach consensus.

Chapter 4: Results

Participants

Demographic characteristics of the nine participants are reported in Table 1. There were 6 females and 3 males. Six participants self-identified as European American, Caucasian or White, and three self-identified as multiracial or multi-ethnic. Eight reported doctoral training in either counseling (*n* = 4) or clinical (*n* = 4) psychology, and one individual reporting training at the master's level. The eight doctoral level participants were licensed psychologists (LP), while the master's level individual was a Licensed Professional Counselor (LPC). Participants' work settings varied, and most reported roles in two different settings. Work settings included: university counseling centers (*n* = 5), private practice (*n* = 3), community agencies (*n* = 3), and a hospital (*n* = 1). Years of experience as a therapist ranged from 8-35 years (*Mdn* = 13), and experience serving as a supervisor to trainees ranged from 8-25 years (*Mdn* = 13). Participants reported supervising approximately 10 -100 (*Mdn* = 28) individual trainees over their post-degree careers. Of note, many individuals expressed difficulty recalling individual supervisor experiences versus group supervision experiences.

Theoretical orientations varied, and participants frequently identified multiple orientations. Most prevalent were humanistic/existential (*n* = 3), integrative (*n* = 3) and interpersonal (*n* = 3). Regarding their supervisory styles, most interviewees reported their supervision style mirrored their theoretical orientation. The most frequently endorsed styles were consultative/collaborative (*n* = 3), and humanistic (*n* = 2). Two individuals indicated they could not identify a specific supervision style.

Table 1

Interview Participants' Demographic Characteristics (N=9)

Variable	*n*	Variable	*n*
Gender		Number of years supervising with primary degree	
Female	6	1-10	2
Male	3	10-20	4
		21-30	1
Race/ethnicity		30+	2
White/Caucasian	6		
Multiracial/Multi-ethnic	3		
		Approximate number of individuals supervised with primary licensure	
Primary licensure			
Licensed Practitioner (LP)	8	1-10	1
Licensed Professional Counselor (LPC)	1	10-20	1
		21-30	3
		31-40	1
Specialty		41+	3
Counseling Psychology (PhD)	4		
Clinical Psychology (PsyD)	4	Current profession/Place of employment	
Master's level (M.A.)	1		
		University Counseling Center	5
Theoretical Orientation[a]		Independent Practice	3
Humanistic/existential	3	Community Agency	2
Integrative	3	Hospital/Medical Center	1
Interpersonal	3		
Cognitive Behavioral	2	Supervisory Style[a]	
Psychodynamic	2	Consultation/Collaborative	3
Feminist	1	Humanistic	2
Systems	1	Not Reported	2
		Interpersonal	1
Years employed with primary licensure		Psychodynamic	1
1-10	2	Feminist/Humanist	1
10-20	4		
21-30	1		
30+	2		

- *Note.* [a]Participants could provide multiple responses.

When asked about their sources of knowledge about clinical supervision, five participants reported formal training in supervision. The other four mentioned experiences in workshops, conferences, supervision of their supervision activities, and

informal conversations with colleagues as their primary source of supervision training. Those participants with no formal training in supervision stated it was not available in their doctoral training either as a required or elective course. During the interview, most of the supervisors recalled discussions about self-disclosure in their graduate training or other areas of professional development, but none identified specific, memorable conversations.

Interview Characteristics

Interviews ranged in length from 19 minutes to 58 minutes (*Mdn* = 49 minutes). One interview was interrupted after 15 minutes by a knock on the door from the participant's colleague. The interview then restarted, and it did not seem to be affected by this interruption. The tape recorder malfunctioned in another interview, shutting off after five minutes, but it was restarted almost immediately, and the remainder of the interview took place as scheduled.

Clinical Impressions of Participants' Interview Behavior

Based on their verbal and non-verbal behaviors, this investigator had an impression that participants responded to interview questions openly and honestly. Nearly everyone began the interview expressing interest in and passion for supervision. Most provided thorough answers to each question and were responsive to follow up questions. Some of the interview questions seemed challenging for certain participants. For instance, with respect to Questions 2 and 3 (defining supervisee personal self-disclosure) some participants did not require further prompts, while others struggled separating personal self-disclosure from other forms of self-reference (such as supervisee self-involving statements about "here-and-now" reactions to their supervisor). One

supervisor in particular merely said "[the definition] seems fine to me" and did not elaborate, despite follow-up questioning, and could not think of any examples of supervisee personal self-disclosure beyond mundane items (e.g., supervisees talking about their weekend activities). This individual reported feeling "tired" during the interview, but considering the interview was much shorter (approximately 20 minutes) in comparison to the other participants (45-60 minutes) it is unknown whether other factors were involved (e.g., not being completely forthcoming with information; being unaccustomed to reflecting on supervision dynamics).

Questions 13 and 16 seemed to be particularly challenging for most participants. When asked about their training (Question 13) and how they frame discussions about self-disclosure with their supervisees (Question16), many interviewees left lengthy pauses, made stammering sounds of "um" and "hmm," and displayed fidgeting behaviors before responding. These behaviors may be indicative of defensive responses for some interviewees. Indeed, some expressed regrets about how they had handled particular situations and how they might do it differently now.

Overall, participants were engaged in the interview process and the conversation flowed easily. Without any prompting from this investigator, many individuals provided additional personal information about their family of origin and how it contributed to the way they approach supervision and boundaries. Many spoke about considering "the person of the supervisee" and inquiring about supervisee personal information out of "care and concern."

Qualitative Data Analysis

The research team identified 5 broad themes, 13 domains, and 39 specific instances (categories) of these domains. The results are organized according to themes. Within each theme each domain and corresponding categories are described and illustrated, verbatim participant quotations are provided. Participants' responses were multifaceted and often classified within multiple domains and/or categories. Table 2 contains summary data representing the domains, categories, and category representativeness to the sample. In accordance with Consensual Qualitative Research (CQR) methods (Hill, 2012) instances of categories that apply to all or all but one of the cases are deemed *general*. Those that apply to more than half of the cases up to the cutoff for general are labeled *typical*, those that apply to two or more cases up to the cutoff for typical are described as *variant,* and those that apply to one case are described as *rare*.

Table 2

Themes, Domains, and Categories for Supervisor Responses to Interview Questions

Domain and Category	Frequency
Theme 1: Defining Supervisee Personal Self-Disclosure	
Domain 1: Supervisor definitions (N = 9)	
Combination of personal and professional information and experiences	Typical
Purely personal information	Variant
Domain 2: Reaction to provided definition (N = 9)	
Agree with addition(s)	Typical
Agree completely	Variant
Never thought about the definition	Rare
Disagree	Rare
Theme 2: Examples of Supervisee Personal Self-Disclosures	
Domain 1: Types of personal self-disclosures (N = 9)	
Personal relationships and experiences	General
Concerns and experiences as a graduate student	Typical
Physical or mental health concerns	Typical
Personal reactions toward clients	Variant
Social life and recreational experiences	Variant
Domain 2: How supervisors classify disclosures (*N* = 9)	
Appropriate under certain conditions	Typical
Always appropriate	Typical
Inappropriate unless…	Variant
Things I don't want to hear or don't care about	Variant
Domain 3:How participants responded to supervisee self-disclosures (*N* = 9)	
Engaged in conversation with supervisee	General
Internal reactions to personal disclosures	Typical
Consultation with colleagues	Rare
Theme 3: Factors Influencing Participants' Thoughts, Categorizations and Reactions Regarding Supervisee Personal Self-disclosures	
Domain 1: Professional factors (*N* = 9)	
Theoretical orientation	General
Maintaining boundaries	General
Relevance to clinical practice	Typical
Training in supervision (formal and informal)	Typical
Expectations from supervisees	Variant
Workplace culture	Variant
Time spent in supervision	Variant
Domain 2: Personal factors (*N* = 9)	
Personal relationships and personal experiences	Typical
Experiences in graduate school	Typical
Personal value system	Rare

Note. General = 8-9 cases; Typical = 5-7 cases; Variant = 2-4 cases; Rare = 1.

Table 2 (Continued)

Domain and Category (cont.)	Frequency
Domain 3: Other contextual factors (N = 9)	
Subjective impressions	Typical
Issue supervisee is managing	Variant
Amount of information disclosed	Variant
Theme 4: Conversations with Supervisees	
Domain 1: Conversations about self-disclosure (N = 9)	
Indirect conversations	Typical
Direct discussions	Variant
Do not have conversations about self-disclosure	Variant
Domain 2: Other conversations (N = 9)	
Evaluation practices and boundaries	Variant
Supervisee's prior supervision experiences	Variant
Supervisory style	Rare
Theme 5: Additional Items	
Domain 1: Perceived reactions from supervisees (N=9)	
Positive or hopefully positive	Typical
Unable to discern	Rare
Domain 2: No experience with questionable disclosures	Variant
Domain 3: Expectations for supervisees	Variant

Note. General = 8-9 cases; Typical = 5-7 cases; Variant = 2-4 cases; Rare = 1.

Theme 1: Defining Supervisee Personal Self-Disclosure

The first theme concerns conceptualizations of *supervisee personal self-disclosure*. Participants were asked to both provide their own definition as well as respond to a provided definition of *supervisee personal self-disclosure*. Currently, there is no generally agreed-upon specific definition in published literature. One of the major research questions investigated in this study concerns how supervisors define supervisee personal self-disclosure; so, before asking participants to discuss this phenomenon in detail, it was important to elicit their definitions. Two domains were extracted from their responses: *Supervisor definitions* and *Reactions to provided definition*.

Domain 1: Supervisor definitions (*N* = 9)

Participants' descriptions of supervisee personal self-disclosure varied. Regardless of their specific definition, everyone seemed to connect with the concept, and many embedded their definition within the context of their own experiences as clinicians and supervisors or their awareness of colleagues' experiences. There are 2 categories: *combination of personal and professional information and experiences* and *purely personal information.*

Category 1: Combination of personal and professional information and experiences (N = 6).

This category reflects an ongoing struggle experienced by many supervisors during the interview. They struggled to compartmentalize content about supervisees' personal life outside the office from content about their professional experiences such as clinical interactions with clients and supervisors. They viewed both personal information outside of one's clinical work and one's professional experiences in practice as consistent with their view of *supervisee personal self-disclosure*. A key dimension for most participants was that supervisee personal self-disclosure is related to how it impacts a supervisee's professional life as a clinician. For instance, "The types of things that come to mind for me are when supervisees have personal issues that affect their practice." Another supervisor commented,

> "Personal self-disclosure includes those things that might have an impact on somebody's clinical practice. A sick kid, a sick mother, a divorce, particularly somebody who's doing couples work. Financial struggles too, because work feeds the financial struggle or lack of struggle."

Yet another participant added,

> "I think because of the use of the word 'personal' I think more of talking about life outside of the office. And personal experiences related to the work. So some of it would be maybe experiences, memories, learning opportunities, learning situations that are internal but also related to things outside of work. Non-professional lives, families, relationships, cultural, ethnic, and spiritual identities that aren't necessarily related to the work, but they influence work and shape how we do the work and practice."

Some definitions contained examples of personal experiences encountered within a supervisee's professional life, including how supervisees may react towards their client's or their supervisors in a professional setting. One participant stated,

> "…we're working on a complex case, and she asked if she could consult with me about this client and how it's affecting her. The client pushes a lot of buttons for her, and she can't stand him but has to work with him. I think that's a kind of self-disclosure that I would count as personal self-disclosure."

Another supervisor noted that personal self-disclosure should primarily concern the impact of the disclosure content on one's professional life, as she considered that content to be more appropriate for discussion in supervision.

> "I would define personal self-disclosure in a sort of positive and negative way. The positive way is related to the supervisee self-disclosing to a client and discussing [with me] their struggles with their relationship with a client. I like seeing them being thoughtful about the work in this way. The more negative part of it is when supervisees do personal disclosures with me and sometimes I wonder if they get the difference between psychotherapy and supervision. I'm not their therapist, I'm their supervisor, and I wonder if they're not clear with me but they're also not clear with clients."

Category 2: Purely personal information (n =3). A few participants referenced information solely about supervisees' personal lives outside of their clinical work. These definitions variously highlighted a supervisee's personal demographic information (e.g., their background and relationship status), and health disclosures. For example, one supervisor stated, "It could be their age, where they live, or family relationships."

Another individual said, "Personal self-disclosures could include personal issues, sometimes health issues, sometimes previous mental health experiences. There's a really wide range I think." One supervisor did not name any specific content related to personal information but instead more generally commented, "Supervisee personal self-disclosure could be a whole lot of stuff such as disclosing any personal information."

Domain 2: Reaction to provided definition (*N* = 9)

After asking participants to define supervisee personal self-disclosure, this researcher provided them with a previously compiled definition based upon extant literature:

> [Supervisee self-disclosure refers to] *Supervisee's revelations to their supervisor of events, problems, experiences, stressors and/or positive occurrences within the context of their personal, professional or academic life outside of the practicum/internship setting as distinguished from their professional life (i.e., work with clients and the clinical supervision relationship).*

After reading the provided definition, participants were asked to what extent they agreed with the definition as well as to highlight the ways in which the definition differs from their own. Most interviewees generally agreed with some aspect of the provided definition. A few expressed multiple reactions, gaining new thoughts and insight as they processed the meaning of *supervisee personal self-disclosure*. There are 4 categories: *agree with addition(s), agree completely*, *never thought about the definition*, and *disagree*.

Category 1: Agree with addition(s) (n = 5). Many supervisors expressed agreement with the definition but only with the addition of specific wording or phrases (e.g., inclusion of professional matters such as reactions towards clients). For example,

"I think about personal self-disclosure that way. I think though that personal

self-disclosure, sometimes, can be a personal reflection about how a particular client or a case was challenging or frustrating, some of that countertransference stuff...But I agree, most of what I'm talking about, what I see in your definition here, makes sense to me."

Another supervisor suggested expanding the scope of the definition in a similar manner,

> "If I think about it, I might broaden the definition to include 'a supervisee's personal reactions towards their clients and personal experiences in session.' For example a supervisee saying to me 'I just found myself having really angry feelings towards this particular client.' I see that as a personal self-disclosure. It may or may not relate to anything else in terms of the supervisee's history or experience and we may or may not end up going there, and they don't have to. I think that's something I give them a lot of room to make decisions about, but that's something I would include in the definition."

One individual said he had never considered this term, but he connected it specifically to supervisee reactions to clients rather than to personal content in a supervisee's life outside the office,

> "I'm not sure I've ever stopped and thought about a definition for personal self-disclosure with my supervisees. I think we have reactions to clients that are sometimes just reactions and not necessarily reflective of who we are, they are just normal reactions."

Category 2: Agree completely (n = 2). Two participants agreed with the definition "as is," without any suggested changes or additions. One commented, "I'm fine with the definition. I had not been thinking about the positive aspects of this, but that makes perfect sense that that's included as well." The other said,

> "…I think I agree completely with this definition. I mean according to this it could be current or past, and that makes sense. It seems pretty inclusive. 'Problems *and* [inflection] experiences, so it's not just difficulties or bad stuff.' And you even specifically say 'positive events,' so that's all good."

Category 3: Never thought about the definition (n = 1). One participant asked this researcher about why she was conducting this study, and upon hearing about the lack of a specific definition for supervisee personal self-disclosure, this supervisor stated, "I didn't

realize everything was grouped under self-disclosure; I do think personal and professional disclosures are two different things.” Upon further discussion, the supervisor commented on the challenge of accepting a strict separation of one’s personal and professional lives, “I think that people can self-disclose both parts.”

Category 4: Disagree (n = 1). One supervisor expressed disagreement with the definition, challenging the rigidity of separating personal from professional information,

> “I guess I don't think of [self-disclosure] in terms of ‘You could talk about this, but you can't talk about that.’ I think for me it's about how you're discussing it and the purpose for why you're discussing it. For me it seems like it's more about boundaries and can I disclose stuff that seems pertinent in a way that feels appropriately boundaried.”

Summary of Theme 1: Defining Supervisee Personal Self-Disclosure

Most participants generally described supervisee personal self-disclosures as information from the supervisee’s life outside the office that is relevant in some manner to the supervisee’s professional practice. Only two supervisors described supervisee personal self-disclosures as solely about the supervisee’s personal life (e.g., demographic data, a supervisee’s personal relationships). Upon review of the definition of supervisee personal self-disclosure created for this study, which clearly separates a supervisee’s personal life from professional, clinical reference, most participants said they agreed with it. Their agreement, however, was contingent upon suggested additions of how personal disclosures relate to one’s clinical practice. These supervisors expressed consistent and overall resistance to drawing a strict boundary between personal and professional disclosures, a theme that repeats itself throughout the results of this study. Few participants expressed complete agreement with the definition. Of note, one individual

reporting having never given thought to the idea of supervisee personal self-disclosures before participating in this study.

Theme 2: Examples of Supervisee Personal Self-Disclosures

Participants were asked to give examples illustrating the types of information they might classify as supervisee personal self-disclosure according to the definition provided by this investigator. This question was intended to further clarify the phenomenon of interest. In addition, they were queried about their personal experiences with supervisees disclosing personal matters in supervision. They also were invited to discuss such disclosures in terms of their appropriateness for the supervision relationship and to describe how they responded to specific disclosures and any outcomes that may have resulted. There are 3 domains: *Types of personal self-disclosures*, *How supervisors classify disclosures*, and *How supervisors responded to supervisee self-disclosures*.

Domain 1: Types of personal self-disclosures (*N* = *9*)

Participants provided a wide range of examples of supervisee personal self-disclosures, including their own experiences interacting with supervisees, stories from colleagues about their experiences supervising trainees, as well as their own thoughts about disclosures they had read about or imagined, but had yet to experience first-hand. This domain has five categories: *personal relationships and experiences*, *concerns and experiences as a graduate student*, *physical or mental health concerns*, *personal reactions towards clients*, *social life and recreational experiences.*

Category 1: Personal relationships and experiences (n = 8). Almost every supervisor provided one or more examples of supervisees sharing information about their family members, intimate partners and personal experiences outside the clinical work.

They variously talked about, “supervisees who struggled with their relationship with their parents,” supervisees disclosing information about their “sexual preferences,” “ethnicity of spouses,” “loss of a parent,” “breakups in their lives,” and “struggles in their marriages.” One participant highlighted,

> “I had a supervisee who was in the middle of getting a divorce while she was in supervision with us. She just noted it was going on, and at times she would share a little bit more about the move or other things happening.”

Two supervisors commented that “challenges with kids at home” and the resulting “difficulty with sleep” were common exchanges disclosed by their supervisees during supervision.

Category 2: Concerns and experiences as a graduate student (n = 6). The content of disclosures in this category varied widely and included, for instance, coursework issues, dissertation progress, and the job search process. One supervisor mentioned, “issues around getting their dissertation done and completed, struggling with committee chairs and other sorts of faculty related things.” A few individuals mentioned disclosures associated with “problems in the supervisee’s academic department” and “challenges engaging in conversations with their advisors.” One participant noted a unique situation involving all of her current supervisees in a given semester struggling with the departure of an academic advisor they all shared. This participant described her supervisees as experiencing a “little bit of crisis…such as what was going to happen.” She continued, “some wanted my advice, some blew off some steam. They were frustrated.”

Category 3: Physical or mental health concerns (n = 5). A number of supervisors mentioned examples of disclosures involving supervisee personal health

including ongoing current health concerns, and prior events that were contributing to a supervisee’s current distress. Inclusive to this category were a supervisor talking about, “a supervisee’s sexual assault” and discussing certain physical and mental health concerns as a result. The most prevalent examples in this category concerned disclosures about supervisees' mental health and either the specific disclosure of a condition or symptoms associated with a particular psychological diagnosis. For example, one participant described a common occurrence of “supervisees come to me when they are getting depressed and they're being proactive about making sure [I know and am] with them on managing these symptoms, helping them with how to get it under control.”

Other supervisors referenced working with supervisees who were “struggling with depression” and “anxiety,” with one highlighting an experience with a supervisee disclosing management of an addiction to alcohol in addition to some mental health concerns,

> “One young man disclosed that he was in AA and bipolar and on medication. He just kind of blurted it out! Like, ‘I'm this, this, this and this.’ His behavior was very bizarre, and thank heavens I had good a relationship with the supervisor at his university because we really had to work together to monitor the situation.”

Category 4: Personal reactions towards clients (n = 3). Reactions towards clients are related to personal feelings supervisees experienced about their clients in a professional, clinical context. Some of these disclosures involved countertransference responses (i.e., supervisee reaction toward the client is triggered by issues in her/his own life):

> “I can think of an example in supervision with a supervisee who was working with a client around some grief issues. The client's mom was terminally ill and the supervisee lost a parent recently. The supervisee was sort of weighing whether or not it would be beneficial to share that information [with the client].”

> "interns would often self-disclose about clients who reminded them of their own siblings with similar chemical issues."

Other reactions disclosed by supervisees involved feelings of "hating their clients," or "getting angry at the parents of their clients" (for those supervisees whose clinical caseload primarily involves children).

Category 5: Social life and recreational experiences (n = 3). A few supervisors provided examples of social experiences and weekend activities, sometimes referenced as "day to day chit chat." Inclusive of this category are supervisees' disclosure of "drug and alcohol use" such as "how much they drink on the weekends." One participant also mentioned a supervisee disclosing they had recently "got a puppy" and brought in stories and photos to supervision.

Domain 2: How supervisors classify disclosures (*N* = 9)

A major purpose of this study was to learn how supervisors think about supervisees' personal disclosures and how they as supervisors classify such disclosures in terms of their appropriateness for supervision. Throughout the interview, participants had access to a scale (see Appendix F) to assist in evaluating the appropriateness of the self-disclosure examples they provided. This nominal scale consists of behavioral anchors for four categories to provide language for the variability of range when talking about appropriateness: *appropriate under certain conditions*, *always appropriate*, *inappropriate unless*, and *things I don't want to hear*. These anchors comprise the four categories in this domain.

Category 1: Appropriate under certain conditions **(*n* = 7)**. Content most frequently labeled as *appropriate under certain conditions* included disclosures of

personal information deemed suitable by the supervisors due to its perceived relevance to supervision. For example one supervisor discussed the appropriateness of disclosing events in one's personal life due to their impact on a supervisee's clinical practice,

> "I tend to be a pretty open supervisor so I come at this from a standpoint of if it's affecting them in some way shape or form than it's affecting their work. If it happens to be something at home, if it's something with their kid or kids or a parent, and it's weighing on them, my sense is it's better for us to talk about that because it's likely affecting their work."

Some participants identified supervisees' reactions towards clients as being appropriate disclosures. For example, one individual stated,

> "I think personal reactions towards a client is [sic] always appropriate. For example, 'I love working with this type of client because I feel really comfortable and I've had some similar experiences' or 'I'm really uncomfortable working with this type of client because I can't imagine what this type of lifestyle is like, it's just too hard for me'."

Another commented,

> "I've had experiences with supervisees just coming into my office and being like 'Oh my God, this parent [of my client] is driving me crazy, it's so hard for me to sit with them.' I think that's okay, talking about their emotional reaction to a person."

Some supervisors elaborated on the topics they viewed as appropriate to disclose. They noted, for instance, the supervision relationship includes working through supervisee reactions to clients, regardless of their origin (i.e., events from the supervisee's personal life, and/or reactions prompted by the client). One participant stated,

> "There are some more difficult disclosures such as 'I'm sitting with this client and they're reminding me of my own abuse,' or 'They're reminding me of when my parents got divorced.' The stuff that's closer to the bone and the supervisee's own hurt can be far more difficult. But perhaps it is the most important thing to potentially disclose."

Another added,

> "There was a supervisee that actually referred a client to me because this particular client's personality was kind of triggering for her and where she was in her life. She was a trainee looking for work and her partner was looking for work, and there were some life changes that were undetermined. So there's lots of things that were happening. This client she was working with was presenting in a way that was ambiguous, vague, uncertain, defensive around not being in his own relationship with his wife. This client was not coming up with plans, not being very organized in kind of his approach. It would just trigger some of her own frustrations, and she was worried she would be projecting her frustrations on him."

Additionally, participants described as appropriate, personal matters a supervisee was actively working on to improve or manage. For instance,

> "My former supervisee who struggled with this relationship with his parents would bring this up in supervision because it was bothering him. We didn't do therapy around this, but it felt appropriate to talk about when we were talking personally about things. You do have to learn to put your personal things aside, but I think a good way to do that is to be able to talk about it a little bit so that you can move on. Talking about this supervisee's parents seemed appropriate because it was something going on in his life that he was actively working on compartmentalizing from his work."

***Category 2: Always Appropriate* (*n* = 5)**. Some supervisors discussed certain disclosure topics disclosures they deemed as *always appropriate* no matter the context. Some mentioned academic- and graduate school-related struggles (e.g., "internship stuff…or comprehensive exams," "the job search process," and "struggles in their academic program").

A couple of participants asserted that all disclosure topics were "grist for the mill," and therefore they considered all disclosures appropriate due to their potential to impact clinical practice. For instance,

> "If they're having problems in their program that's going to be affecting them. If they're having problems in their relationship that's going to affect their work. If they're having personal problems, if they're depressed or anxious, that's gonna

> affect their work. Not that we're gonna do that work [in supervision] but that is crucial for a supervisor to know."

Finally, the individual who discussed working with a supervisee who had been sexually assaulted commented, "Obviously that's relevant in terms of the person's work, but it's also relevant in terms of how they're doing personally, and I do really care about the people that I supervise, as a person, not only as a counselor."

Category 3: Inappropriate, unless… (n = 4). None of the supervisors identified any disclosure topic that they viewed as completely and always inappropriate. Close to half of the participants identified contextual factors that could make certain personal disclosures more or less inappropriate. Additional information on these specific contextual factors is discussed in greater detail in a later domain that discusses the factors that influence the categorization of certain disclosures. Two particularly illustrative examples of this category, *inappropriate, unless* are reported herein:

> "...I don't want to hear about their bad behavior like drinking or using drugs, unless they want to do something about it. Then I would be happy to hear about that. But, like, 'Oh yeah, me and my friends went to this big party, and people got wasted.' I don't want to hear about that. And if I did, I would have to talk with them about what's appropriate for supervision.

Another supervisor noted,

> "I'm not interested in their sex lives, but even then, if it's something really relevant to the work or it's affecting their work, then I want to hear specifics. I think it would be helpful to let them bring up whatever the thing is."

***Category 4: Things I don't want to hear or don't care about* (*n* = 2).** A couple of participants discussed information they either did not want to hear about, or as a supervisor simply did not care. One of these individuals said, "I don't want to hear about the chaos in their life, or a young adult complain about how overworked they are." The

second supervisor mentioned a supervisee's disclosure of demographic information concerning the spouse was "immaterial" to her, and she "didn't care." Neither of these individuals used the word "inappropriate" to describe these disclosures, however.

Many factors appear to contribute to what participants considered appropriate supervisee personal self-disclosure and why they considered it appropriate. These contributing factors are discussed in greater detail later on in this chapter.

Domain 3: How participants responded to supervisee self-disclosures (*N* = 9)

The supervisors were asked to discuss how they thought about and responded to supervisee personal self-disclosures when they occurred in their supervision relationships. Most were unable to recall their specific responses, which is understandable given their years in clinical practice and the number of supervisees they reported having supervised. A few individuals, however, did recall certain specific interactions with supervisees, and they shared some of their thoughts and responses. Others discussed their general reactions and thoughts regarding specific disclosures they had referenced earlier in the interview. Three categories represent their responses: *Engaged in conversation with supervisee*, *internal thoughts about personal disclosures*, and *consulted with others*.

Category 1: Engaged in conversation with supervisee (n = 8). The majority of participants mentioned engaging with supervisees in some form of discussion about the information they disclosed. For example, one supervisor stated that engaging in discussion about a supervisee's personal life is common practice,

> "I've had supervisees come in and say, 'I'm going through these financial strains' or 'I'm going through problems related to my research.' You know those other

> kinds of things we'll talk about cause that's part of their life, maybe it's impacting their work and we're figuring that out."

Many participants mentioned attention to the emotional needs of supervisees as individuals, not just clinicians in practice. For example,

> "My first response is as a human being, 'That sounds like you're going through a tough time' you know, and 'I'm sorry,' 'How are you doing with that?', 'You okay,' those kinds of things. It's not like I'm digging in, but it's just like giving them some space to talk about that if they need to. And then it's like, great, you know 'Thanks for letting me know. Is there anything more that you need around that?'"

> "I talked a lot with a supervisee recently about the loss of her parent. Not only about how it pertained to the therapy but also, the anniversary of her parent's death was coming up, so we talked about whether or not she wanted to take some time for herself and how she was going to process that. We talked a lot around how she was doing with that."

> "I had a supervisee who was in the middle of getting a divorce while she was in supervision with us. She just noted it was going on, and at times she would share a little bit more about the move or other things happening. I thought she handled it wonderfully how much she disclosed. I felt like I needed to know enough about it to know how she was feeling like [if] she was able to keep her mind focused and able to come here and be okay. We regularly checked in about it in supervision because it was a significant change in her life, and she couldn't pretend it wasn't happening. That's just not real."

Some conversations involved supervisor advice or suggestions for how the supervisee could manage the issues they disclosed. For instance, one supervisor described an experience with his supervisee disclosing struggles about being assertive with parents of the child clients with whom he was working,

> "I remember giving him some guidance about it and guiding him to some readings about it…[and] ever so often it kind of would pop up and I would be like 'Well, so how's that going and where do you think you're struggles are?'"

In that situation, the supervisor also reported feeling good about the supervisee trusting him with the information.

Some participants also noted making recommendations for how trainees can manage their personal matters outside of supervision. For example, one supervisor had a straightforward conversation with a trainee who was struggling to maintain appropriate boundaries in supervision,

> “We have wound up having several conversations about ‘How much social support do you have in your own life, because it looks like you're using your supervisor for social support.’ I also have directed him to have a straightforward conversation with his therapist about feelings of disclosure around men vs. women so that they can do some work on that issue.”

One supervisee noted his way of encouraging supervisees to talk about their struggles with the job search process but also to actively manage the boundary in supervision between professional relevance and personal struggles. He suggested his supervisees take their feelings of inadequacy to other resources by stating, “You know, I don't really want to focus on that part of it, but I encourage you to get support elsewhere." Another described handling disclosures she doesn’t want to hear through the provision of direct feedback, “I tend to be pretty direct with supervisees, so I might say something like ‘That's more than I really want to know,’ and then I think folks back off.”

Finally, a single participant discussed a situation with a supervisee who struggled with alcohol addiction and who had a relapse while engaging in training at the site. In this instance this supervisor discussed the formal practice of first engaging with the supervisee about his behavior but ultimately dismissing this individual from the practicum site and taking action with his home institution as a result. This type of action

was rare among participants, however, and was discussed as a necessary action to protect both clients and other trainees.

***Category 2: Internal reactions to personal disclosures* (*n* = 5).** Many participants described their own internal thoughts and feelings prompted by the personal disclosures, including challenges they experienced in considering how to respond overtly to their supervisees. Some mentioned their in-the-moment reactions upon hearing the disclosures, while others shared their opinions of specific disclosures and subsequent thoughts about their in-the-moment reactions. It is unclear whether the supervisors shared any of these internal reactions (either intentionally or unintentionally) with their supervisees. For example, one participant noted her frustration in having to manage supervisees who are less aware of boundaries and what is appropriate for supervision.

> “I'm really busy, and if I have a supervisee who is regularly coming to me with a level of personal disclosures that are beyond that [sic] I should be helping them with, that takes a great deal of time to assess and manage. It is time I'm willing to spend to make sure I get the self-disclosure when it is appropriate, but I can't say that I haven't sat in session and have to take a couple of deep breaths to manage my resentment about the amount of time this is taking when I have many other demands on my time.”

Another supervisor discussed the challenge of maintaining multiple roles as a clinician and member of the academic community and how this factors in to managing trainee complaints about graduate faculty. In response to a supervisee disclosing frustration with her advisor leaving the program, one participant stated,

> “I wanted to be sensitive to the effect of how to be with them and really hearing them. But I also recognized that they're speaking of somebody else who I don't know well, but it was another colleague, so I wasn't going to join in to bashing some individual. I think they were doing it appropriately, but I wanted to watch my boundaries between being there with them and being able to separate out that they were talking about a professional that I had to sort of be respectful towards.”

These supervisors seemed aware of their struggle to determine how best to maintain a safe and supportive space for supervisees while managing their disclosures in a professional manner. One participant described how this internal negotiation operated for her,

> "I pay attention to how I'm responding to a supervisee, but I realize that I'm not just responding on their personal level, right? You're monitoring on sort of all these different tracks at the same time: You, as a person sharing private or personal information with me [the supervisor]; Me, thinking back to you about how am I responding. I'm monitoring that track and then also my other track of sort of 'How could this be affecting her client work specifically,' right? You're kind of monitoring all of those tracks at the same time, that's what makes all of our work really interesting."

***Category 3: Consultation with colleagues* (*n* = 1).** One individual commented that engaging with supervisees directly was not always their preferred response to supervisee personal disclosure. Instead, they often consulted with colleagues to gain perspectives on handling challenging situations, "that sort of informal conversation [with colleagues] is the most helpful thing for anything, not just self-disclosure.

Summary of Theme 2: Examples of Supervisee Personal Self-Disclosures

Participants discussed a number of examples of supervisee personal disclosures. Most frequent responses included supervisees disclosing information about their personal relationships and experiences. Also common were disclosures related to supervisees' experiences in graduate school and the stressors associated with this experience such as academic demands and relationships with academic advisors. Interestingly, a few participants provided examples of supervisee personal self-disclosure that fell outside the parameters of the provided definition such as personal reactions towards clients.

Participants also shared their perceptions of the appropriateness of different types of supervisee disclosures as well as their typical responses to personal disclosures. While many discussed feeling as though all disclosures were always appropriate, most others suggested disclosures were appropriate only if they met certain conditions. These conditions included the relevance of the disclosure to supervision and the supervisor-supervisee professional relationship. Inclusive of this relevance were disclosures primarily pertaining to clinical practice and client care. This classification of disclosures continues to reflect a theme of personal disclosures being connected to clinical contexts. In addition, a small number of participants noted some disclosures were inappropriate (e.g., substance use) unless they were connected to clinical practice or the supervisee was looking for support to improve or change this behavior.

Finally, the majority of participants noted some amount of engagement in a conversation about personal disclosures with their supervisees when the disclosure occurs. Most mentioned being sensitive to their trainees and allowing supervisees space to share their concerns, offering emotional support as their supervisor. Others discussed bringing the conversation around to discuss explicit boundaries in supervision. A few discussed having internal thoughts and reactions to certain disclosures without engaging in a conversation about the disclosure. One supervisor discussed using consultation with colleagues to work through his reactions to supervisee personal self-disclosures.

Theme 3: Factors Influencing Participants' Thoughts, Categorizations and Reactions Regarding Supervisee Personal Self-disclosures

In all of the previous examples of personal self-disclosures, supervisor thoughts, categorizations and reactions to specific supervisee personal self-disclosures were

influenced by a number of factors. A major research question of this study involved the identification of these factors to gain better insight about the unique ways supervisors process and respond to personal self-disclosures and what specifically influences them to do so in a particular manner. This section contains supervisor descriptions of some of these factors, including their own personal and professional influences (e.g., personal background, cultural factors, experiences in graduate school, their professional training, theoretical orientation and supervision style). There are three domains: *Professional factors, personal factors,* and *other contextual factors.*

Domain 1: Professional factors (*N*=9)

Professional factors reference clinically related influences contributing to how participants view aspects of supervisee personal self-disclosure. There are 8 categories: *theoretical orientation, maintaining boundaries, relevance to clinical practice, training in supervision, expectations from supervisees, workplace culture, time spent in supervision* and *feedback from supervisees*.

***Category 1: Theoretical orientation* (*n* = 8).** How supervisors approach clinical work and view the way people change, referred to as "one's theoretical orientation," was a prevalent factor influencing participants' reactions vis a vis personal self-disclosures from supervisees in supervision. One supervisor stated,"…Those of us who are humanistic maybe do a little more self-disclosure than someone who's totally psychoanalytic, Freudian or cognitive. Someone with a different theoretical base might not disclose this information."

Another participant discussed a similar influence, "My orientation [as a feminist therapist] is a big part of the factors that influence how I react to supervisee personal self-

disclosures. I try to minimize the power differentials while always being aware that they're there."

A third interviewee noted the influence of one's personality as a determinant of one's theoretical orientation and commented on how these two elements could be integrated for many supervisors,

> "I suppose theoretical orientation. I think people's theoretical orientation is significantly grounded in their own personality. I think people choose theoretical orientations that match with their personality. So I think that ultimately we counsel and supervise based on who were are."

Another participant discussed her theoretical orientation within the context of her training site,

> "…at our site, clients are often interested in whether their therapists are gay or straight, and I prepare my supervisees to be ready to answer this question. I always thought that was a fine question [for a client] to ask, especially if you're a straight person working with a gay population, and I prefer to answer it than remain mysterious and not tell the client. Someone with a different theoretical base might not disclose this information."

Category 2: Maintaining boundaries (n = 8). Acknowledging the need to maintain a boundary between supervisor and supervisee in supervision so as not to appear as if they are doing therapy with their supervisees was another prevalent factor. Some supervisors mentioned the fluidity of this line and the balancing act required. For example, one person described a need to maintain distance between being a supervisee's supervisor and being their therapist,

> "I draw a boundary in supervision if we are talking about something personal in their life. I talk about it cause I care about them as a human being, as a person, but then also realizing that this can be easy for supervisors because we're therapists. Like all of a sudden you realize 'Oh, I'm talking to them like their therapist.' And so trying to draw that boundary myself around that."

One participant acknowledged her desire to push the limits of this boundary but explained the reasons that keep her from doing so with a supervisee,

> "I know we all try hard to react in a way that feels sensitive to the information being shared, same as we would to a client. If I was just being friendly, I would maybe ask more questions, but I'm going to stop myself because I don't want it to seem like therapy, or I don't want it to seem like prying."

Another interviewee suggested this line was a little less defined and mentioned fewer restrictions due to both parties being human with the capacity to be caring,

> "My line is a little fuzzier than others, perhaps. I think we have some capacity as psychologists to support each other and do kind of collegial therapy at times and just have conversations that are gonna seem kind of therapeutic. But we obviously need to be mindful of the boundaries and the level of comfort we have with that if you're my supervisee or my colleague. So the inappropriate stuff is where we get to the point where it just feels like it's too deep or too personal that makes me uncomfortable and makes them uncomfortable."

Finally, two supervisors discussed the need for boundaries, recognizing their power as supervisors with potentially vulnerable supervisees,

> "I think I can draw a strict boundary because I have a much clearer appreciation of the power differentials. Some of that was with my own evolution and being able to acknowledge my own power base. And with that, realizing the incredibly potent position from which we operate as clinicians and as supervisors."

> "I think trainees are potentially really vulnerable. They're vulnerable by virtue of the role that they're in. That doesn't mean everyone of them is personally vulnerable, but just by virtue of the power differential, it is critical to stay aware of that differential and never abuse it."

Category 3: Relevance to clinical practice (n = 7). A common theme that occurred in many sections of the data is the appropriateness of certain disclosures based upon their relevance to clinical practice. This factor was also influential in how participants thought about specific disclosures as well as how they responded. One supervisor noted the connection of personal disclosures to clinical practice,

> "If a supervisee is going through a tough relationship or breakup and a client came in and was going through something similar, there's all that kind of countertransference; of course it's going to make sense to talk about it. But at that kind of 10,000 foot level so to speak, but probably no more than that. We're not working on relationship problems, but we're getting a sense of the problems, so I think that helps the supervisee be better equipped to deal with that with their own client and the feelings that come up. The work around the issue is more about how it affects the client over what you [the supervisee] need to resolve in your own life."

A second participant noted,

> "I don't want a boat load of information. But I want to know if somebody's mother's sick and how that might be having an impact on the supervisee's work. That's the kind of personal self-disclosure I would want to have. But who the supervisee's dating is not necessarily interesting to me."

One participant mentioned the focus on clinical work but also the challenge to recognize multiple factors may contribute to clinical practice,

> "My view is that supervision is always client focused. It always comes back to the client and the work. But so much is influencing the work, and I think it's better to cast a wide net and see what's going on for the trainee and how it might be affecting their conceptualization or their choice of interventions. Anything might come up.

Another supervisor added,

> "…If something relates to a client that they're working with, and they are reacting to this client due to the supervisee's shared experience, that would be important to talk about. The only thing that I would think might not be appropriate is if a supervisee has some boundaries issues and just is constantly talking about personal stuff."

The potential for any disclosure to be relevant was a factor for a couple of participants. One commented, "I would not be shutting anything down because I think supervision's the one place that you want everything to be out in the open." And finally, one supervisor discussed her opinion that what one does in their personal life matters little *unless* she sees a negative impact on clinical practice.

> "Regarding personal behavior of supervisees I do exactly what I do in therapy which is to look at how effective supervisees are in maintaining a professional presence at work. If the supervisee is showing up and doing a fabulous job every day on the job, what they do in their personal life is up to them. If they're coming in late, if they can't do their job I would address that."

Category 4: Training in supervision (formal and informal) **(*n* = 5).** A number of participants mentioned formal and/or informal training about how to be supervisors and the associated parameters and responsibilities of this role with trainees, influenced their views, classification and responses to personal self-disclosure. Informal training experiences primarily included the "on the job" practice of doing supervision. For example, "My experience doing supervision has been most helpful in learning how to respond to supervisee's disclosures." Another individual noted,

> "I think the actual act of supervision has been most helpful…This work is pretty fuzzy. It's a lot of learning as you go; what works and what doesn't. I think I have pretty good judgment of good internal boundaries. I think a lot of it has been getting feedback from supervisors and being open to that feedback. Some of it's been trial and error. All grounded in professional behavior and ethics but some of it's trial and error."

Other participants discussed their experiences in their own receipt of supervision of their supervision, that is, the formal training component where supervisors in training and licensed supervisors receive feedback on their work as supervisors,

> "I think getting good supervision of supervision really helped. And having supervisors that could observe me supervising because we'd have consultation meetings where I'd be there [along with] my supervisee and supervisor; and my supervisor could reflect on what they were seeing. That's really valuable."

Finally, observing one's own supervisors and mentors and how participants experienced supervision with these individuals was also a valuable influence,

> "I've had really excellent supervision. I've had some people that have been more personally challenging than others. I think I had good models to work off of and those models were in a range from how much they would disclose. I see that

> [range] as a personal comfort. I don't think there's a right or wrong way for everybody, I think everybody has to do that differently. I even think of it from the way that you decorate your office, for example. Some people won't have a single thing up, and others will have their offices splattered with pictures of their family. I respect all of those across the continuum.”

Category 5: Expectations from supervisees **(*n* = 4).** Some supervisors described their beliefs about the sorts of behavior they expected from their supervisees in the workplace, including the types of disclosures they expected supervisees to know to disclose and how to do so. They also discussed how their expectations influenced the way they reacted towards supervisees. One supervisor stated,

> “As a professional you may be tired, you may be cranky, but when you come in to the workplace and you're seeing clients, you put that behind you. I get that there's room for a little venting or whatever, but when it's just ‘I'm tired, I'm beat, I'm overworked,’ take care of that. Take care of yourself so that you can be present for the clients.”

Others discussed their expectation that supervisees should know what to disclose and how to disclose it. For instance,

> “In determining appropriateness I would be paying attention to whether or not a person can self-disclose in a way that still feels somewhat professional. I think you can share personal information, still respecting the relationship and that we're not like best friends.”

Another added,

> “There are certain rules that I will talk about and if you break them you get one more chance. But if you ever get involved in a romantic relationship with a client or exchange money or anything of value with a client or do anything that even hints that you might be physically coercive with a client, etc., you're done, end of story, there's no second chances on that. And my team knows that, and they talk about it with new people on the team. They have seen people disappear off the team, and obviously with the employee confidentiality rules they know that I can't say why a person has disappeared off the team, but they have seen enough people disappear off the team that they know. I'm good to talk to, and if you are honest with me and you do what you're supposed to do, things will be all good, and your relationship with me will be one of the high points of your day coming in to work. If you don't follow the rules, you're not going to be here.”

In contrast, one participant mentioned having little expectation that her supervisees initially would know what or how to make personal disclosures, stating, "A supervisee doesn't know what to share until you talk about it."

***Category 6: Workplace culture* (*n* = 3).** Some participants mentioned the agencies where they worked, communication norms, and larger institutional politics as being influential in how they discussed information with supervisees and responded to certain disclosures. One supervisor stated,

> "The culture here is very open, transparent and genuine. We talk about everything and everybody has a say. It's really participatory. We're very different people, but we have very similar values especially around this work. So it's hard to separate out the personal and professional in a lot of ways. We're much more likely to talk about stuff. We talk about ourselves, and we all know stuff about each other's families and kids, dogs and relatives, and we've been through a lot. Everybody's experienced family deaths, and we talk about that. So I think that makes [trainees] feel much more comfortable about self-disclosure, and that's why we don't think about it as a big deal because we're talking about ourselves, too."

Another noted,

> "I think the culture of the place really shapes how we practice and supervise. This culture tends to be the one that supports the way I do supervision and there's kind of a common language and style we use. We all have our individual takes on that, but there's a group consensus in this place."

***Category 7: Time spent in supervision* (*n* = 2).** Supervision is typically structured to last between 1-2 hours on a weekly basis. A couple of participants highlighted the amount of time spent in supervision as affecting personal self-disclosure experiences with supervisees. One individual stated time limits necessitate prioritization of discussion topics,

> "If every supervision meeting we're spending half an hour on what's going on in your personal life, that's inappropriate to me. So balance is a factor. I think it's important for the supervisor and supervisee to come in and think about priorities

> for the sessions and make sure everything is covered. But that's also hard because you're gonna prioritize clients who may be having real difficulties or there is risk involved, and you spend the whole session talking about them without stopping to check in about the supervisee's weekend or how they are doing."

Another supervisor described time spent in supervision as adding to greater supervisor-supervisee comfort and thus contributing to a greater likelihood of personal self-disclosure,

> "Usually if you do two straight hours of supervision, people disclose more. I think because it's more intimate. As you go along, I think [the] more people talk about themselves, or are more vulnerable, or tired."

Domain 2: Personal factors (*N*=9)

Personal factors influencing how participants thought about, categorized or responded to supervisee personal self-disclosures included three categories: *personal relationships and experiences*, *experiences in graduate school*, and *personal value system*.

***Category 1: Personal relationships and personal experiences* (*n* = 6).** Many supervisors referenced their family of origin, histories and experiences in intimate relationships and current family dynamics when discussing how they engage with supervisees. One supervisor expressed her desire to accept the various perspectives and personalities of each supervisee due to herself having numerous children and appreciating their individuality,

> "I have five children, and I think what's so interesting is that every one is so different. I would not want them all to be the same, so I think really, really hard to have each intern have their unique styles."

Another participant acknowledged how he learned to respond to females who become emotional in supervision based upon his family influence,

> "I was trained in my family to have a strong response to teary-eyed women, and I can identify the dynamic going on, so I have to be really careful about that. That may be one of the pieces that prevents me from clearly stating what the boundaries should be with trainees, some residual of that dynamic for myself."

This participant described his struggle in navigating appropriate boundaries leading him to do his own personal therapeutic work "to address some of those [boundaries], so I'm a stickler for clear, clean boundaries."

Finally, one supervisor described how some early experiences of being marginalized and thought of as "different" by others had a strong impact in her response to supervisees,

> "My own experiences feeling 'less than' or 'other' have been influential [in how I respond to personal disclosures]. And really wanting other people not to feel that way."

***Category 2: Experiences in graduate school* (*n* = 5).** Participants' identified experiences in graduate school and early experiences in practicum training as strongly instrumental in considering how to think about boundaries as well as how to respond to their supervisees' personal self-disclosures. One supervisor described the following experience,

> "When I was in graduate school, there was a student in one program who wound up having some fairly serious symptoms related to bipolar disorder who was dismissed from the program. She was not given the opportunity to take a leave of absence as somebody had who had developed cancer during the program. She was just summarily dismissed…The message that it sent to all of the other students in the program was 'Oh, if you have cancer then you get to take a leave of absence, but if you have symptoms of bipolar disorder you were summarily dismissed from the program.' Says loud and clear 'Yeah, even if it's affecting your practice you better find a way to manage it yourself because if you tell your supervisor, you're out of here…' This experience was hugely formative in how I deal with supervisee self-disclosure…I don't want to see that kind of thing happen in any program."

A second supervisor similarly referenced experiences during her training that restricted what could be shared in supervision and her subsequent desire for more open communication and acceptance of supervisee self-disclosure,

> “I have been in too many situations myself as a supervisee where I wasn't sure about things related to my practice but there was no way I was going to share that with my supervisor at the time. I don't want that to happen in my program. I'd rather see the other thing.”

Two other participants noted generational and cultural influences of attending graduate school in the mid 70s and how the “loose, unhelpful boundaries” at that time strongly impacted their current approach to be intentional and mindful of boundaries. One described this time as follows,

> “There was no power differential, everybody was equal, and I recognized that at that time part of it was my age and my professional age, and things were looser. Folks disclosed, supervisors disclosed stuff to me, I probably disclosed stuff to them most of which, in retrospect, I just want to choke thinking about because I really realized some of the errors in that. I think I've gotten more cautious in terms of capacity to accept the self-disclosure; I think I've pulled my boundaries in in such a way that probably some of the folks who I've worked with over the years probably recognize they need to hold some stuff back.”

The second individual described what he took away from his cultural experience of loose, boundaries as “having a really strong protective response towards trainees which means the boundaries are really clear and crisp, and there's no crossing boundaries. It's an absolutely safe environment, and I feel that really viscerally.”

***Category 3: Personal value system* (*n* = 1).** One participant remarked that her own personal beliefs contribute to how she interacts with her supervisees, “we’re all here for a reason, and we all have strengths and unique, wonderful qualities.” She also believes in “appreciating everybody's individual differences instead of labeling them [appropriate or inappropriate.]”

Domain 3: Other contextual factors (*N*=9)

In addition to personal and professional factors supervisors influential in their thoughts, classifications, and management of supervisee personal self-disclosures, participants also referenced a category of other factors related to the *context* of disclosure. Context refers to the circumstances that shape the reasoning for these supervisors' descriptions, classifications and responses to supervisee personal self-disclosures. There are three categories: *subjective impressions*, *issues a supervisee is managing*, and *amount of information disclosed*.

***Category 1: Subjective impressions* (*n* = 5).** Subjective impressions were inclusive of supervisors' personal judgments in response to their supervisee's personal disclosures. For example, one participant remarked, "the delivery and context of the disclosure is more important than the content" in reference to the "right" conditions needed to deem the disclosure "appropriate." A second discussed appropriateness as connected to a "gut" response. A third noted, "It's not cognitive for me. It's visceral. It's absolutely a visceral process."

One supervisor focused on the "here and now" experience of a disclosure and the emotional reaction one may have in the moment,

> "I think another trigger would be an internal emotional trigger. I don't typically have a strong emotional reaction to what my supervisees are saying, but if they say something that really impacts me and particularly if it involves some sort of self-disclosure, that'll be a little jolt to question, 'What's going on here, is this okay?'"

***Category 2: Issues a supervisee is managing* (*n* = 4).** A few participants indicated some disclosures that might otherwise be inappropriate, are appropriate when

they pertain to a personal issue a supervisee has either successfully managed or is working to address. For example,

> "There's this line, it seems that there are things appropriate to discuss in supervision that might be personal in nature if it's something the supervisee has dealt with and managed and are [sic] prepared to handle when it comes up from time to time."

Another supervisor also highlighted this factor,

> "For [one of my supervisees] I think he was recognizing the part of his interpersonal life that was problematic and that he could see how it was going to create problems in his professional life and that he needed to address it. It was appropriate in that he could see that that was going to happen, and that supervision was the place to be talking about that.

On the other hand, one participant discussed the struggle he experiences when a supervisee discloses information indicating they have not actively dealt with a personal issue:

> "If a supervisee makes a disclosure but are [sic] clearly not dealing with that, it's more, 'I've got this, help me with this,' or it's an unresolved thing or…what may be getting in the way, that's more of a supervisory challenge, and that becomes 'Let's come up with a plan.' You know 'probably not in supervision, but let's check-in with that to see how the work around that is going.'"

Category 3: Amount of information disclosed **(*n* = 3).** A few participants mentioned the volume of information disclosed and/or the depth of the disclosure as being a more influential factor than the content. For example,

> "I think there's maybe some depth of disclosure. So how deep we go into some stuff. Again there's some line there where potentially you can cross when it becomes too much. It's that feeling you get where all of a sudden I feel like 'I'm doing therapy with you right now.'"

Another supervisor added,

> "I can't think of anything I don't want a supervisee to tell me. I can think of things that I want to know more or less of, and I would evaluate it as whether it's within the context of more or less."

Summary of Theme 3: Factors Influencing Participants' Thoughts, Categorizations and Reactions Towards Supervisee's Personal Self-disclosures

Professional influences (e.g., supervisor theoretical orientation, boundary maintenance) were the most prevalent factors in considering and reacting to supervisees' personal self-disclosures in supervision. Participants believed individuals with humanistic orientations would be more open to hearing and engaging in conversations about personal self-disclosures than those with psychodynamic orientations. Participants expressed concern that supervision would turn into personal therapy, thus violating professional boundaries. Relevance to clinical practice was another prevalent factor in how supervisors determined the appropriateness of supervisee self-disclosure. As mentioned previously, professional relevance emerged repeatedly in supervisors' responses to interview questions about supervisee personal self-disclosure.

Many supervisors mentioned the influence of their own personal relationships (e.g., family of origin influences, intimate relationship, communication norms, parenting). They noted how they learned to be sensitive to certain types of individuals and how these reactions translate to their relationship with trainees. Some also mentioned their own experiences as graduate students were instrumental in how they learned to draw boundaries between themselves and their supervisees. In addition, a few individuals reported learning difficult lessons as graduate students about the importance of sensitivity towards trainees' and their personal concerns; they either observed actions they viewed as negative towards others in their peer cohort or they personally experienced negative reactions.

Theme 4: Conversations with Supervisees

A fourth major research question aimed to learn how supervisors discuss issues related to personal self-disclosure directly with supervisees. Participants also mentioned other aspects of the supervision relationship they considered to be important to discuss with supervisees. This theme includes 2 domains: *conversations about self-disclosure* and *other conversations.*

Domain 1: Conversations about self-disclosure (N = 9).

Participants described the nature of their conversations with supervisees about personal self-disclosure. There are three categories: *indirect conversations*, *direct discussion*, and *do not have conversations about self-disclosure.*

Category 1: Indirect conversations **(*n* = 6).** Many supervisors reported initiating conversations about personal self-disclosure with supervisees, most frequently in an indirect manner. For instance, one participant reported beginning such conversations by sharing personal information about herself as a way to model this practice for her supervisees,

> " I think [self-disclosure] is something we talk about in the first meeting. I'll share that I want [supervision] to be a safe space. Part of it is modeling by doing some self-disclosure on my own, because it very much needs to be a two-way street. I don't know specifically what I say but I'll share personal things like I'm an introvert, my ethnic background, personal health concerns, I'm a cancer survivor, especially if health issues come up. I've got a couple supervisees with health issues. History of depression and suicide. Don't know if I've shared like family dynamic type of stuff. And just basic day-to-day stuff."

Another supervisor added to modeling the concept of discussing supervision as a safe space to open the dialogue and noting his method of addressing personal disclosures as they arose.

> "I guess initially I really reinforce that this is a safe place to talk. So in that regard I set a norm of being quite open I think. And then we negotiate that as things go along. I use my own self-disclosure in hopes of modeling the appropriate way for supervisees to make their own personal disclosures in supervision.

And a third added an emphasis on boundaries,

> "I think setting up supervision from the beginning by establishing boundaries naturally leads itself to more disclosure from me and the supervisee. I'll disclose things about my work with clients and things potentially helpful to the supervisees. I'll also normalize their own struggles by disclosing how I've dealt with similar situations."

***Category 2: Direct discussions (n* = 4)**. Different from informal conversations that seemed to occur spontaneously, other participants described greater intentionality in their conversations about personal self-disclosure with supervisees. For example,

> "The way I describe it to my supervisees is if there were concerns about the effectiveness of their practice that are related to something going on in their lives, then ethically I should know about it. On the flip side of that, ethically, I need to handle that self-disclosure in such a way that the supervisee has no reason to be afraid to tell me."

> "With my supervisees I am pretty up front before things ever get that far about, 'Here's the line, this is how much is okay to tell me. If it's affecting your practice, I should know about it.' If it starts to feel to either of us that I'm doing cognitive reconstruction or reframing, both of us should be empowered to say, 'I think you're crossing that line,' because I think it takes both of us to figure out when we're crossing that line."

And lastly,

> "I often have direct conversations with my supervisees about [self-disclosure]. Typically, when I first meet with a supervisee I will talk about personal self-disclosure and discuss how I draw a boundary between supervision and therapy. I'm okay with people initiating some self-disclosure they feel impacts the work they are doing with clients, but I discuss with supervisees that they'll be encouraged to work with their own therapist on the personal pieces of these disclosures. It's a pretty standard conversation for me. Occasionally I forget to have this discussion and it will come up in supervision when they will self-disclose something to me. I'll think 'Oh gosh, we forgot to talk about this,' and we'll have the conversation right there in the moment. In my experience that's been a helpful conversation, not a limiting one."

***Category 3: Do not have conversations about self-disclosure* (*n* = 3).** Three individuals indicated they do not have either direct or indirect conversations with supervisees about self-disclosure in supervision. One supervisor stated,

> "I don't know that I've ever really brought up self-disclosure with a supervisee; it just happens. I don't know that it's ever not happened. I don't know if I've ever said, 'Well, this wouldn't be okay.' Which makes me think I should do that, but I haven't."

Another noted having an expectation that her supervisees would know how to disclose in an appropriate manner without instruction from her,

> "I guess anything is up for discussion that way. I did not set parameters. I guess I just let it come up organically. I think they knew or were able to discern things that were more appropriate to discuss with me in both individual and group supervision because they did it appropriately. It wasn't anything I had to tell them to do; they were pretty sophisticated and smart people."

Domain 2: Other conversations.

In addition to discussing self-disclosure with supervisees, participants reported other discussions they had with their supervisee related to supervision. There are three categories: *Evaluation practices and boundaries, supervisee's prior supervision experiences,* and *supervisory style*.

Category 1: Evaluation practices and boundaries (n = 2). A couple of participants reported having direct conversations about the boundary between supervisees and supervisors, acknowledging the evaluation component within the supervision experience.

> "You know the challenge in a counseling center like this is, on the one hand I'm saying this should be kind of a safe place, 'I want this to be a safe place for you to talk about stuff,' and then on the other hand it's evaluative; there's no way around that. I like talking about that up front with supervisees in a couple of different ways."

Category 2: Supervisee's prior supervision experiences (n = 2). Two other participants mentioned the value in hearing about their supervisees' prior supervision experiences to help them structure their supervision relationship.

> "I have a conversation with supervisees orienting them to my style of supervision and what their experience has been. I ask about their previous supervision relationships, how much self-disclosure there was, how much they talked about themselves and how who they are impacted their work. I use this to gauge their level of comfort and experience with that. I then talk about why I think that's important and how I think that might transpire over the course of our relationship together."

Category 3: Supervisory Style (n = 1). One supervisor expressed that monitoring the supervision relationship with a direct discussion was helpful for ensuring he is helping to meet his supervisees' needs, "After some time has passed and I'm meeting with a supervisee, I'll say, 'Let's spend some time talking about our relationship and how you think it's going.' It's just a natural way to check on those things when they happen and follow up on items that are shared."

Summary of Theme 4: Conversations with supervisees

While many participants discussed having some type of "conversation" about supervisee personal self-disclosure with their supervisees, the majority of these conversations occurred indirectly through modeling of self-disclosure in supervision. Supervisors discussed ways they helped normalize self-disclosure behavior by sharing information about themselves with their trainees in hopes of demonstrating what is appropriate in supervision. Still a few others initiated direct conversations about self-disclosure, providing specific parameters about supervisees could share as well as discussing ways they would enforce these boundaries. Not all participants engaged with

their supervisees about the topic of self-disclosure, however. Two supervisors said they did not have these conversations, and one supervisor noted an expectation for supervisees to have an understanding of this topic as it applies to supervision.

Some participants mentioned other topics of conversations with their supervisees. These topics primarily centered on some aspect of the supervision relationship and/or process, including their supervision style, evaluation practices and boundaries, and supervisees' prior supervision relationships.

Theme 5: Additional Items

Certain topics raised by participants could not otherwise be classified into one of the other themes. This theme contains three domains: *Perceived reactions from supervisees; No experience with questionable disclosures;* and *Expectations for supervisees*.

Domain 1: Perceived reactions from supervisees (*N* = 9)

Participants were asked to share their perceptions of how supervisees responded to their actions as supervisors managing personal self-disclosures. There are two categories: *positive/hopefully positive,* and *cannot interpret*.

***Category 1: Positive or hopefully positive* (*n* = 5).** Many participants expressed a belief or hope that their supervisees viewed them positively. One supervisor commented,

> "I think I tend to be perceived as a warm and supportive supervisor. I see myself that way and I think for better or for worse that leaves people feeling more comfortable and probably disclosing some things that they would not otherwise disclose if they didn't feel, you know, kind of safe."

Another supervisor expressed uncertainty but was hopeful about being seen as an ally to her supervisees based upon her theoretical orientation,

> "Hopefully they feel closer and feel like it's a collaborative relationship and less hierarchical. This fits with my theoretical orientation as a feminist therapist. Hopefully it also helps them feel more comfortable if something difficult were to come up clinically, to feel okay to share it with me."

Another added,

> "I'd like to believe I can get a read on it, but can I accurately get a read on it? I guess I have no way of knowing. I pay attention. I'm attending to it. We hear back from supervisees a lot that what they have felt from our site is that it's been genuinely caring, really open and that we have allowed them to freely share what they've needed to share, whether that's self-disclosure or not. That they've felt really heard and listened to. So I do believe that it has been a safe place to do that, a nonjudgmental sort of place."

***Category 2: Unable to discern* (*n* = 1)**. One participant said she were not particularly aware of how supervisees feel about their management of self-disclosure. For example, "I think it's in a lot of ways similar to how the therapist's reaction impacts the client. I'm usually not particularly conscious of it at the moment."

Domain 2: No experience with questionable disclosures (*N* = 4).

During the interview participants were specifically asked about their experience with disclosures of a "questionable" nature that may be termed closer to a "gray" area of appropriateness. A few supervisors also related that they had not experienced questionable disclosures.

Some participants expressed gratitude about not yet experiencing questionable personal disclosures from supervisees. For example, "I think I've been blessed that that hasn't been a factor. I guess this is good that I'm having a hard time really trying to think of one." A second individual commented,

> "I think we have been really lucky to have very good supervisees and very good clinicians. We pick wisely and interview well, right? I think our supervisees are appropriate and boundaried, so I think we actually allow more self-disclosure than other sites would. I was really hard pressed to sit here and think of times when I

> thought, 'Wow, I cannot believe you just said that!' Nothing is leaping to mind, so I guess that made me feel lucky, as a supervisor, that I wasn't constantly having to manage somebody who was sort of spilling it all over the place."

Another supervisor mentioned,

> "I'm not sure I can think of a time where a supervisee made a personal disclosure of a questionable nature. I mean I can recall people disclosing fairly personal stuff, but perhaps I've been fortunate to not have to really work with someone who's without boundaries. Or maybe how my supervisees have gone about their disclosures have been manageable and okay and appropriate."

Finally, one participant mentioned a lack of rigid boundaries for what's appropriate contributing to potentially not yet experiencing a questionable disclosure, "I can't even think of an example of a questionable disclosure. Maybe I just have a lot of tolerance for gray."

Domain 3: Expectations for supervisees (*N* = 4).

A final domain pertains to expectations supervisors have for their supervisees in the supervision relationship related to self-involving statements (self-involving statements are feelings and reactions in the here and now towards the other party in the supervision relationship, McCarthy-Veach, 2011). Participants were not asked about self-involving behaviors, but as some described their opinions about self-disclosure, supervision, supervisory style and conversations about self-disclosure in supervision, self-involving statements became apparent. One supervisor said, "I expect a supervisee to talk about what he or she is needing, so I feel like they need to take responsibility for that of getting what they need from it [supervision]."Another supervisor said,

> "I think the two most critical personal self-disclosures I want supervisees to disclose to me is when sexual attraction comes up in discussion with clients and with me as their supervisor. I want them to be able to talk about their sexual attraction to the client. And then if it applies, whether they have some sort of

> sexual attraction or detraction from me. I think that's so important due to the slippery slope related to shame around this."

Summary of Theme 5: Additional Items

Supervisors discussed their hopes of being seen by their supervisees in a positive light with respect to how they manage self-disclosure; although a couple of participants noted the challenge in always knowing how supervisees view them. Some supervisors expressed that they had never experienced "questionable" disclosures, due in part to having boundaried trainees who do not make such disclosures. Finally, a few participants highlighted their expectations that supervisees will know, ask for, and behave in ways (e.g., use self-involving behaviors) that contribute to "getting what they need" from supervision.

Chapter 5: Discussion

This study is a phenomenological investigation of supervisors' experiences with supervisee personal self-disclosure in clinical supervision. Nine experienced supervisors in either clinical or counseling psychology participated in individual interviews exploring five major research questions: (1) How do supervisors define and characterize personal self-disclosure from supervisees in supervision? (2) How do supervisors process (i.e., react cognitively and affectively to) personal self-disclosures by supervisees? (3) What resources or factors (internal and external) do supervisors draw upon to address supervisees' personal self-disclosures? (4) What types of actions (or lack of action) do supervisors take in response to supervisee personal self-disclosures? and (5) What recommendations do they provide for novice supervisors about how to manage the disclosure of personal information by supervisees? This chapter contains a discussion of the major findings, organized according to these research questions, followed by study strengths and limitations, training and practice implications, and research recommendations.

Definitions and characterizations of supervisee personal self-disclosure in supervision

Although self-disclosure seemed to be a relevant topic for participants as they all were able to engage in conversation around this phenomenon, focusing on *purely personal* disclosures when defining this term was challenging for most. A majority of supervisors referenced a combination of disclosures from a supervisee's personal life and professional, clinically relevant material when asked to define the term *supervisee personal self-disclosure*. Moreover, when reviewing an operational definition provided

by this investigator, most participants agreed with it only after adding clinically referenced disclosures such as *self-involving statements* (supervisee here-and-now feelings about and reactions to the supervisor). The term *personal* appeared to be more problematic than the term s*elf-disclosure* for supervisors, as most did not endorse a clear distinction between personal and professional realms of experience.

The participants' definitions of personal self-disclosure were quite comprehensive, and they parallel some published definitions. For instance, Ladany and colleagues (Ladany, Hill, Corbett, & Nutt,1996) defined self-disclosure as inclusive of feelings towards clients, feelings towards supervisors, struggles in clinical practice, and issues in one's personal life. Though they asked their participants to recall examples specific to "personal issues" and reports of personal issues aligned with personal disclosures in the present study, Ladany et al. (1996) continued to use the term *self-disclosure* inclusive of all matter related to material shared by the supervisee.

From a research perspective, a broad definition of self-disclosure contributes to conceptual confusion, difficulty operationalizing the construct, and conflicting research findings (McCarthy Veach, 2011). From a practice perspective, as supervisors in the present study demonstrated, there are differing views about the appropriateness of each of these types of self-reference when considered on their own within the supervision relationship. In particular, there is a distinction between *self-involving* statements (here-and-now feelings about and reactions to the supervisor) from *self-disclosure* (information about one's self). This distinction suggests supervisors should communicate clear expectations about various forms of supervisee self-reference.

By providing participants with an operational definition of *supervisee personal*

self-disclosure, this researcher hoped to focus their responses on purely personal disclosures from their supervisees. This focus did not occur as throughout the interview most supervisors shifted between describing purely personal disclosures and experiences (e.g., "their age," "where they live," or "family relationships") and professional references to clinical matter (e.g. "I think personal disclosure can be a personal reflection about how a particular client or case was challenging or frustrating."). Supervisee references to clinical matters primarily consisted of self-involving statements (often about supervisee countertransference experiences). Thus conceptual confusion was evident in the conflation of personal and professional disclosures as well as self-involving statements and self-disclosure statements.

The present sample of supervisors generally defined *supervisee personal self-disclosure* as (additions to the operational definition provided in this study are underlined):

> *Supervisee's revelations to their supervisor of events, problems, experiences, stressors and/or positive occurrences within the context of their personal, professional or academic life both inside and outside of the practicum/internship setting. Though frequently distinguished from their professional life (i.e., work with clients and the clinical supervision relationship), supervisee self-disclosure is also inclusive of personal reactions towards clients and one's supervisor.*

Further research on conceptualizing supervisee personal self-disclosure is warranted to gain deeper insight into the potential need to separate personal material external to the clinical space from one's professional, clinical work.

The results of the present study indicate personal disclosures do occur both with and without a connection to clinical practice. Particularly noteworthy, however, a number of supervisors expressed that all personal references have some professional

relevance, due either to their potential for building a supportive supervision relationship, and/or their impact on the supervisee's clinical performance. Their perspective regarding the effects of personal disclosure on the supervision relationship is consistent with research findings regarding trainee non-disclosure. For instance, trainees have reported greater willingness to share information connected to their clinical practice (i.e., information about and reactions towards their clients) than content from their personal lives (Yourman & Farber, 1996). Moreover, fear of negative evaluation by one's supervisor (e.g., viewed as exhibiting poor boundaries) may be a contributing factor to non-disclosure (Knox et al., 2011; Ladany et al., 1996; Mehr et al., 2010; Yourman, 1996; Yourman & Farber, 1996). Thus, trainee personal self-disclosure may indicate sufficient rapport and trust have developed in the supervision relationship. Moreover, a supervisor's reaction to supervisee personal self-disclosure might serve to enhance or damage the relationship, depending upon the nature of the reaction.

While the present findings do not fully support the investigator-proposed definition of supervisee personal self-disclosure, they do contribute to extant literature on self-disclosure in supervision. In particular, the results provide specific examples and supervisor reasoning regarding conceptualization of supervisee self-referent behaviors and the relationship of personal disclosures to professional disclosures. These findings are discussed in the next sections.

Supervisor cognitive and affective reactions to supervisee personal self-disclosures

Supervisors were asked to recall specific instances of supervisee personal self-disclosures. Their descriptions generated specific examples that contribute to those reported in prior studies (e.g., Ladany et al., 1996; McCarthy Veach, 2011; Mehr,

Ladany, & Caskie, 2010). Their examples also provided anchors for reference in their responses to subsequent interview questions. Although participants took exception to the exclusion of clinically referenced material in defining supervisee personal self-disclosure, they more easily discussed purely personal disclosures when providing specific examples. They also shared their opinions about the appropriateness of these disclosures. Figures 1 and 2 illustrate the types of disclosures and perceived appropriateness. As shown in this figure, the participants regarded very few supervisee self-disclosures as typically inappropriate. Also, most items deemed inappropriate were frequently deemed appropriate given a particular context.

Figure 1

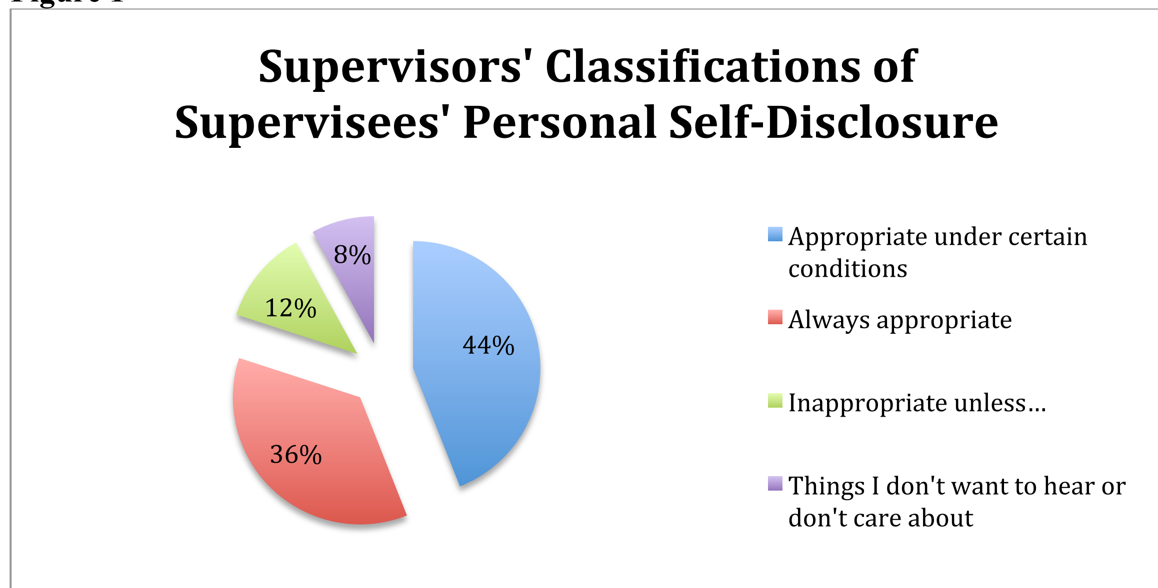

Figure 1. Supervisors' reported frequency (%) of classifications of all reported types of supervisee's personal self-disclosures. Reported percentages reflect sum of each category of appropriateness divided by total of all reported examples (*n*=25).

Figure 2

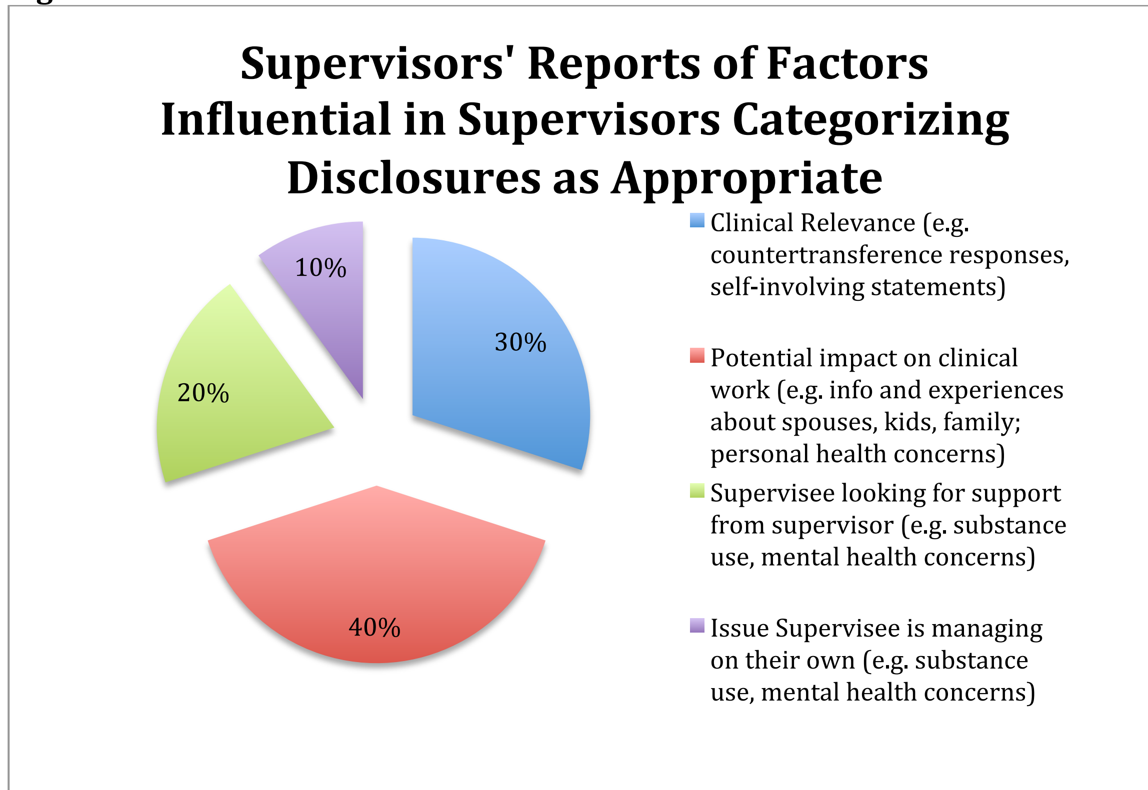

Figure 2. Sum total of supervisors' reports of individual factors contributing to their reported categorization of examples of personal self-disclosure as: *appropriate under certain conditions*, *always appropriate* or *inappropriate unless* (*n*=20).

These results suggest a major criterion for many participants when judging a self-disclosure as appropriate is its relevance to clinical practice or the potential impact on a supervisee's clinical work. A couple of supervisors, however, expressed that self-disclosure would always be appropriate, specifically highlighting their concern, first and foremost for their supervisee's well-being. Perhaps these individuals label all types of disclosures as appropriate in hopes the supervisee will feel comfortable in the future disclosing more difficult matters that potentially have a greater impact on their clinical practice. Research indicates feelings of shame or fear of judgment can inhibit supervisee

disclosure (Ladany et al., 1996; Mehr et al., 2010; Yourman, 2003; Yourman & Farber, 1996). A supervisor's acceptance of all disclosures as "appropriate" might alleviate supervisee fears, thus inviting an open dialogue that leads both to better client care and increased self-awareness on the part of the supervisee.

Although participants expressed a range of opinions about what was and was not appropriate disclosure, a common theme concerns how challenging it is to set a strict boundary of "appropriate" disclosures. The literature on non-disclosure highlights supervisees actively non-disclosing information out of fear of how it may be perceived by their supervisor and how this perception may impact the supervisor's opinion of them as supervisees and clinicians (Ladany et al., 1996; Mehr et al., 2010; Yourman, 2003; Yourman & Farber, 1996). The present findings may lend support to supervisees initial caution when disclosing, due to the variation among supervisors in what they consider to be appropriate sharing.

The present sample also varied in how discussions about the appropriateness of personal disclosures occur with their supervisees. One supervisor reported expecting her supervisees to "know what to disclose" in supervision, relying on her non-verbal responses to communicate too the supervisee what was and what was not appropriate (e.g., "if I ignore something or blow it off I think folks recognize it"). Others mentioned that such discussions have not occurred explicitly. Some participants reported engaging in conversations around all disclosures, while others reported making referrals to outside sources of support (e.g., personal therapy) rather than having a direct discussion about the supervisee's disclosure being appropriate or inappropriate.

The participants described the appropriateness of personal self-disclosure as a "gray area" for themselves, so it seems unreasonable to expect that supervisees "should know" what is and is not appropriate. This ambiguity raises a question of who is responsible for clarifying self-disclosure expectations. Ladany et al. (1996) asserted it is the supervisor's responsibility to know how to address personal concerns in supervision and to encourage such disclosures. This investigator similarly contends that supervisors should initiate conversations with their supervisees about what they regard as appropriate self-disclosure, despite the difficulty in setting definitive boundaries. As the present results demonstrate, specific interventions for managing personal disclosures are not only varied but also challenging due to multiple factors. Further discussion of interventions and supervisor reactions are discussed later in this chapter.

Resources or factors (internal and external) supervisors draw upon to address supervisee personal self-disclosures

The participants identified a number of factors they take into consideration when conceptualizing and responding to supervisee personal self-disclosures. Their comments were particularly interesting because they provide a deeper understanding of the challenges inherent in making generalized statements of "appropriateness." Prevalent professional factors included the supervisors' theoretical orientation and need to maintain boundaries in supervision. It is widely known that theoretical orientation informs both the clinical decisions therapists make in their work with clients (Norcross & Prochaska, 1983) and the development of one's supervisory style (Bernard & Goodyear, 2009). Therefore, it is not surprising that this factor played a role in how participants think about and respond to their supervisees' personal disclosures. There were not enough

participants in this study to allow for the determination of thematic differences due to theoretical orientation. Nonetheless, a number of participants explicitly referenced their theoretical orientation when describing their style of supervision as well in when explaining how they respond to specific disclosures. Future investigations focusing on the influence of supervisor [and supervisee] theoretical orientation may yield greater understanding.

Supervisor awareness of ethics as they relate to boundaries was also very influential. Participants emphasized that supervision is not therapy, and their decisions about appropriateness and their choice of response(s) to personal disclosures reflected this understanding. A number of supervisors commented about their evaluative role as gatekeeper (cf. Bernard & Goodyear, 2009). They also mentioned an inherent challenge posed by their desire to be supportive of the supervisee while being in an evaluative role (cf., McCarthy Veach et al., 2012). Given their clear awareness of the need to establish and maintain boundaries and to act as gatekeepers vis a vis self-disclosure, it is curious the participants were not more transparent with their supervisees about these issues. Additional research might shed further light on the lack of transparency.

A particularly interesting factor that influenced supervisors' views of and responses to certain supervisee self-disclosures is their own personal experiences in graduate school. A number of participants shared stories of boundary violations while in training, either involving themselves or peers; some of their examples involved potentially mismanaged reactions by other supervisors to supervisee personal disclosure. These participants reported using their prior experiences in their present work with supervisees. For example one supervisor described being influenced by a peer in

graduate school who was dismissed from the program due to a psychiatric diagnosis rather than being offered a leave of absence to help her receive treatment. This participant highlighted her feelings of empathy towards supervisees and a desire to work through these concerns with her own students rather than use dismissal practices. Another supervisor reported a desire to be very clear about boundaries and to have formal discussions about self-disclosure as a result of engaging in social interactions with his advisor and committee members that he now views as confusing their relationship.

Supervisor actions (or lack of action) in response to supervisee personal self-disclosures

The participants had difficulty recalling their specific responses to supervisee personal self-disclosure. Given the number of supervisees and years of practice for the collective group, this is not surprising. Most s were able to either talk generally about how they frame discussions about self-disclosure in supervision, how they may consider responding to specific disclosures in the future, or how they believed they may have responded to prior disclosures. A few said they would simply respond to the content itself (e.g., through empathy, questions, etc.) when they perceived the disclosure as appropriate. Some participants who experienced what they regarded as inappropriate disclosure, focused on the act of disclosing itself and set parameters around what was appropriate for supervision (e.g. questioning the supervisee's motives and making outside referrals as necessary). For most participants, self-disclosure were "indirect," often involving modeling of their own use of self-disclosure in supervision. Participants also mentioned processing with their supervisee how the supervisee felt about making a specific disclosure.

As mentioned earlier in this chapter, participants seemed aware that discussing personal matters in supervision without a clear connection to clinical practice risks potentially blurring the boundaries. In particular, they voiced concerned about blurring the boundary between supervision and therapy, thus risking a dual relationship (Gottlieb, Robinson, & Youngren, 2007). Yourman and Farber (1996) found a negative association between supervisee satisfaction with supervision and supervisors who treated supervision like therapy. The present findings suggest supervisors attempt a delicate balance between promoting disclosures that benefit clinical practice while avoiding turning supervision into therapy.

Bernard and Goodyear's (2009) descriptions of different supervisory roles are relevant to this issue, in particular, the role of counselor. In the counselor role a supervisor focuses on how a supervisee's personal reactions may be affecting their clinical work; the goals of this focus are to bring the reactions into the supervisee's awareness, identify the impact of those reactions on their performance, and determine ways to manage their reactions in the professional setting. Thus, a large part of a supervisor's counselor role involves working with the supervisee on personal self-disclosures for the purpose of helping the supervisee improve in their clinical performance and overall professional development. Bernard and Goodyear (2009) assert that the counselor-supervisor, however, does not attempt to work through personal issues with the supervisee. In reference to the present study, reported disclosures of personal relationships and experiences as well as academic concerns and personal mental health concerns potentially have a clinical impact. One challenge for supervisors in a counselor role is to allow such disclosures to the point of assisting supervisees with their clinical

needs or professional development, stopping short of crossing into personal therapy or worse, a personal relationship.

The participants in the present study reported experiencing challenges with respect to taking action in response to supervisee personal disclosures. The APA Ethical Code of Conduct (2002) generally mentions the need for supervisors to take action in response to supervisee personal problems (APT, 2002, 2.06), but does not specify responses to self-disclosure. Therefore, guidelines for supervisors about possible interventions for a range of supervisee personal disclosures may be a useful resource.

Study Strengths and Limitations

A major strength of the present study was the use of qualitative methodology to explore supervisors' experiences and perspectives regarding supervisee personal self-disclosure in supervision. To date, no empirical investigations have engaged supervisors directly about their opinions of this phenomenon, isolated from professional disclosures. The present study elicited specific examples of personal issues shared in supervision, thus adding to previous literature on self-disclosure. Additional strengths include a sample consisting predominantly of experienced supervisors who work extensively with trainees, and methods informed by a rigorous and widely-used approach in counseling research, Consensual Qualitative Research (CQR; Hill, 2012).

There are limitations, however, involving the sample and the modified methodological procedures. Attempts were made to recruit a homogeneous sample, but one of the nine participants did not meet inclusion criteria (i.e., a licensed psychologist [L.P.] with at least five years of post-doctoral training in supervision). The sample size was smaller than the suggested 12-15 participants encouraged in CQR methodology to

obtain data saturation (Hill, 2012). There is evidence that data saturation was obtained with the present sample. Specifically, the final two transcripts added little to the creation of new themes or categories, and 47% of the categories (18/38) were either general or typical. These study limitations were deemed acceptable due to this investigator's desire to build terminology around a yet to be defined construct and to conduct face-to-face interviews.

Additional limitations include the qualitative nature of the study, which precludes generalization of results to the population of interest. Also, there was potential for impression management by participants. For instance, some supervisors appeared hesitant to discuss their thoughts and feelings about the way they had managed supervisee personal self-disclosure, and others questioned whether they might/should do things differently in their interventions in the future. Due to the primary investigator, herself, being a trainee, it is also possible participants were not as forthcoming with their disclosures due to the potential boundary between their self-identified supervisor and trainee statuses. Finally, the loss of one member of the CQR team necessitated modification of the analysis steps typically used in CQR and possibly influenced the interpretation of results.

Practice, Training and Policy Recommendations

The findings support the importance of coursework on supervision in graduate training programs. A portion of this coursework should involve structured conversations about self-disclosures by supervisees (and supervisors [cf. McCarthy Veach et al., 2012]) inclusive of personal and professional issues. A little over half of the participants reported receiving formal training in supervision while in graduate school, yet none could

recall a conversation explicitly about self-disclosure. Given the potential clinical relevance of supervisee self-disclosure, it seems important to engage in explicit dialogue about expectations vis a vis parameters of "appropriate" self-disclosure as well as "inappropriate" or "concerning" self-disclosure. Some of the supervisors provided of their of their supervisee's personal disclosure could be used to stimulate discussion.

Similar conversations are recommended for clinicians who provide supervision to trainees. The use of a supervision contract or information sheet (cf. McCarthy et al., 1995) could serve as a stimulus for discussions that clarify self-disclosure expectations and supervision boundaries. Supervisors should also engage in self-reflection and seek consultation regarding self-disclosure in order to manage this behavior in their supervision relationships. Conversations with ones' colleagues may help supervisors appreciate the multitude of perspectives on this issue as well as learn additional strategies for managing disclosures. It is notable that in the present study, participants were more easily able to recall and describe disclosure situations they had encountered than to reflect upon and discuss their management of these situations. Few were able to provide recommendations for addressing disclosures with novice supervisees, which may support an even greater need for further discussion among colleagues who supervise. The outcome could lead to improved supervision relationships as well as improved clinical skills and client care in their respective supervisees.

The present results also suggest criteria for conceptualizing and responding to supervisee personal self-disclosure. Questions supervisors might ask themselves when supervisees self-disclose include: (1) Have we ever had an explicit conversation about what, if anything, is "off limits" with respect to self-disclosure? (2) What is the

supervisee's apparent motivation for sharing this particular information at this particular time? (3) What sort of response might the supervisee be seeking from me? (4) What is the potential clinical relevance of this shared information? (5) Is this sort of disclosure atypical for this supervisee? (6) Is the disclosure related to other concerning supervisee behaviors? (7) Is there anything I have done to elicit this type of disclosure (particularly in the case of disclosure a supervisor might deem to be of questionable appropriateness), and (8) How can I respond in a way that contributes both to client welfare and to supervisee professional development?

A review of the APA Ethics Code of Conduct (2002) may be beneficial, in particular the Personal Problems and Conflict (APA, 2002, 2.06) section, which references experiences commonly used to describe clinician and trainee actions that may be unethical (e.g., suffering from their own experiences of depression or grief associated with normative life events; Jacobs et al., 2011). Finally, fearing one's personal concerns communicate an inability to practice may contribute to practitioner silence about everyday struggles that research has supported as typical (e.g., Guy, Poelstra, & Stark, 1989; Sherman & Thelen, 1998; Udipi, McCarthy Veach, Kao, LeRoy, 2008). Adjusting the standards of practice towards a wellness stance, and encouraging identification of resources to assist practitioners in distress, may decrease trainees'_fears about disclosing their personal concerns and help supervisors determine appropriate responses.

Research Recommendations

Considering the paucity of literature on how personal issues manifest in supervision and the lack of prior research on how supervisors approach supervisee personal disclosures, further research is warranted. Researchers should continue efforts

to establish both conceptual and operational definitions, in particular discerning whether *personal self-disclosure* is distinct from professional self-disclosure. The supervisors in this study were more inclined to view both personal and professional self-disclosure as a single phenomenon, namely *self-disclosure*, as most considered all information shared by the supervisee as potentially clinically relevant. They maintained this perspective despite generating a number of examples consistent with this investigator's definition of personal self-disclosure. Therefore, the question of whether personal disclosure differs from professional disclosure requires further consideration.

The participants also appeared to view self-disclosure as synonymous with self-involving responses. Research on counselor/therapist self-reference has demonstrated they are different behaviors with different effects on the therapeutic process (McCarthy Veach, 2011). The extent to which supervisee self-disclosure and self-involving behaviors differentially affect supervision processes and outcomes needs to be demonstrated empirically.

The supervisors' examples generally seemed to be within the scope of what one would consider "typical disclosure" by a "highly functioning supervisee." For only a couple of situations did this investigator have the impression that the disclosure seemed "unusual" and/or related to a supervisee who was possibly manifesting problems of professional competency. Perhaps "personal self-disclosure" becomes a more distinct phenomenon when the content is extreme and/or when it the disclosure is related to other behaviors suggestive of impairment. Future studies are needed to investigate this hypothesis.

Most participants discussed the concept of personal self-disclosure without extensive prompting. Some expressed a clear understanding as evident in their sharing of numerous experiences with self-disclosure, while others reported surprise in response to this term not being defined previously and thus had questions about what should be appropriate. Future studies could involve focus groups with supervisors in order to generate a greater number of rich ideas arising from the group interaction (Krueger & Casey, 2009).

Also, as qualitative data are not intended to be generalized to the population of interest, future research using quantitative studies with larger samples may allow for generalizations to other supervisors and supervisees. Investigators might use detailed supervision scenarios to help discern factors that make a supervisee's self-disclosure more or less appropriate. The present study treated self-disclosure as an "isolated behavior." Perhaps self-disclosure becomes "problematic" only when, as mentioned previously, it is part of a pattern of supervisee behaviors.

Investigating the experience of both supervisors and supervisees may help to build an empirical knowledge base regarding this phenomenon. For instance, it would be interesting to explore supervisees' opinions of their decisions to disclose personal content in supervision and to compare their opinions to those of their supervisors; particular attention could be given to identifying influential factors from each party's perspective. Grant, Crawford, and Schofield (2012) used a method that could be adapted to such a study. They recorded actual supervision sessions and asked supervisors to watch these sessions and discuss their reactions and reasoning for specific interventions. This method allowed for greater accuracy in participant recall rather than relying on self-report alone.

Finally, additional research is needed to investigate the relationship between supervisor and supervisee characteristics and supervisee personal self-disclosure. Variables that may be particularly salient include: gender, experience level, cultural background, power differentials (e.g., trainees working with senior level supervisors vs. peer supervision participants), theoretical orientation, and receipt of formal preparation for the roles of supervisee and supervisor.

Footnotes

Footnote 1 - Early forms of psychoanalytic supervision with Freudian influences emphasized the use of supervision as a place for supervisees to process transference to clients by processing countertransference to one's supervisor. However supervision practices have evolved into a space for teaching and learning, and various models and supervision styles have developed to accommodate the range of practices (cf. Bernard and Goodyear, 2009).

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Appendix A: Participant Information Sheet

Dear Colleague:

My name is Angela J. Browder and I am a doctoral student in counseling psychology at the University of Minnesota, Department of Educational Psychology, Counseling Student and Personnel Psychology program (CSPP). For my dissertation, I am conducting a study of how experienced supervisors respond to supervisee personal self-disclosures in clinical supervision. *Personal self-disclosures* in this study are events, problems, stressors, experiences and/or celebrations within the context of the supervisee's personal, professional or academic life **outside** of the practicum/internship setting as distinguished from their professional work within the practicum/internship setting (i.e., work with clients and the clinical supervision relationship).

This study is being conducted under the direction of Patricia McCarthy Veach, Ph.D., L.P., through the Educational Psychology Department of the University of Minnesota.

You were selected as a possible participant because you are currently employed as a psychologist at a local training site for student trainees in the Twin Cities. We ask that you read the following information and contact us with any questions you may have before agreeing to participate.

Background Information:
During one's years as a graduate student in a trainee program personal concerns will arise that might contribute to or interfere with her or his clinical performance. However, discussing personal matters concerning a supervisee's behavior, emotions, or reactions poses challenges, even if the supervisor's intentions are focused on meeting the needs of supervisees and clients. The goal of this study is to learn how supervisors attend to personal matters in supervision to investigate the potential professional relevance of personal information disclosed by supervisees. To that end, I would like you to contribute to this study by providing your experiences and thoughts on the topic of personal self-disclosures to explore the range of appropriate to inappropriate categorizations of supervisee personal self-disclosures in supervision. This study will ask you to participate in an individual interview to explore your experiences with supervisee personal self-disclosures and resources you have used to manage and respond to such occurences in your delivery of clinical supervision. The results of this study will be used to provide training and research recommendations for clinical supervisors.

Procedures:
Participation in this study consists of one individual interviews approximately 60 minutes in length, in April, May, or June of 2013.

You qualify for participation in this study if: 1) you are a current PhD trained psychologist, and 2) you have at least five years post graduate experience supervising doctoral students. If you meet these qualifications and agree to participate in this study,

please contact Angela J. Browder using the following email or phone number to arrange a convenient day, time and location to complete a face-to-face 60-minute interview.

Email (most reliable): browd027@umn.edu
Phone: 612-850-3912 (if you leave a voicemail please speak clearly and provide your name, a phone number to reach you, and a time of day that is best to call).

Risks and Benefits of Being in the Study:
The expected risks of participation in this study are discomfort arising from sharing experiences related to clinical supervision. Information you provide will be kept confidential and any identifying material will be stored separately from data collected.

Each participant that completes all parts of the interview process will receive a $10 Target Gift Card.

Confidentiality:
Participation in the interview will be kept confidential. In any sort of report we might publish, we will not include any information which will make it possible to identify you as a participant. Research records will be stored securely and only researchers will have access to the records. Identifiers and data will be stored separately in a password protected computer. If you have not been selected to participate in the interview phase of the study, all contact information you have provided will be immediately deleted.

Voluntary Nature of the Study
Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with the investigators. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions
If you have questions, you may contact Angela J. Browder (browd027@umn.edu or 612-850-3912) or Pat McCarthy Veach (veach001@umn.edu or 612-624-3580**).** If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; telephone (612) 625-1650.

Thank you for your time and consideration.

Sincerely,

Angela J. Browder, M.A.
Doctoral Candidate
Counseling Psychology – Department of Educational Psychology

University of Minnesota

Appendix B: Email Text to Site Directors

Dear [site director name],

My name is Angela Browder and I am a doctoral student in counseling psychology at the University of Minnesota, Department of Educational Psychology, Counseling Student and Personnel Psychology program (CSPP). For my dissertation, I am conducting a study of how experienced supervisors respond to supervisee personal self-disclosures in clinical supervision. I am contacting you in hopes you will forward this email and the attached information sheet to your current staff of psychologists that includes information about this study and instructions for how to participate.

The goal of this study is to learn how supervisors attend to personal matters in supervision to investigate the potential professional relevance of personal information disclosed by supervisees. The results of this study will be used to provide training and research recommendations for clinical supervisors. The attached information sheet is also available online here:

http://z.umn.edu/browderdissinfosheet

As an incentive, participants will receive a $10 Target Gift Card for their participation.

This study is being conducted under the direction of Patricia McCarthy Veach, Ph.D., L.P., through the Educational Psychology Department of the University of Minnesota.

Sincerely,

Angela J. Browder, M.A.
Doctoral Candidate,
Counseling Psychology – Department of Educational Psychology
University of Minnesota- Twin Cities
Email: *browd027@umn.edu*
Phone: *612-850-3912*

Appendix C: Posting for list-serves

Dear Colleague,

My name is Angela Browder and I am a doctoral student in counseling psychology at the University of Minnesota, Department of Educational Psychology, Counseling Student and Personnel Psychology program (CSPP). For my dissertation, I am conducting a study of how experienced supervisors respond to supervisee personal self-disclosures in clinical supervision.

The goal of this study is to learn how supervisors attend to personal matters in supervision to investigate the potential professional relevance of personal information disclosed by supervisees. The results of this study will be used to provide training and research recommendations for clinical supervisors.

As an incentive, participants will receive a $10 Target Gift Card for their participation.

For more information on this study and instructions for how to participate please refer to this information sheet available online:
http://z.umn.edu/browderdissinfosheet

This study is being conducted under the direction of Patricia McCarthy Veach, Ph.D., L.P., through the Educational Psychology Department of the University of Minnesota.

Sincerely,

Angela J. Browder, M.A.
Doctoral Candidate,
Counseling Psychology – Department of Educational Psychology
University of Minnesota- Twin Cities
Email*: browd027@umn.edu*

Appendix D: Demographic Questionnaire

a) In what field did you obtain your degree? When?
b) Where did you do your training to become a psychologist? (University where you received your degree)
c) How many years have you been employed as a doctoral level psychologist?
d) How many years (post grad) have you been delivering supervision to student trainees?
e) Can you give me an estimate of the number of students you have supervised post degree?
f) How would you identify your gender and ethnicity?

Appendix E: Participant Consent Form

Is the personal also professional?

You are invited to be in a research study of how supervisors respond to supervisee personal self-disclosures in clinical supervision. You were selected as a possible participant because of your current status as a PhD or PsyD psychologist with at least five years of post degree experience supervising student trainees. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Angela J. Browder, Department of Educational Psychology, University of Minnesota-Twin Cities.

Background Information:
The goal of this study is to learn how supervisors attend to personal matters in supervision to investigate the potential professional relevance of personal information disclosed by supervisees. To that end, I would like you to contribute to this study by providing your experiences and thoughts on the topic of personal self-disclosures to explore the range of appropriate to inappropriate categorizations of supervisee personal self-disclosures in supervision. This study will ask you to participate in an individual interview to explore your experiences with supervisee personal self-disclosures and resources you have used to manage and respond to such occurences in your delivery of clinical supervision. The results of this study will be used to provide training and research recommendations for clinical supervisors.

Procedures:
If you agree to be in this study and meet the requirements as stated on the information sheet and this consent form, we would ask you to do the following things: You will participate in a face-to-face individual interview with the primary investigator lasting approximately 60-minutes conducted in April - June of 2013.

Risks and Benefits of Being in the Study:
The expected risks of participation in this study are discomfort arising from sharing experiences related to clinical supervision. Information you provide will be kept confidential and any identifying material will be stored separately from data collected.

Compensation
Each participant that completes all parts of the interview process will receive a $10 Target Gift Card.

Confidentiality:
Participation in the interview will be kept confidential. To assist with maintaining confidentiality of information you discuss we ask that you not reveal any information about supervisees that could identify them (e.g. name of supervisee). In any sort of report

we might publish, we will not include any information which will make it possible to identify you as a participant. However, due to the nature of the demographic information that will be collected from each participant, it may be possible for subjectsto be identified indirectly. Efforts will be made to manage your information sensitively to ensure the best possible form of anonymity. Research records will be stored securely and only researchers will have access to the records. Identifiers and data will be stored separately in a password protected computer. If you have not been selected to participate in the interview phase of the study, all contact information you have provided will be immediately deleted.

Voluntary Nature of the Study
Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with the investigators. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions
If you have questions, you may contact Angela J. Browder (browd027@umn.edu or 612-850-3912) or Pat McCarthy Veach (veach001@umn.edu or 612-624-3580**).** If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; telephone (612) 625-1650.

Verbal agreement to participation in this study and engaging in the interview process represents your understanding and consent to participation in this study. You will be given a copy of this information to keep for your records.

Appendix F: Interview Protocol

Communication to participant before interview: Participation in this interview is voluntary and will be kept confidential. To assist with maintaining confidentiality of information you discuss I ask that you not reveal any information about supervisees that could identify them (e.g. name of supervisee). You also may choose not to respond to any question you do not want to answer.

1. What made you decide to participate in this study?

Defining Personal Self-disclosures

2. What examples come to mind when you hear the term "supervisee personal self-disclosure?"
3. Please read the definition of supervisee personal self-disclosure (attached). To what extent do you agree with this definition? How is this different from yours?

Thoughts about Self-Disclosure

4. Regarding the self-disclosures you just discussed, are there certain disclosures you feel are more appropriate for supervisees to disclose to you as their supervisor? How do you determine what's appropriate? (provide "appropriate-inappropriate scale" to guide discussion)
5. Is there any information you generally don't want supervisees to disclose to you? Why?

Actions towards supervisee personal self-disclosures

6. Can you think of a recent experience where a supervisee made a voluntary and direct personal self-disclosure to you in supervision? (e.g. not a disclosure you encouraged) In what context did this disclosure occur and could you share what was disclosed?
7. How would you categorize this disclosure according to the "appropriate - inappropriate scale" provided? What makes you categorize the disclosure in that way?
8. How did this disclosure make you feel? What thoughts did you have? How did you respond to this disclosure?
9. Can you describe a time where a supervisee made a personal disclosure of a questionable nature to you in supervision? ("Questionable"= something outside the parameters of what you have previously suggested as "appropriate") What did they reveal?
10. How would you categorize this disclosure according to the "appropriate - inappropriate scale" provided? What makes you categorize the disclosure in that way?
11. How did this disclosure make you feel? What thoughts did you have? How did you respond to this disclosure?
12. How do you perceive your reactions to supervisee personal self-disclosure affecting your supervisees? How do you believe this differs based upon the appropriateness of the disclosure?

Resources Available to Respond to Self-Disclosures
13. What training, if any, have you received on the topic of self-disclosure? What about how it applies to supervision?
14. What experiences have been the most helpful to you in how you discuss and/or manage personal self-disclosures with supervisees?
15. What professional factors (e.g., training, theoretical orientation) do you feel influence how you respond to supervisee personal self-disclosures? What about personal factors (e.g., beliefs, morals or values)?
Conclusion
16. How do you talk about self-disclosure with supervisees? *Follow-up*: What things do you say? Do you have anything in writing?

17. Is there anything else you would like to add?

Professional Practice Questions

a) Can you describe your current place of employment and job title/responsibilities?
b) How would you describe your theoretical orientation as a practitioner delivering counseling/therapy?
c) How would you describe your supervisory style?

Appendix F: Interview Protocol (cont.)

Supervisee Personal Self-Disclosure Definition:

Supervisee's revelations to their supervisor of events, problems, experiences, stressors and/or positive events within the context of their personal, professional or academic life outside of the practicum/ internship setting as distinguished from their professional life (i.e., work with clients and the clinical supervision relationship).

For the purpose of this study: These disclosures are inclusive of information disclosed verbally by supervisees directly to their supervisors.

Appendix F: Interview Protocol (cont.)

Scale of Appropriateness of Disclosure

Appropriate – Inappropriate Scale

5- Always Appropriate
4- Mostly Appropriate (few if any circumstances where it might be inappropriate)
3- Neutral (Sometimes Appropriate and Sometimes Inappropriate)
2- Mostly Inappropriate (few if any circumstances where it might be appropriate)
1- Never Appropriate